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**Virginia Department for the
Blind and Vision Impaired**

Comprehensive Statewide Needs Assessment



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and Vision Impaired**

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Needs Assessment***

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INTRODUCTION

The Rehabilitation Act of 1973, as amended, mandates that each state vocational rehabilitation (VR) agency in collaboration with its State Rehabilitation Council periodically conduct a comprehensive statewide needs assessment (CSNA) of the rehabilitation needs of individuals with disabilities and in particular, needs of individuals with the most significant disabilities, including their need for supported employment services; individuals who are minorities, individuals who have been unserved or underserved by VR; and individuals served through components of the statewide workforce investment system. Further, the assessment must address the need to establish, develop, or improve community rehabilitation programs within the state. In response to requirements set by Federal rules and regulations regarding rehabilitation services, the Virginia Department for the Blind and Vision Impaired (DBVI) contracted with the National Research and Training Center (NRTC) on Blindness and Low Vision to jointly develop and implement methods for conducting the CSNA.

Purpose and Scope of Needs Assessment

DBVI administrative staff met with NRTC staff to define the scope of activities including identification of specific data sources to be used in the assessment. DBVI had originally planned to conduct the federally-required assessment over a 3-year period. In year one, an external consultant had reviewed existing secondary datasets for the purpose of identifying gaps in services to consumers with visual impairments, including their need for supported employment services; consumers from minority backgrounds and others who had been unserved or underserved, and consumers served through the statewide workforce investment system. A report of these findings was completed June 2010. During year two, DBVI had planned to use internal staff to survey and analyze feedback from consumers, advocacy groups, staff, employers, and other relevant stakeholders. Shortly after the collection of survey data was initiated, the DBVI staff member responsible for these activities unexpectedly left the agency. DBVI later contacted the NRTC to request assistance with completion of the CSNA. In response, NRTC staff proposed to use existing survey instruments to collect information regarding service needs from the following sources:

- Previous consumers of the DBVI VR program
- DBVI staff
- Employers and potential employers of DBVI consumers
- Other Stakeholders (e.g., community rehabilitation programs, blindness consumer groups, itinerant teachers of students with visual impairment)

In addition, the NRTC project staff proposed to conduct interviews with officers of the State Rehabilitation Council and to supplement the 2010 Review of Secondary Data with findings from analyses of the latest available Rehabilitation Services Administration (RSA) 911 data of consumers closed by DBVI. A report would be developed to include findings from survey and interview data, analyses of RSA-911 case service data, and the 2010 Review of Secondary Data.

METHOD

A mixed-method research design was used to collect qualitative and quantitative data from multiple sources. DBVI and NRTC project staff collaborated to slightly modify four instruments originally developed by DBVI staff. The four instruments were used to survey VR consumers, employers, staff, and stakeholders. Semi-structured telephone interviews were conducted with officers of the State Rehabilitation Council. Data from Virginia's RSA-911 case service reports of closed consumers were used to supplement findings from the 2010 Review of Secondary Data. Description of data collection approaches are further described in the following "Materials/Instruments" subsection.

Materials/Instruments

Mail Surveys

NRTC project staff prepared 1,436 print surveys in 18 size font and self-addressed return envelopes marked *Free Matter for the Blind*. Surveys and envelopes were mailed to DBVI for dissemination to all VR consumers closed in federal fiscal years (FFYs) 2010, 2011, and 2012. DBVI included a cover letter from the Commissioner explaining the purpose of the survey and encouraging consumers to participate. Consumers were assured that their responses would be kept confidential and that participation was voluntary. Completed surveys were returned to the NRTC for data entry and analyses. Of the 1,436 consumers receiving surveys, 400 (28%) had been closed rehabilitated with a successful employment outcome (includes employment with and without supports in integrated settings, self-employment, Business Enterprise Program, homemaker, and unpaid family worker); the remaining 1,036 consumers had been closed unsuccessfully without an employment outcome. Individuals closed without an employment outcome were a diverse group in that they included those who were not accepted for services for a variety of reasons (e.g., unable to locate, refused service, no visual impairment) and those who were accepted for VR but who may or may not have received any services.

Consumers were asked to provide feedback regarding their experiences in receiving VR services, including their satisfaction with services and their employment outcomes, if applicable; if their needs for different service areas (e.g., blindness skills training, job placement) had been sufficiently met, and the types of barriers they had encountered in gaining and maintaining employment. Consumers could elect to receive surveys in braille or electronically. Two consumers asked to be surveyed by telephone. The NRTC Principal Investigator agreed and completed these two surveys by telephone. A copy of the survey instrument is provided in Appendix A.

Electronic Surveys

DBVI staff distributed surveys electronically to staff members, employers, and other stakeholders. A request from the Commissioner explaining the purpose of the

survey and encouraging participation was included in the communication. Recipients were told that their participation was voluntary and that their responses would be confidential. A web-based link directing participants to the appropriate online survey was provided in the electronic mail. Qualtrics accessible research software was used for the online data collection.

- Employer survey—sent via electronic mail to 200 employers listed in DBVI's case management system. A copy of the instrument is provided in Appendix B.
- Staff survey—sent via electronic mail to 228 individuals representing management, counselors, teachers, rehabilitation engineers, instructors, and administrative support staff. A copy of the instrument is provided in Appendix C.
- Stakeholder survey—sent via electronic mail to 1,025 organizations, groups, and individuals, including Centers for Independent Living, blindness and deafblindness advocacy groups, community rehabilitation programs, Department of Rehabilitation Services, State Rehabilitation Council, Veterans Administration, Virginia Department for the Aging, workforce centers, brain injury organizations, community service boards, Woodrow Wilson Rehabilitation Center, low vision examiners, Itinerant teachers, Virginia Board for People with Disabilities. A copy of the instrument is provided in Appendix D.

Semi-Structured Telephone Interviews

Telephone interviews were conducted with officers of DBVI's State Rehabilitation Council. Participants were asked several open-ended questions regarding their perceptions of the VR needs of individuals who are blind, visually impaired, and/or deafblind in Virginia. They were also asked to provide feedback regarding gaps in services to unserved or underserved populations and needs specific to supported employment, the workforce investment system, and community rehabilitation programs. A copy of the interview questions is provided in Appendix E.

RSA-911 Data

Data from the annual RSA Case Service Reports (RSA-911) for FFYs 2010 and 2011 were used to supplement information from the 2010 review secondary data. Each client record in the RSA-911 databases includes demographic, socioeconomic, and disability information at referral; information on types of services received; and outcome information (e.g., work status at closure, earnings at closure) for cases closed during the fiscal year.

RESULTS

Findings from mail and electronic surveys are presented in alphabetic order, i.e., consumers, employers, staff, and stakeholders. These are followed with findings from semi-structured telephone interviews and analyses of secondary data.

Consumer Survey

Demographics

Surveys were mailed to 1,436 consumers who had been closed by DBVI in FFYs 2010, 2011, and 2012. Of those consumers receiving surveys, 400 had been closed "rehabilitated" (with an employment outcome), and 1,036 had been closed "not rehabilitated" (without an employment outcome). Twenty-nine surveys mailed to consumers closed rehabilitated were returned to DBVI not deliverable, and 143 surveys mailed to consumers closed not rehabilitated were returned to DBVI not deliverable. A total of 172 consumers returned surveys to the NRTC. These included 59 surveys from consumers who had been closed rehabilitated and 113 surveys from consumers who had been closed not rehabilitated, for a response rate of 16% and 13%, respectively.

Age and VR outcome. Among those responding, 42% were male and 58% were female. The average age of respondents was 48 years: 52 years for those closed rehabilitated; 47 years for those closed not rehabilitated.

Racial/ethnic minority groups. Consumers were asked to identify the racial/ethnic minority groups to which they belonged. Seventy-five individuals (44%) of the 172 responding indicated they belonged to a racial/ethnic minority group. The following table provides numbers and percentages identifying each racial/ethnic minority group.

Race/Ethnic Minority Groups	<i>n</i> (%) Closed	<i>n</i> (%) Closed Not	Overall
	Rehabilitated	Rehabilitated	
African American	11 (19%)	41 (36%)	52 (30%)
American Indian/Alaskan Native	0	4 (4%)	4 (2%)
Hispanic	1 (2%)	2 (2%)	3 (2%)
Asian/Pacific Islander	2 (3%)	3 (3%)	5 (3%)
Other	3 (5%)	8 (7%)	11 (6%)

Disabling conditions/socio-economic groups. Consumers were asked to check the different populations (specific disabling conditions, socio-economic groups, etc.) to which they belonged. Five respondents closed with employment outcomes, and 14 closed without employment outcomes did not check legally blind, visually impaired, or deafblind. Five of the total respondents further reported that they did not belong to any

group, suggesting that some individuals were confused about the intent of the question. The following table provides the number and percentages of respondents identifying with the different populations.

Conditions/Groups	<i>n</i> (%) Closed Rehabilitated	<i>n</i> (%) Closed Not Rehabilitated	Overall
Legally Blind	43 (73%)	73 (65%)	116 (67%)
Visually Impaired	11 (19%)	25 (22%)	36 (21%)
Deafblindness	2 (3%)	8 (7%)	10 (6%)
Multiple Disabling Conditions	4 (7%)	23 (20%)	27 (16%)
School-to-Work Transition Students	1 (2%)	2 (2%)	3 (2%)
Veterans	2 (3%)	1 (1%)	3 (2%)
Autism Spectrum Disorder	0	2 (2%)	2 (1%)
Learning Disability	2 (3%)	8 (7%)	10 (6%)
Physical Disability	2 (3%)	14 (12%)	16 (9%)
Intellectual Disability	0	8 (7%)	8 (5%)
Drug Addiction/Alcoholism	2 (3%)	0	2 (1%)
Criminal Convictions/Incarceration	0	1 (1%)	1 (1%)
Homeless	0	1 (1%)	1 (1%)
Public Support other than SSI/SSDI	5 (9%)	23 (20%)	28 (16%)
Limited or no English Proficiency	0	1 (1%)	1 (1%)
Other	1 (2%)	2 (2%)	3 (2%)

Services

Consumers were asked how many times they had received VR services from DBVI. Possible responses included: *once, twice, three times, four or more, or do not remember*. A plurality (subset larger than any other subset) of respondents indicated that they had received services four or more times: 37% of respondents who had been closed rehabilitated, and 42% of respondents closed not rehabilitated. Less than one-fourth of respondents in either group indicated they had received VR services on only one occasion.

Number of Times Consumers had Received VR Services

	Closed Rehabilitated	Closed Not Rehabilitated	Overall
Once	25%	23%	24%
Twice	15%	14%	14%
Three Times	19%	6%	11%
Four or More	37%	42%	40%
Do Not Remember	3%	16%	11%

Consumers were asked to rate their experiences regarding the provision of 21 different rehabilitation services they may have received. For each service, consumers were asked if their need was: *unmet, somewhat met, met, not sure, or did not need/receive service*. The following two tables include a listing of service needs and percentage of respondents marking each service. The percentage of respondents not providing any rankings (missing data) is also included for each service. Data from respondents closed with employment outcomes are reported in the first table, and data from respondents closed without employment outcomes are reported in the second table.

Service Needs - Respondents Closed Rehabilitated (*with Employment Outcomes*)

	Unmet	Somewhat Met	Met	Not Sure	Did not Need	Missing Data
Vocational guidance/counseling	3%	12%	48%	7%	29%	2%
Vocational evaluation	0%	14%	53%	10%	22%	2%
Adjustment to blindness	3%	7%	36%	10%	37%	7%
Orientation & Mobility	3%	7%	41%	5%	36%	9%
Physical restoration	2%	9%	25%	2%	54%	9%
Skills of blindness training	2%	7%	29%	2%	51%	10%
Vocational/occupational training	7%	7%	31%	7%	41%	9%
Post-secondary education	9%	9%	20%	5%	51%	7%
Job readiness	9%	7%	41%	3%	36%	5%
Job coaching	12%	5%	25%	9%	44%	5%
Unpaid Work Experience	9%	2%	15%	5%	64%	5%
Supported employment	10%	5%	32%	3%	42%	7%
Job placement	5%	7%	31%	5%	37%	15%
Contracted services with CRPs	2%	7%	12%	12%	44%	24%
Partnerships with employers	3%	5%	22%	10%	49%	10%
Partnerships with vendors	9%	5%	14%	5%	58%	10%
Community-based assessments	7%	5%	15%	7%	54%	12%
Customer internships	5%	5%	10%	9%	61%	10%
Rehabilitation engineering	10%	3%	25%	5%	46%	10%
Social Security benefits planning	5%	7%	22%	2%	54%	10%
Support Service Providers	3%	3%	20%	5%	56%	12%

Consumers *closed rehabilitated* were also asked to report services that they needed to become employed and/or live independently but did not receive from DBVI. Most respondents indicated that they had not needed additional services. Service needs that were reported are listed below. Four consumers reported needing assistance with low vision devices/services; three respondents reported needing help with transportation.

- daily job coaching when I was employed
- help with transportation; no public transportation in my rural area

- assistance with master's degree
- more mobility lessons
- more lessons on cooking
- transportation
- transportation
- upgrades on CCTV, bioptic adjustments
- vision tools such as Optelec magnifier
- ZoonText for computer
- ZoomText, Optelec reader

Service Needs - Respondents Closed Not Rehabilitated (without Employment Outcomes)

	Unmet	Somewhat Met	Met	Not Sure	Did not Need	Missing Data
Vocational guidance/counseling	20%	22%	22%	4%	29%	3%
Vocational evaluation	19%	18%	22%	8%	29%	4%
Adjustment to blindness	15%	23%	31%	10%	17%	4%
Orientation & Mobility	17%	22%	32%	4%	20%	4%
Physical restoration	17%	10%	12%	12%	43%	7%
Skills of blindness training	25%	19%	25%	6%	20%	5%
Vocational/occupational training	26%	17%	14%	4%	33%	6%
Post-secondary education	26%	4%	12%	5%	44%	9%
Job readiness	34%	11%	14%	4%	32%	5%
Job coaching	29%	14%	12%	3%	36%	5%
Unpaid Work Experience	31%	6%	8%	10%	39%	6%
Supported employment	35%	10%	10%	4%	35%	7%
Job placement	38%	6%	5%	1%	38%	12%
Contracted services with CRPs	31%	4%	10%	4%	36%	16%
Partnerships with employers	36%	5%	9%	3%	35%	12%
Partnerships with vendors	31%	6%	5%	5%	42%	11%
Community-based assessments	35%	4%	7%	9%	35%	11%
Customer internships	34%	4%	4%	6%	42%	12%
Rehabilitation engineering	28%	4%	5%	6%	43%	13%
Social Security benefits planning	26%	7%	8%	9%	40%	11%
Support Service Providers	29%	3%	6%	11%	36%	15%

Consumers closed *not rehabilitated* were also asked to report services that they needed to become employed and/or live independently but did not receive from DBVI. Several respondents indicated that they had not received services or were not eligible for VR services. The top four services that were identified by respondents included job placement services ($n=11$), computer/assistive technology services ($n=8$), blindness skills (e.g., orientation and mobility, braille) ($n=7$), and transportation services ($n=6$). A listing of service needs reported by respondents is provided in the following list. Service needs reported by more than one respondent may be duplicated.

- portable CCTV/Reader or iPad
- training in communication skills
- braille training
- college, computer, and more mobility training
- transportation services, low vision services
- computer-based services to identify assistive technologies
- computer training
- education
- job placement
- job placement
- help with dealing with school system regarding disabled child
- computer training
- housing, transportation, and independent living
- job placement for part-time work
- computer
- transportation
- job services
- low vision devices
- orientation and mobility
- orientation and mobility
- monetary medical assistance; low vision equipment, job assistance
- employment doing telephone work
- braille training
- job placement and internships
- vocational skills training for my son
- job training, placement, assistive technology
- hands-on training to make me employable
- physical therapy services
- post-secondary education
- computer training; further college education
- rehabilitation center training
- retraining and certification in area where I previously had skills
- transportation
- help getting disability benefits
- computer training; enlargement software
- transportation
- transportation support
- vocational skills, job placement
- money for retinal specialist expenses
- wireless internet, money for optometrist fees

Employment Status and Barriers to Employment

Consumers were asked if they were currently employed and if they had ever obtained employment as a result of VR services from DBVI. In addition they were asked to identify the most significant barriers that had hindered them in gaining or maintaining employment and living independently. Approximately 78% of consumers closed rehabilitated reported being employed full- or part-time compared with 19% of consumers closed not rehabilitated. Surprisingly, 16% of consumers closed not rehabilitated reported that they had obtained employment as a result of VR services. Respondents closed not rehabilitated reported substantially more barriers to employment than those closed rehabilitated. The top two barriers reported most frequently by both rehabilitated and non-rehabilitated respondents were transportation (27% and 39%, respectively) and lack of jobs (22% and 37%, respectively). The next three barriers reported most frequently by rehabilitated respondents were lack of available VR services (17%), lack of qualified service providers (15%), and lack of information regarding disability resources (14%). Other barriers reported most frequently by non-rehabilitated respondents were lack of lack of knowledge, skills, and abilities to perform job tasks (34%), lack of information regarding disability resources (32%), and lack of qualified service providers (31%). See Appendix F for a complete list.

	Closed Rehabilitated	Closed Not Rehabilitated
Are you currently employed?		
Employed full-time (30 or more hrs. week)	41%	12%
Employed part-time (less than 30 hrs. week)	37%	7%
Obtained employment as a result of VR services	52%	16%
Barriers to employment & independent living		
Lack of jobs	22%	37%
Lack of marketable skills	12%	23%
Lack of knowledge, skills, abilities to perform job tasks	10%	34%
Lack of available VR services	17%	30%
Lack of qualified service providers	15%	31%
Lack of information regarding disability resources	14%	32%
Employer discrimination and attitude	10%	24%
Fear of integration into the work setting	5%	17%
Lack of State funds or budget restrictions	10%	29%
Lack of or potential loss of disability benefits	10%	10%
Lack of personal attendant services	7%	8%
Lack of or no transportation	27%	39%
Lack of adequate housing	5%	12%
Inadequate medical care and/or medical insurance	10%	11%
Safety concerns	9%	20%
Family concerns (e.g., caring for aging, children)	5%	9%
Low expectations of rehabilitation counselor	3%	15%

Satisfaction with Counselor, Employment, and Overall Services

Satisfaction with counselor. Consumers were asked how satisfied they were that their VR counselor was helpful, sensitive to their needs, and knowledgeable about their disabilities. Consumers were also asked how satisfied they were that their VR counselor partnered with them to identify their abilities and interests in developing their plan for employment. Approximately 80% of rehabilitated respondents were satisfied or very satisfied that their counselor was helpful, sensitive and knowledgeable compared with 47% of non-rehabilitated respondents. In comparison, a smaller percentage of rehabilitated and non-rehabilitated respondents were satisfied or very satisfied that their VR counselor had partnered with them in indentifying their abilities and interests (69% and 38%, respectively).

	Closed Rehabilitated	Closed Not Rehabilitated
Counselor was helpful, sensitive, knowledgeable		
Very satisfied	46%	18%
Satisfied	34%	29%
Neutral (neither satisfied or dissatisfied)	9%	21%
Unsatisfied	7%	8%
Very Unsatisfied	5%	24%
Counselor partnered with you to identify abilities, interests		
Very satisfied	41%	11%
Satisfied	28%	27%
Neutral (neither satisfied or dissatisfied)	13%	30%
Unsatisfied	11%	15%
Very Unsatisfied	7%	18%

Satisfaction with employment. Consumers who reported that they had obtained employment as a result of VR services were asked how satisfied they were with their employment. Of the 29 individuals responding who were closed rehabilitated, 76% reported that they were satisfied or very satisfied with their employment. Of the 17 individuals who were closed not rehabilitated, 65% were satisfied or very satisfied. Note that given the small number of individuals responding to this question, the 20% of rehabilitated respondents indicating dissatisfaction (unsatisfied or very unsatisfied) and 24% of non-rehabilitants only comprised 6 and 4 individuals, respectively.

	Closed Rehabilitated <i>n</i> =29	Closed Not Rehabilitated <i>n</i> =17
Satisfaction with employment		
Very Satisfied	48%	24%
Satisfied	28%	41%
Neutral (neither satisfied or dissatisfied)	3%	12%
Unsatisfied	3%	0%
Very Unsatisfied	17%	24%

Consumers were asked to rate their overall experience in receiving services from the VR program. Not surprisingly, respondents who were closed rehabilitated rated their experience substantially higher than respondents closed not rehabilitated. Only 6% of rehabilitated respondents rated their experience as below average or poor while 33% of non-rehabilitants rated their experience as below average or poor.

Overall experience in receiving VR services	Closed Rehabilitated	Closed Not Rehabilitated
Excellent	56%	22%
Good	25%	28%
Average	14%	17%
Below Average	4%	17%
Poor	2%	16%

Appendix F includes a complete list of consumer comments regarding their experiences and suggestions that could have improved their experiences.

Employer Survey

Demographics

Twenty employer surveys were completed out of the 200 distributed via email. Because of the small number of respondents, numbers rather than percentages are presented when reporting results of the survey. Respondents were first asked to indicate their positions within organizations they were representing. A list of four positions plus an "other" category was provided. Almost half of the respondents indicated they were members of the organization's administrative team, a supervisor, or a manager. Respondents were also asked the number of individuals that their business employed. Number of respondents representing their different job positions and number of employees of businesses are presented in the following two tables.

Position within Organization	Number
Executive Management	3
Administrative Team, Supervisor or Manager	9
Human Resources	5
Equal Employment Opportunity/Diversity Coordinator	1
Other (front end manager, teacher)	2

Size of Workforce	Number
Less than 25 employees	3
26 - 100 employees	6
101 - 500 employees	5
501 - 1000 employees	3
More than 1000 employees	3

Employers were asked the nature of their businesses. A list of 16 plus an "other" category was provided (see following table). The largest subgroup of respondents was community and social service employers (five responding).

Business Category	Number
Community & Social Services	5
Business and/or Financial	3
Education/Training	3
Government/Public Administration	3
Healthcare	3
Child Care	2
Building & Grounds Cleaning/Maintenance	1
Food Service	1
Personal Care & Service	1
Sales & Marketing	1
Transportation/Material Moving	1
Construction	0
Farming, Fishing and/or Forestry	0
Manufacturing/Production	0
Office/Administrative Support	0
Technology	0
Other	7

Hiring Decisions and Concerns

Employers were asked which factors most strongly influenced their decision to hire individuals who are blind, vision impaired, and deaf-blind. Most respondents indicated that applicants meeting job qualifications, having a strong work ethic, and having a strong work history most strongly influenced their hiring decisions. Maintaining diversity, availability of financial incentives, and labor market status were identified by less than 25% of respondents. The number of respondents identifying the different factors influencing hiring decisions is presented in the following table.

Hiring Factors	Number
Meeting the minimum job qualifications	15
Possessing a strong work ethic	11
Meeting the minimum education qualifications	10
Possessing a strong work history	10
Achieving or maintaining diversity	4
Receiving no cost on-the-job training to support new employees	3
Current labor market status	2
Receiving a federal work opportunity tax credit	2
None	1
Other (desire of individual to perform job; do not hire employees)	2

Employers were asked what their greatest concerns were in hiring individuals who are blind, vision impaired, and deafblind (see following table). The concern most identified by respondents was safety. Four respondents indicated they had no concerns about hiring individuals who are blind, vision impaired, and/or deaf/blind.

Concerns	Number
Safety concern	9
Integration of individual into the work setting	6
Lack of knowledge, skills, and abilities to perform job tasks	5
Cost to provide accommodations	4
Use of excessive sick time/Family and Medical Leave Act	2
Impact on health insurance costs	1
Other (ability of access software to integrate into infrastructure)	1
Uncomfortable with individuals who are blind, vision impaired, deafblind	0
None	4

Employers were asked if they had seen more individuals who are blind, vision impaired and/or deaf/blind seeking employment at their organizations in the past three years. Eight respondents indicated they had seen more individuals; eight indicated they had not, three indicated they were unsure, and one did not answer the question.

Employer Needs and Relationship with DBVI

Needs in employing consumers. Employers were asked which services DBVI could provide to assist them in hiring or retaining individuals who are blind, vision impaired, and deafblind (see following table). Assistive technology services was identified by the majority (14) of respondents.

Services	Number
Assistive Technology (e.g., screen readers, alternative computer input)	14
On-site training and support	9
Disability awareness training related to individuals who are blind, vision impaired, and/or deafblind	9
Job analysis	6
Facility accessibility consultation	6
Recruitment/affirmative action planning	5
Paid internship	4
Ergonomic assessment	4
Unpaid work experience	3
How to retain employees who become blind, vision impaired, deafblind	3
Information about the Americans with Disabilities Act (ADA)	3
Information about social security work incentives	2
Hiring and retention tax credits	1

Overall experience with DBVI. Employers were asked if they would refer other employers to DBVI. Fourteen respondents indicated they would refer other employers; one indicated he/she would not; four indicated they were unsure, and one did not respond to the question. When asked about their overall experience working with DBVI, 11 respondents reported an excellent or good overall experience. Eight respondents indicated the question was not applicable, suggesting that they had not previously worked with DBVI.

Overall Experience working with DBVI	Number
Excellent	3
Good	8
Average	1
Poor	0
N/A	8

Ten respondents further commented on their ratings regarding overall experience. Three of these individuals did confirm that they had not worked with DBVI, one was unsure. All but one of the other respondents provided positive comments regarding their working relationship with DBVI. All comments are provided in Appendix F.

Employers were asked to provide contact information if they thought that their organizations could benefit from employing DBVI consumers including interns. Six respondents provided information including company name, contact person, address, phone number, and email address. Contact information has been provided to DBVI.

Staff Survey

Demographics

Twenty-eight surveys were completed out of the 228 distributed via email to DBVI staff. Staff were first asked to indicate their position within the organization. The number of respondents by their position within DBVI is presented in the following table.

Position within DBVI	Number Responding
Rehabilitation Teacher	7
Vocational Rehabilitation Counselor	4
Program Director	3
Orientation & Mobility Instructor	3
Virginia Industries for the Blind Staff	3
Administrative Support Staff	3
Rehabilitation Engineer	1
Education Service Coordinator	1
Regional Manager	1
Other (Placement Counselor)	1

Years of experience. Next, staff were asked how long they had been working in the field of rehabilitation for the blind, vision impaired, and/or deafblind. Approximately 39% had worked in the field for 16 years or more. The number and percent of individuals responding by age ranges are provided in the following table.

Work Experience	Number	Percent
Less than 5 years	5	18%
6-10 years	10	36%
11-15 years	2	7%
16-25 years	6	21%
More than 25 years	5	18%

Services

Importance of services. Staff were provided a list of 21 VR services and were asked to rate their importance towards successful employment outcomes on a scale of 1 to 5, with 1 being the lowest and 5 being the highest (see following table). No services were rated less than 3.5. Highest rated services were job readiness and blindness-specific services (e.g., adjustment, skills training).

Importance of VR Services	Mean Rating 1= lowest; 5 = highest importance
Job readiness	4.64
Adjustment to blindness	4.54
Skills of blindness training	4.54
Orientation and Mobility	4.52
Vocational guidance and counseling	4.50
Vocational/occupational training	4.46
Partnerships with employers	4.33
Job Placement	4.25
Vocational evaluation	4.18
Rehabilitation Engineering	4.15
Partnerships with vendors	3.93
Post-secondary education	3.89
Job coaching	3.86
Contracted services	3.81
Unpaid work experience	3.78
Benefits planning	3.70
Supported employment	3.68
Customer internships	3.65
Inclusion/payment Support Service Providers	3.63
Physical restoration	3.59
Community-based assessments	3.56

Staff were also asked to identify additional services that would contribute to DBVI consumers becoming employed. Twelve individuals provided recommendations. Major categories of recommendations included:

- transportation (e.g., more affordable options, transportation planning, transportation in rural areas);
- services to consumers (e.g., implementing job clubs to enhance job seeking skills, focus on consumers who have been sheltered by family, occupational awareness specific to geographic area where a consumer lives, small business training including home-based businesses);
- outreach/education, particularly to employers about competencies of consumers

A listing of all recommendations is provided in Appendix H.

Need to improve services. Staff were provided a list of services and asked to identify all areas of critical need in terms of improving information/services provided to DBVI customers (see following table). One-half of respondents identified job placement as a service needing improvement. Almost half (46%) of respondents identified job readiness as needing improvement.

Critical Need to Improve VR Services	Percent Responding
Job placement	50%
Job readiness	46%
Vocational/occupational training	39%
Vocational evaluation	36%
Adjustment to blindness	36%
Unpaid work experience	36%
Partnerships with employers	36%
Community-based assessments	36%
Vocational guidance and counseling	32%
Skills of blindness training	32%
Customer internships	29%
Benefits planning	29%
Inclusion/payment Support Service Providers	29%
Contracted services with ESOs/CRPs	25%
Partnerships with vendors	25%
Rehabilitation Engineering	25%
Supported employment	25%
Job coaching	25%
Orientation and Mobility	21%
Post-secondary education	18%
Physical restoration	7%
Other (i.e., grief counseling; transportation service)	7%

Need for additional CRPs/ESOs. Staff members were asked if they thought there was a significant need to establish additional community rehabilitation programs (CRPs)/Employment service organizations (ESOs) within Virginia to better serve individuals who are blind, vision impaired, and/or deafblind. Although only 24% responded affirmatively, the majority of respondents (68%) reported that they were not sure if there was a significant need to establish additional CRPs/ESOs. Four respondents further explained their responses suggesting that DBVI staff may be limited in using CRPs because very few have the specialized blindness skills to address the needs of consumers. One respondent suggested the development of incentives for CRPs to employ staff with blindness and low vision competencies. Another respondent indicated that although the higher populated areas in the state had adequate numbers of CRPs/ESOs, choices were limited in rural areas. All comments are included in Appendix H.

Need to improve CRPs/ESOs. Staff members were also asked if they thought there was a significant need to improve existing CRPs/ESOs to better serve individuals who are blind, vision impaired, and/or deafblind. Approximately one-third of respondents (36%) responded affirmatively, with the majority (56%) reporting that they were not sure. Seven respondents provided further comments. These comments focused on the lack of specialized skills and/or awareness of relevant access technology among CRP/ESO staff. One respondent stressed the need for basic training on blindness, low vision, and deafblindness for CRP/ESO staff. All comments are included in Appendix H.

Staff barriers leading to unsuccessful outcomes. Staff were asked to identify the most significant barriers they faced that resulted in unsuccessful employment outcomes of consumers. Nine barriers were included in the list. Lack of transportation available to consumer was identified by the largest number of respondents (82%) as a significant barrier they faced in helping consumers achieve successful employment outcomes. Lack of market research was identified least by respondents (21%). Note that most barriers identified by the majority of staff were external to the DBVI program (e.g., lack of transportation, lack of jobs).

<u>Barriers Leading to Unsuccessful Employment Outcomes</u>	<u>Percent</u>
Lack of reliable transportation available to consumer	82%
Consumer's unrealistic goals	71%
Lack of jobs	61%
Lack of consumer's marketable skills	57%
Inadequate training for individualized job research	39%
Low expectations of consumers	36%
Lack of business development skills	29%
Lack of networking opportunities with employers	29%
Lack of market research	21%

Underserved and Unserved Groups

Disabling conditions/socio-economic groups. Staff were provided a list of 12 populations plus an "other" category representing specific disabling conditions and socio-economic groups and were asked to check all of the populations that they perceived to be underserved or unserved with regards to VR services that helped individuals who are blind, vision impaired, and/or deaf/blind become employed. The top three populations identified by respondents as being underserved or unserved were individuals with multiple disabling conditions (57%), individuals with limited or no English proficiency (54%), and individuals who are homeless (43%). Less than 30% of respondents identified the remaining populations as being underserved or unserved. Eighteen percent of respondents indicated that they were not sure which populations were underserved or unserved. The different population groups and percentages reported by respondents are provided in the following table.

Populations	Percent Unserved/Underserved
Individuals with Multiple Disabling Conditions	57%
Individuals with limited or no English proficiency	54%
Individuals who are Homeless	43%
Individuals with Criminal Convictions/Incarceration	29%
School to Work Transition Students	21%
Individuals with an Intellectual Disability	21%
Individuals with Autism Spectrum Disorder	21%
Individuals with a Learning Disability	18%
Veterans	14%
Individuals with Drug Addiction and Alcoholism	14%
Individuals with a Physical Disability	7%
Individuals receiving Public Support other than SSI/SSDI	7%
Other	7%
Not Sure	18%

Racial/ethnic groups. Staff were asked which racial/ethnic groups were underserved or unserved with regards to VR services that helped individuals who are blind, vision impaired, and/or deaf/blind become employed. Respondents (25%) identified Hispanics as the number one group who was underserved or unserved. Fifty-seven percent of respondents indicated they were not sure which racial/ethnic groups were underserved or unserved. All racial/ethnic minority groups and percentages are included in the following table.

Racial/Ethnic Groups	Percent Unserved/Underserved
Hispanics	25%
American Indian/Alaskan Native	18%
Asian/Pacific Islanders	14%
African Americans	11%
Not Sure	57%

Geographic areas. Staff were asked which geographic areas were underserved or unserved with regards to VR services that helped individuals who are blind, vision impaired, and/or deaf/blind become employed. Respondents (14%) most often identified Southwest Virginia, Central Virginia, and Southside Virginia as the geographic areas that were underserved or unserved. Sixty-one percent of respondents indicated they were not sure which area was underserved or unserved. All geographic areas and percentages are included in the following table.

Geographic Areas	Percent Unserved/Underserved
Southwest Virginia	14%
Central Virginia	14%
Southside Virginia	14%
Eastern Shore	11%
Tidewater	7%
Shenandoah Valley	7%
Northern Virginia	7%
Not Sure	61%

Suggestions to improve service delivery to underserved groups. Staff members were asked to provide suggestions on how DBVI could improve service delivery to underserved/unserved groups, including specific disabling, socio-economic, and racial/ethnic populations. Twelve respondents provided recommendations. Most recommendations related to outreach activities and staffing. Examples of outreach/collaborative recommendations included:

- conducting activities to increase awareness of programs and services, including activities focusing on employers, DARS, other agencies/organizations serving consumers, medical community, and general public
- developing partnerships with local churches and other organizations with minority members including identifying liaisons within these groups to assist minorities in the application process
- developing partnerships with other agencies/organizations providing training in job seeking and job keeping skills

- involving current consumers in outreach activities
- developing closer relationships with consumer groups and other organizations serving consumers (e.g., centers for independent living)

Examples of staffing recommendations included:

- hiring marketing director to manage outreach activities, including conducting seminars and other training activities marketing services
- hiring bilingual staff for outreach and provision of services

A list of all recommendations is provided in Appendix H.

Recommendations to improve program. Staff were asked in the final survey question to provide any comments or suggestions to improve DBVI's vocational rehabilitation program. Six respondents provided additional comments/suggestions. All responses are included in Appendix H. Brief examples of responses are provided below.

- Increasing salaries of staff, many of whom who are underpaid and work after hours and weekends to provide timely, effective services to consumers
- Improving communication within the agency; questions are slow to be answered by administrators
- Improving consumers' knowledge about their disabilities, including their understanding of blindness/deafblindness skills training needed to enhance independent living skills
- Providing education to employers regarding potential of consumers who are blind, visually impaired, and/or deafblind
- Teaching problem solving techniques to consumers

Stakeholder Survey

Demographics

Fifty-four stakeholder surveys were completed out of the 1,025 distributed via email. Stakeholders were first asked to check the organization or population they were representing. A list of 15 organizations and/or populations plus an "other" category was provided. Respondents reported representing nine of the 15 categories, plus the "other" category. The three individuals checking "other" specified DBVI as the organization they were representing. One of the three also reported being a State Rehabilitation Council member. One individual did not provide information regarding the organization that he/she was representing. Number of respondents representing the different organizations/populations is presented in the following table.

Organization or Population Represented	Number Responding
Itinerant Teacher for the Blind, Vision Impaired, and Deafblind	17
Department of Rehabilitation Services	14
Woodrow Wilson Rehabilitation Center	7
Blind, Vision Impaired, and/or Deafblind Advocacy Groups	3
Community Rehabilitation Programs	3
Community Services Boards	2
Virginia Department for the Aging	2
Centers for Independent Living	2
Other	3

Length of time serving consumers. Stakeholders were asked how long their organization had provided services to individuals who are blind, vision impaired, and/or deafblind. Three respondents reported their organization had served consumers 6-10 years, 1 respondent reported 11-15 years, four respondents reported 16-20 years, and 44 respondents reported more than 20 years. No respondent reported less than six years. Two respondents did not answer the question.

Number of referrals received. Stakeholders were asked approximately how many referrals they received from DBVI on an annual basis. Two respondents reported receiving over 50 referrals, 2 respondents reported 26-50 referrals, 5 respondents reported 11-25 referrals, and 28 respondents reported receiving fewer than 10 referrals annually from DBVI. Fourteen respondents indicated that the question was not applicable to their organization/population. Three respondents did not answer the question.

Number of referrals to DBVI. Stakeholders were also asked how many referrals they made to DBVI on an annual basis. One respondent reported over 50 referrals, 2 reported 11-25 referrals, and 34 reported they made fewer than 10 referrals annually to DBVI. Fifteen respondents indicated that the question was not applicable to their organization/population. Two respondents did not answer the question.

Underserved/Unserved Groups

Disabling conditions/socio-economic groups. Stakeholders were provided a list of 12 populations plus an "other" category representing specific disabling conditions and socio-economic groups and were asked to check all of the populations that they perceived to be underserved or unserved with regards to VR services that helped individuals who are blind, vision impaired, and/or deaf/blind become employed. The top three populations identified by respondents as being underserved or unserved were individuals with multiple disabling conditions (44%), individuals with criminal convictions/incarceration (35%), and school to work transition students (32%). Twenty-six respondents indicated that they were not sure which populations were underserved

or unserved. The different population groups and percentages reported by respondents are provided in the following table.

Populations	Percent
Individuals with Multiple Disabling Conditions	44%
Individuals with Criminal Convictions/Incarceration	35%
School to Work Transition Students	32%
Individuals who are Homeless	28%
Individuals with Autism Spectrum Disorder	28%
Individuals with limited or no English proficiency	26%
Individuals with Drug Addiction and Alcoholism	26%
Veterans	17%
Individuals receiving Public Support other than SSI/SSDI	15%
Individuals with a Physical Disability	15%
Individuals with an Intellectual Disability	15%
Individuals with a Learning Disability	13%
Other	7%
Not Sure	26%

Racial/ethnic groups. Stakeholders were asked which racial/ethnic groups were underserved or unserved with regards to VR services that helped individuals who are blind, vision impaired, and/or deaf/blind become employed. Respondents (19%) identified Hispanics as the number one group who was underserved or unserved. Sixty-nine percent of respondents indicated they were not sure which racial/ethnic groups were underserved or unserved. All racial/ethnic minority groups and percentages are included in the following table.

Racial/Ethnic Groups	Percent
Hispanics	19%
African Americans	11%
American Indian/Alaskan Native	9%
Asian/Pacific Islanders	6%
Not Sure	69%

Geographic areas. Stakeholders were asked which geographic areas were underserved or unserved with regards to VR services that helped individuals who are blind, vision impaired, and/or deaf/blind become employed. Respondents (19%) identified Northern Virginia as the number one geographic area that was underserved or unserved. Sixty-one percent of respondents indicated they were not sure which area was underserved or unserved. All geographic areas and percentages are included in the following table.

Geographic Areas	Percent
Northern Virginia	19%
Southwest Virginia	15%
Tidewater	13%
Eastern Shore	11%
Central Virginia	9%
Southside Virginia	9%
Shenandoah Valley	6%
Not Sure	61%

Stakeholders were asked to provide suggestions on how DBVI could improve service delivery to underserved/unserved groups, including specific disabling, socio-economic, and racial/ethnic populations. Recommendations were collapsed into four major categories: outreach/collaboration (17 recommendations); staffing (5 recommendations); services to consumers (5 recommendations); and funding (2 recommendations). Examples of outreach/collaborative recommendations included:

- developing informational brochures in other languages
- developing partnerships with schools/agencies/organizations working with populations identified as underserved/unserved
- participation of staff in community resource teams
- providing informational training to employers/agencies/civic groups
- developing relationships with religious organizations with minority members
- conducting open house for stakeholders and potential consumers
- developing closer relationships with itinerant vision specialists, consumer groups, other organizations serving consumers

Examples of staffing recommendations included:

- hiring bilingual staff for outreach and provision of services
- hiring additional staff to serve deafblind consumers
- contracting for additional orientation and mobility and rehabilitation teaching services in the home

Examples of service delivery recommendations included:

- developing intensive training program for people with multiple health conditions on how best to access health system
- increasing assistive technology services, especially to consumers with outdated technology
- providing services to transition students who are seniors rather than waiting until after their graduation

A list of all recommendations is provided in Appendix I.

Experience working with DBVI

Stakeholders were asked to rate their overall experience working with DBVI and to explain their rating. Sixty-seven percent of those responding reported that their experience was either excellent or good. Only 4% rated their experience as below

average. Nine respondents did not answer the question. Ratings of respondents are provided in the following table.

Overall Experience Working with DBVI	Percent
Excellent	24%
Good	42%
Average	29%
Below Average	4%

Seven respondents explained their ratings. Examples of responses included positive feedback regarding responding to questions and providing services. Examples of negative responses included concerns regarding lack of uniformity in provision of services depending upon DBVI personnel and not accepting referrals with marginal vision loss. All comments are provided in Appendix I.

Key Informant Semi-Structured Interviews

In response to the 1992 Rehabilitation Act Amendments, each state VR agency has an advisory council to provide input and advice. DBVI's State Rehabilitation Council (SRC) meets quarterly. Its members are appointed by the Governor of Virginia and include former VR consumers, advocates, business and community representatives, and representatives from other workforce and disability organizations. The Council works in partnership with DBVI by providing guidance in developing, expanding, and improving services in order to maximize the employment and independent living outcomes of individuals who are blind, visually impaired, and/or deafblind.

Telephone interviews using semi-structured questions (see Appendix E) were conducted with two officers of the DBVI's SRC. Feedback regarding VR needs of consumers, including consumers from racial/ethnic backgrounds and other specific demographic subgroups; barriers in meeting needs; and needs specific to supported employment, the workforce investment system, and community rehabilitation programs (CRPs) are provided.

Consumer Needs

Overall needs of consumers. Respondents identified technology and blindness skills services as major needs of DBVI consumers. Consumers need additional services related to using accessible of-the-shelf software such as iPads and iPhones in addition to traditional assistive technology such as screen access software. Given the fast pace of technology change, services are especially critical to consumers who have not recently received technology services or devices. With respect to blindness skills, cane travel, adjustment to blindness, and braille services were identified as ongoing needs. An efficient large-scale public transit system was also cited as a major need.

Needs of underserved/unserved groups. Respondents identified individuals with multiple disabilities as a probable group being underserved by DBVI. In addition, transition-age youth and individuals who are low vision, but not legally blind, may be underserved. In support, respondents provided anecdotal information regarding consumers in these groups who had been unaware or had experienced difficulties in accessing VR services. Needs specific to racial/ethnic groups were not identified.

Other needs. Respondents were asked to identify needs specific to supported employment services and services provided by CRPs and the state's workforce investment system. Respondents were unsure of the need for supported employment indicating their understanding that only a small numbers of consumers used this service. Respondents were not aware of the extent that DBVI accessed services via the workforce investment or community rehabilitation programs. Their understanding was that few DBVI consumers utilized services from these programs and that program staff were not likely to have the specialized blindness and low vision skills critical in working effectively with DBVI consumers.

Barriers to Meeting Service Needs

Barriers and overcoming barriers. Respondents were asked to identify barriers in meeting identified service needs of consumers, including underserved/unserved groups. Respondents identified the need for skilled counselors and additional staff (i.e., rehabilitation teachers). Also stressed was the need for strengthening partnerships with consumer groups, community organizations, and businesses. Concerns were noted that potential consumers were often not aware of the DBVI program and that DBVI should identify and implement effective strategies to promote awareness to the general public and potentially underserved and/or unserved populations.

2010 Review of Secondary Data

Summary of Year One Review

DBVI contracted with a local consultant to conduct a review of secondary data to assess the extent of VR service needs of Virginia residents with the most significant disabilities, including individuals from minority and other backgrounds who may be unserved or underserved by the program. A copy of that report is provided in Appendix J. In the secondary data review, proportions of subgroups of individuals served by DBVI (i.e., gender groups, racial/ethnic minority groups, individuals with multiple disabilities, transition-age students, workers 65 and older, individuals speaking English as a second language, and veterans) served by DBVI VR in fiscal years 2005-2009 were compared with other Virginia population data to identify potential groups who might be underserved. Virginia-specific secondary data used in comparisons with VR service data included the American Community Survey, the Virginia Department of Education, and the Virginia Department of Behavioral Health and Developmental Services.

Report conclusions. The authors noted several limitations in using available secondary data sources in identifying groups of Virginia consumers who are unserved or underserved and their unmet service needs. However, their review found some evidence that several groups may be underserved by the program, including the following:

- American Indians
- Asians and Pacific Islanders
- Individuals whose primary language is not English
- Older workers
- Transition-age students

The authors concluded that existing secondary data were too limited to reliably estimate population sizes of other potentially underserved groups, including individuals with visual impairments who have additional disabilities and veterans with visual impairments. Further, given limitations of existing data, the extent of unmet needs of these groups could not be assessed.

RSA-911 Analyses

The NRTC Principal Investigator supplemented findings from the 2010 review of secondary data with analyses of the most recent available data from annual RSA Case Service Reports (RSA-911). Data from federal fiscal years (FFYs) 2010 and 2011 for the State of Virginia DBVI (Agency 107) were used for analysis. RSA-911 data for FFY 2012 were not available at time of these analyses. Each RSA-911 client record included demographic, socioeconomic, and disability information at referral; information on types of services received; and outcome information for all cases closed during the fiscal year. Case records for 996 consumers with a primary disability impairment of Blindness (Legal Blindness; Code 01) or Other Visual Impairments (Code 02) were selected from the national dataset for FFYs 2010 and 2011 and were available for analysis. Of the 996 cases, 469 were closed in FFY 2010, and 527 were closed in FFY 2011. The purpose of the analyses was to provide descriptive data on acceptance and competitive employment rates for demographic subgroups of consumers at risk of being unserved or underserved, including consumers from racial/ethnic backgrounds.

Subgroups at risk of being unserved or underserved

- *Race/ethnicity:* categories were White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Pacific Islander, Hispanic or Latino of any race; Multiple Race/ethnicity
- *Visual Impairment:* categories were legally blind or other visual impairment
- *Secondary disability:* categories were yes or no for presence of a secondary disability.
- *Gender:* categories were male or female
- *Transition-age youth:* ages 14 through 22 at application
- *Older Workers:* ages 65 and older at application.

- *Public Support at Application:* categories were yes or no for receipt of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), General Assistance, Social Security Disability Insurance (SSDI), Veterans Disability Benefits, Workers Compensation, and Other Public Support.

Acceptance and competitive outcome variables

Acceptance variable. Accepted vs. not accepted was the dichotomous criterion variable for the analysis of acceptance.

Cases that had been accepted (eligible) for services included the following RSA closure types:

- 3 -- Exited with an employment outcome
- 4 -- Exited without an employment outcome, after receiving services
- 5 -- Exited without an employment outcome, after a signed IPE, but before receiving services
- 7 -- Exited without an employment outcome, after eligibility, but before an IPE was signed.

Cases that were not accepted for services included RSA closure types

- 1 -- Closed while an applicant, but before eligibility determination
- 2 -- Exited during or after a trial work experience/extended evaluation
- 6 -- Exited from an order of selection waiting list

Competitive Employment variable. Closed with a competitive employment outcome vs. not closed with a competitive employment outcome was the dichotomous criterion variable. This included all cases of consumers who (1) had been accepted, (2) had received VR services, and (3) had been closed with or without an employment outcome. This allows us to report a competitive employment rate (percentage) of all consumers who were accepted and were closed after an IPE was signed and services were provided. Note that the rate used in this report is different from the competitive employment rate used by RSA which is computed only using cases receiving services and closed with an employment outcome (i.e., does not include cases closed after services without an employment outcome). Problems with using the RSA competitive employment indicator include substantial exclusion of data (242 cases; 24.3%) for unsuccessful cases and the resulting analytic sample-size reduction, restriction in outcome categories being considered, and distortion of the competitive closure success rate.

Competitive employment closures included cases when RSA variable *Employment Status at Closure* was coded

- 1 -- Employment without supports in an integrated setting
- 3 -- Self-employment
- 4 -- State-managed Business Enterprise Program (BEP)
- 7 -- Employment with supports in an integrated setting

and employment was full or part-time, and compensated at the maximum of the State or Federal minimum wage.

Noncompetitive employment closures included cases when *Employment Status at Closure* was coded

- 2 -- Extended employment (employment in a non-integrated setting for a public or non-profit organization)
- 5 -- Homemaker
- 6 -- Unpaid family worker

Noncompetitive closures also included cases when *RSA Type of Closure* was coded

- 4 -- Exited without an employment outcome (not employed after services).

Demographics

DBVI closed a total of 996 consumers in FFYs 2010 and 2011. The mean age of consumers at application was 41.8 years, with an age range of 14 to 80 years. The following table provides numbers and percentages reported at application for the different demographic categories. The majority of cases were female (52.1%), White, non-Hispanic (53.1%), and legally blind (61.8%). Fourteen percent were transition-age youth (ages 14-22), 3.6% were older workers (65 and older), and 45.8% were receiving SSDI.

Demographic Characteristics	Number Applying	Percentage of Total Cases
Gender (female)	519	52.1%
Race/Ethnicity		
White, Non-Hispanic	529	53.1%
Black, Non-Hispanic	404	40.6%
American Indian	1	0.1%
Asian	20	2.0%
Hawaiian or Pacific Islander	1	0.1%
Hispanic of any Single Race	24	2.4%
Multiple race/ethnicity	15	1.5%
Missing data	2	0.2%
Legally Blind	616	61.8%
Transition-Age Youth (ages 14-22)	139	14.0%
Older Workers (65 and older)	36	3.6%
Consumers with Secondary Disability	293	29.4%
Public Support at Application		
Supplemental Security Income (SSI)	196	19.7%
Temporary Assistance for Needy Families (TANF)	6	0.6%
General Assistance (State or local government)	2	0.2%
Social Security Disability Insurance (SSDI)	456	45.8%
Veterans' Disability Benefits	3	0.3%
Workers' Comp	1	0.1%
Other Public Support	30	3.0%

Acceptance and Competitive Employment Rates

Of the 996 consumers closed in FFYs 2010 and 2011, 672 (67.5%) of the 996 individuals making application for services were accepted for services. Of those accepted, 550 consumers received VR services after a signed IPE. The majority ($n=285$; 51.8%) of consumers receiving services were closed in competitive employment outcomes. The remaining 265 consumers were closed with extended employment ($n=1$), homemaker ($n=18$), or unpaid family worker ($n=2$) outcomes or were closed without an employment outcome (not employed after services).

The following table includes acceptance and competitive employment data associated with different demographic groups of consumers closed by DBVI in FFYs 2010 and 2011. For each demographic group, we report the number of consumers who applied for services and the number and percent who were accepted for services. We also provide the number of individuals in that group who were provided services and the number and percent who were competitively employed. For example in interpreting gender data, 519 females applied for VR services and 367 (70.7%) were accepted; 301 females actually received services, of whom 150 (49.8%) were closed in competitive income. For females, the difference between the number accepted and the number receiving services (367 minus 301) is the result of 66 cases closed before any services were initiated. A few data highlights from the following table include:

- Although a higher percentage of females vs. males (70.7% vs 63.9%) were accepted for services a lower percentage of females when compared to males (49.8% vs. 54.2%) were closed in competitive employment.
- White, non-Hispanics had a higher acceptance rate and a higher competitive employment rate in comparison to racial/ethnic minorities (i.e., Black non-Hispanics, Asians, and Hispanics). Hispanics of any race had the lowest acceptance rate; individuals identified as having multiple race/ethnicity had the lowest competitive employment rate.
- Transition-age youth had one of the lowest competitive employment rates (33.3%) in the different demographic subgroups. Consumers reporting SSI at application had the lowest competitive employment rate (29.7%) of groups comprised of more than 10 individuals. There was an approximate 20% gap between employment rates of these two groups (i.e., transition age, SSI recipients) when compared with the 51.8% overall rate (all consumers).
- The competitive employment rate for consumers reporting SSDI at application was only slightly lower than the rate for the total group (50.8% and 51.8%, respectively).
- There was more than a 10% gap in the competitive employment rate of consumers identified as legally blind when compared with consumers identified as visually impaired (48.9% vs. 60.1%, respectively).

Demographic Groups	Accepted for Services			Competitively Employed (CE)		
	Number Applied	Number Accepted	Percent Accepted	Number Served	Number CE	Percent CE
Gender						
Female	519	367	70.7%	301	150	49.8%
Male	477	305	63.9%	249	135	54.2%
Race/Ethnicity*						
White, Non-Hispanic	529	376	71.1%	317	176	55.5%
Black, Non-Hispanic	404	253	62.6%	197	93	47.2%
American Indian	1	0	0.0%	0		
Asian	20	14	70.0%	14	7	50.0%
Hawaiian or Pacific Islander	1	1	100.0%	0		
Hispanic of any Single Race	24	14	58.3%	11	5	45.5%
Multiple race/ethnicity	15	12	80.0%	9	3	33.3%
Severity of Vision Loss						
Legally Blind	616	488	79.2%	407	199	48.9%
Other Visual Impairment	380	184	48.4%	143	86	60.1%
Transition-Age Youth (age 14-22)	139	97	69.8%	72	24	33.3%
Older Workers (65 and older)	36	25	69.4%	19	13	68.4%
Have Secondary Disability	293	224	76.5%	176	67	38.1%
Public Support at Application						
SSI	196	138	70.4%	101	30	29.7%
TANF	6	5	83.3%	3	0	0.0%
General Assistance	2	2	100.0%	1	1	100.0%
SSDI	456	330	72.4%	262	133	50.8%
Veterans' Disability Benefits	3	3	100.0%	3	1	33.3%
Workers' Comp	1	0	0.0%	0	0	0.0%
Other Public Support	30	25	83.3%	22	13	59.1%
ALL CASES	996	672	67.5%	550	285	51.8%

* Race/ethnicity was not reported for two cases.

SUMMARY OF KEY FINDINGS

The following is a summary of selected findings from (a) the 2010 review of secondary data conducted earlier in the needs assessment process, (b) surveys of VR consumers, DBVI staff, employers, and other stakeholders, (c) key informant interviews, and (d) analyses of the most currently available RSA-911 case service data on consumers closed from DBVI's program in federal fiscal years 2010 and 2011.

Service Needs

Consumer Service Needs (from list of 21 services)

VR consumers who were closed rehabilitated reported the following top five service needs as being "unmet" or "somewhat met."

1. Post-secondary education
2. Job coaching
3. Job readiness
- 4(tie). Vocational guidance/counseling
- 4(tie). Supported employment

VR consumers who were closed not rehabilitated reported the following top five service needs as being "unmet" or "somewhat met."

- 1(tie). Job readiness
- 1(tie) Supported employment
- 3(tie). Job placement
- 3(tie). Skills of blindness
- 5(tie). Job coaching
- 5(tie). Vocational/occupational training

DBVI staff were asked to rank the importance (1 = lowest; 5 = highest importance) of each of the 21 VR services. The following services received the five highest rankings.

1. Job readiness
2. Adjustment to blindness
3. Skills of blindness training
4. Orientation and mobility
5. Vocational guidance/counseling

In summary, job coaching, job readiness, and supported employment were identified by both consumer groups (rehabilitated and not rehabilitated) as top five service needs that were "unmet or "somewhat met." Job readiness was identified by both consumer groups and staff. Moreover, job readiness was ranked number one by consumers not rehabilitated and by staff. Skills of blindness training was identified in the top five by consumers closed not rehabilitated and by staff. Vocational guidance/counseling was identified by consumers closed rehabilitated and by staff. Note that although these findings focus on the top five service needs identified by

respondents, other service needs were identified by only slightly lower percentages of respondents. Readers are encouraged to review the relevant detailed findings presented in the results section of the report regarding these and additional key findings.

DBVI staff were asked to identify areas of critical need in terms of improving services to consumers from the list of 21 services. The top three services identified were:

- Job placement
- Job readiness
- Vocational/occupational training

Consumer Services Not Received (open-ended question)

VR consumers who were closed rehabilitated were asked to report those services not received but needed for them to become employed and/or live independently. The top 3 service categories were:

- Assistive technology
- Transportation
- Blindness skills

VR consumers who were closed not rehabilitated reported the following top three service categories needed but not received:

- Job placement
- Assistive technology
- Blindness skills

In summary, assistive technology and blindness skills services were identified by both rehabilitated and not-rehabilitated consumers as services needed but not received. Although not included in the top three, consumers closed not rehabilitated ranked transportation services as the fourth service category needed to become employed and/or live independently.

Key informants were asked to identify VR needs of DBVI consumers. Findings from interviews were consistent with consumer and staff feedback in that assistive technology, blindness skills training, and transportation were identified as major service needs.

Need to Expand/Improve Services from CRPs/ESOs

VR consumers. Consumers were asked to rate their experience regarding receiving services provided by community rehabilitation programs (CRPs). Only 9% of consumers closed rehabilitated reported that their service needs from CRPs were

unmet or somewhat unmet; whereas, 35% of consumers closed not rehabilitated reported needs from CRPs were unmet or somewhat met.

DBVI staff and key informants. Staff rated the importance (on a scale of 1-5, with 1 being the lowest and 5 being the highest) of CRPs and/or employment service organizations (ESOs) in consumers achieving successful employment outcomes. Contracted services (i.e., CRPs, ESOs) was ranked 3.8—14th of the 21 listed services. Staff were also asked if there was a significant need to establish additional CRPs/ESOs and if there was a need to improve existing CRPs/ESO. Approximately one-fourth of staff indicated there was a need to expand, and one-third indicated there was a need to improve CRPs/ESOs. The majority of staff answered "not sure" to both questions. Key informants also indicated that they were unsure if there was a need to expand and/or improve CRPs and that they were unsure if CRP/ESO staff had the necessary blindness and low vision skills to provide adequate services to DBVI consumers

Barriers to Employment Outcomes

VR consumers closed rehabilitated identified the following top five barriers (from a list of 17) to obtaining and maintaining employment.

1. Lack of transportation
2. Lack of jobs
3. Lack of available VR services
4. Lack of qualified service providers
5. Lack of information regarding disability resources

VR consumers closed not rehabilitated identified the following top five barriers to obtaining and maintaining employment.

1. Lack of transportation
2. Lack of jobs
3. Lack of knowledge, skills, abilities to perform job tasks
4. Lack of information regarding disability resources
5. Lack of qualified service providers

DBVI staff identified the following as top five barriers they faced that lead to unsuccessful employment outcomes of consumers.

1. Lack of reliable transportation available to consumer
2. Consumer's unrealistic goals
3. Lack of jobs
4. Lack of consumer's marketable skills
5. Inadequate training for individualized job research

In summary, both consumer groups (rehabilitated and not rehabilitated) and staff identified lack of transportation and lack of jobs as top five barriers to obtaining and maintaining employment. Both consumer groups identified transportation, lack of jobs, lack of qualified service providers, and lack of information regarding disability resources

as top five barriers. Not rehabilitated consumers identified critical employability skills not identified by rehabilitated consumers.

Underserved/Unserved Populations

Disability/Socio-Economic Populations

The top five populations identified by DBVI staff from a list of 12 disability and socio-economic groups were:

1. Individuals with multiple disabling conditions
2. Individuals with limited or no English proficiency
3. Individuals who are homeless
4. Individuals with criminal convictions/incarcerations
5. (3-way tie) transition students, individuals with intellectual disabilities, individuals with autism disorders

The top five populations identified by stakeholders were:

1. Individuals with multiple disabling conditions
2. Individuals with criminal convictions/incarcerations
3. Transition students
4. (2-way tie) individuals who are homeless; individuals with autism disorders

Key informants identified individuals with multiple disabling conditions, transition students, and individuals with low vision (as opposed to blind) as potential populations that were underserved or unserved.

Findings from the 2010 Review of Secondary Data suggest that transition students, individuals whose primary language is not English, and older workers may be underserved by the program.

Findings from analyses of RSA-911 data of consumers closed in 2010 and 2011 indicate that the acceptance rates of transition students (70%), older workers (69%), and individuals with secondary disabilities (77%) were higher than the acceptance rate of the total group of consumers (68%). Although there was a 30% gap in acceptance rates between legally blind and visually impaired consumers (79% vs. 48%, respectively), further analyses indicate that this was largely due to visually impaired consumers closed "no disabling condition" (i.e., lack of physical or mental impairment). With respect to competitive employment rates, males had higher competitive employment rates than females (54% vs. 50%, respectively). Competitive employment rates of individuals with secondary disabilities (38%), transition students (33%) and SSI beneficiaries (30%) were considerably lower than the overall competitive employment rate (52%).

In summary, individuals with multiple disabilities and transition students were identified as being potentially underserved or unserved in findings across all data

sources (i.e., staff survey, stakeholder survey, key informant interviews, review of secondary data, RSA-911 analyses). Individuals who are homeless, primary language is not English, have criminal convictions, and/or have autism disorders were identified in at least two data sources.

Racial/Ethnic Populations

The majority of DBVI staff and stakeholders indicated they were not sure which racial/ethnic minority groups were underserved or unserved. Hispanics was the number one group identified by staff (25%) and by stakeholders (19%). Staff next identified American Indians/Alaskan Natives (18%); stakeholders next identified African Americans (11%).

Findings from the 2010 Review of Secondary Data indicated that there was some evidence that American Indians, Asians, and Pacific Islanders were underserved by the program.

Findings from analyses of RSA-911 data indicate that one American Indian applied but was not accepted for services, and one Hawaiian/Pacific Islander applied and was accepted for services. Among the other racial ethnic groups, Hispanics had the lowest acceptance rate (58%), followed by African Americans (63%), and Asian Americans (70%). In comparison, the acceptance rate for Whites was 71% and 80% for the multiple race/ethnicity group. With respect to competitive employment rates (see *operational definition of competitive employment on pages 27-28*), the multiple race/ethnicity group had the lowest employment rate (33%), followed by Hispanics (46%), African Americans (47%), and Asian Americans (50%). In comparison, Whites had the highest competitive employment rate (56%). The small numbers of individuals from racial/ethnic minority groups (other than African Americans) preclude making reliable determinations of which groups are underserved or unserved. Given acceptance and competitive employment rates of African Americans in comparison with Whites, there is some evidence that African Americans may be underserved.

In summary, Hispanics were identified as being potentially underserved in findings from three of the four data sources (i.e., stakeholders, staff, RSA-911). African Americans were identified in findings from two data sources (i.e., stakeholders, RSA-911). American Indians were identified in findings from two data sources (i.e., staff, 2010 Review of Secondary Data).

Geographic Areas

The majority (61%) of both DBVI staff and stakeholders indicated they were not sure which geographic areas were underserved or unserved. More staff (14%) identified Southwest, Central, and Southside Virginia as being underserved or unserved. More stakeholders (19%) identified Northern Virginia as being underserved/unserved, followed by Southwest Virginia (15%), and Tidewater (13%). Data from staff and stakeholders were mixed. For example, 19% of stakeholders identified Northern Virginia as being underserved, whereas only 7% of staff identified Northern Virginia as being

underserved. Southwest Virginia was the only area identified in the top three by staff and stakeholders. No secondary data sources were available to assess which regions of the state were being underserved or unserved.

Improving service delivery to underserved/unserved populations. DBVI staff, stakeholders, and key informants provided a number of suggestions to improve service delivery to underserved or unserved populations. The majority of recommendations were related to strengthening outreach and collaborative activities targeting specific populations and general informational activities targeting the general public. Respondents also identified the need to hire a public relations manager to lead agency efforts to systematically market and promote the program to the general public and specific underserved populations and to strengthen relationships with consumers, employers, and other stakeholders.

Employer Needs

Hiring Decisions

The most important factor influencing an employer's decision to hire a DBVI consumer is whether the applicant meets the minimum job qualifications—75% identified this factor. A smaller majority of employers also identified having a strong work ethic, meeting the minimum education qualifications, and possessing a strong work history as important factors. Financial incentives were only important to a small minority of employers.

Hiring Concerns

Almost half of employers identified safety as their top concern in hiring DBVI consumers. Less than a quarter of employers identified cost to provide accommodations, use of excessive sick time, or health insurance costs as concerns.

Service Needs

Approximately 75% of employers identified assistive technology as a service DBVI could provide in assisting them to hire or retain DBVI consumers. Almost half of the employers identified on-site training and support and disability awareness training. Financial incentives or information about financial incentives were important to a small minority of employers.

Satisfaction with DBVI Services

Consumer Satisfaction

Not surprisingly, consumers who were closed rehabilitated were more satisfied with their counselor and services than consumers who were closed not rehabilitated. Moreover, both groups were more satisfied with the helpfulness, sensitivity, and knowledge of their counselors than their partnership with counselors in developing their plans for employment. There was an approximate 30% difference between the rehabilitated and not-rehabilitated groups in the percent who were satisfied or very satisfied with (a) the helpfulness, sensitivity, and knowledge of the counselor and (b) the partnership in identifying abilities and interests in developing the plan for employment. These findings were consistent with consumers' overall ratings of the VR program: Approximately 80% of consumers closed rehabilitated rated their experiences as excellent or good; whereas, only 50% of consumers closed not rehabilitated rated their experiences as excellent or good.

Stakeholders and Employer Experiences

The majority (66%) of stakeholders rated their overall experience working with DBVI as excellent or good; 29% rated their experiences as average. Employers' overall ratings were high—all but one of the respondents who had worked with DBVI reported their overall experience as excellent or good; the one rated its experience as average.

Concluding Remarks

This report presents findings from multiple sources of data to assess the rehabilitation needs of individuals who are blind, vision impaired, and deafblind in Virginia. Sources include (a) primary data from closed VR consumers, DBVI staff, stakeholders, employers, and key informants and (b) secondary data from RSA-911 case reports, American Community Survey, and other State data. In addition to findings presented in the "results" section, additional comments of survey respondents regarding service needs and recommendations for program improvement are presented in Appendices F through I. These more rich in-depth qualitative comments may be useful in providing a contextual framework for interpreting study findings.

The assessment began with a review of secondary data completed in 2010. In that review, existing data of Virginia's visually impaired population were compared with demographic and disability characteristics of individuals served by DBVI. Data comparisons were used to help determine if the needs of potentially unserved or underserved individuals were being met by the program. MSU project staff began work on completion of the statewide comprehensive needs assessment in spring 2012. Surveys previously developed by key DBVI staff were reviewed and with slight revisions were disseminated by DBVI to consumers closed from VR in 2010, 2011, and 2012; DBVI staff; stakeholders; and employers. Data from the surveys and interviews with key

informants were collected and analyzed by NRTC project staff. In addition, RSA-911 data from DBVI VR cases closed in FFYs 2010 and 2011 were obtained and analyzed by NRTC staff to supplement findings from the previous review of secondary data. Results from all data sources and key findings across data sources are presented in this report.

The major purpose of this report is to identify gaps between the current status of the program and needs identified from data sources. It is not to provide specific recommendations based on study findings. Findings from the report can be used by DBVI and its State Rehabilitation Council in the development of the State Plan for Vocational Rehabilitation Services and in improving VR services to better meet the ongoing needs of its consumers, and in particular consumers with the most significant disabilities, minorities, and other unserved/underserved populations.

Limitations. As with all study volunteers, survey respondents may present a particular attitude or interpretation of services different from individuals choosing not to respond to the surveys. Moreover, the small size of some racial/ethnic groups and the low incidence of individuals with visual impairments with other specific disabling conditions and/or from socio-economic groups precludes our ability to reliably estimate numbers/percentages in the Virginia population to compare with numbers/percentages of similar groups served by DBVI. Further, measures in secondary data sources such as the RSA-911 database are limited. Therefore, feedback from those individuals with the most expertise in receipt and delivery of VR services was critical in completing the "big picture" needed to identify gaps in service needs of individuals who are blind, vision impaired or deafblind in Virginia.

Appendix A: Consumer Survey

NOTE THAT CONSUMER SURVEYS WERE DISSEMINATED IN SIZE 18 POINT.

The Virginia Department for the Blind and Vision Impaired (DBVI) has asked Mississippi State University (MSU) to conduct an assessment of the vocational rehabilitation (VR) needs of individuals who are blind, vision impaired, and/or deafblind, and in particular the needs of individuals who are minorities or other groups who may be unserved or underserved by the agency. This information will be used to develop and implement policies to better serve consumers. You have been selected because you are currently receiving services from DBVI or you have received services in the past. Please help us by completing the following survey. It should take about 15 minutes. You do not need to include your name with your responses. We will add your responses to those of other persons responding to the survey and will only provide summary (aggregate) information to DBVI. Your participation is totally voluntary, and you may stop at any time or elect not to answer specific questions. Again, all of your responses will be confidential, and no names will be used in any report of the research. There is no risk to participation, and potential benefits could be improvements in the VR Program. If you have any questions about the study, you can contact Brenda Cavanaugh or Chris Eady at 1-800-675-7782 or the MSU Regulatory Compliance Office at 662-325-5220.

Consumer Survey

1. Please select from the choices below:

1. I am a current consumer of the DBVI Vocational Rehabilitation (VR) program and have never received VR services previously.
2. I was a consumer of the DBVI VR program in the past, however I am not currently receiving services from DBVI.
3. I was a consumer of the DBVI VR program in the past, and I am also currently receiving services from DBVI.

2. If respondent answered 2 or 3 above: How many times in the past have you received services from DBVI VR?

1. 1
2. 2
3. 3
4. 4 or more
5. Do not remember

3. Which of the following populations (specific disabling conditions, socio-economic groups, etc.) in Virginia do you belong to? Check all that apply.

1. Individuals with Blindness (includes legal blindness)
2. Individuals with Visual Impairment
3. Individuals with Deafblindness
4. Individuals with Multiple Disabling Conditions
5. School-to-Work Transition Students

6. Veterans
7. Individuals with Autism Spectrum Disorder
8. Individuals with a Learning Disability
9. Individuals with a Physical Disability
10. Individuals with an Intellectual Disability
11. Individuals with Drug Addiction and Alcoholism
12. Individuals with Criminal Convictions/Incarceration
13. Individuals who are homeless
14. Individuals receiving public support other than SSI/SSDI (i.e. TANF, Welfare, SNAP, WIC)
15. Individuals with limited or no English proficiency
16. Other (please specify) _____

4. Which of the following populations (specific minorities, ethnic groups etc.) in Virginia do you belong to? Check all that apply.

1. Minorities - African Americans
2. Minorities - American Indians/Alaskan Natives
3. Minorities - Hispanics
4. Minorities - Asians/Pacific Islanders
5. Other (please specify) _____
6. I am not a member of any minority/ethnic groups

5. Which geographic area of Virginia do you live?

1. Tidewater
2. Central Virginia
3. Northern Virginia
4. Southside Virginia
5. Shenandoah Valley
6. Southwest Virginia
7. Eastern Shore

6. Please rate your experience regarding the provision of rehabilitative services as a blind, vision impaired or a deafblind individual on a scale of 1-5, where 1=Need unmet, 2= Need somewhat met 3=Need has been met, 4=Not sure, and 5=Did not need/receive service.

- | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| 1. Vocational guidance and counseling | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 2. Vocational evaluation | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 3. Adjustment to blindness | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 4. Orientation and mobility | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 5. Physical restoration (medical-type services) | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 6. Skills of blindness training | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 7. Vocational/occupational training | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 8. Post-secondary education | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 9. Job readiness | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 10. Job coaching | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 11. Unpaid work experience | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 12. Supported employment | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |

- | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| 13. Job placement | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 14. Contracted services with CRPs
(Community Rehabilitation Program (CRP) is a program that provides or facilitates the provision of vocational rehabilitation services to individuals with disabilities.) | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 15. Partnerships with employers | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 16. Partnerships with vendors | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 17. Community-based assessments | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 18. Customer internships | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 19. Rehabilitation engineering | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 20. Social Security benefits planning | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 21. Inclusion and payment for Support Service Providers | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |

6b. What other services did you need to become employed and/or live independently that you did not receive?

7. Overall, how satisfied are you that your VR counselor was/is helpful, sensitive to your needs, and knowledgeable about your disabilities?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied

8. How satisfied are you that your VR counselor partnered with you in identifying your abilities and interests in developing your plan for employment?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied

9. Are you currently employed (either full-time or part-time)?

1. Yes, I am employed full-time (I average 30 or more hours a week).
2. Yes, I am employed part-time (I average less than 30 hours a week).
3. No, I am not currently employed.

9b. Are you currently employed or did you ever obtain employment as a result of DBVI VR services?

1. Yes
2. No

9c. If yes, how satisfied are (were) you with your employment.

1. Very unsatisfied
2. Unsatisfied
3. Neutral (neither dissatisfied or satisfied)
4. Satisfied
5. Very satisfied

10. Please rate the most significant barriers that have prevented or hindered you from gaining and maintaining employment and living independently. Check all that apply.

1. Lack of jobs
2. Lack of marketable skills
3. Lack of knowledge, skills and abilities to perform job tasks
4. Lack of available vocational rehabilitation services
5. Lack of qualified service providers
6. Lack of information regarding disability resources
7. Employer discrimination and attitude
8. Fear of integration into the work setting
9. Lack of State funds or budget restrictions
10. Lack of or potential loss of disability benefits
11. Lack of personal attendant services
12. Lack of or no transportation
13. Lack of adequate housing
14. Inadequate medical care and/or medical insurance
15. Safety concerns
16. Family concerns (Caring for the aging, frail members, children, etc.)
17. Low expectations of rehabilitation counselor
18. Other (please specify) _____

11. Please rate your overall experience in receiving services from the DBVI VR program.

1. Excellent
2. Good
3. Average
4. Below average
5. Poor

Please explain your rating. _____

12. Do you have any comments or suggestions that could have improved (or if currently receiving services, could now improve) your experience with DBVI?

13. How old are you? _____

14. What is your gender?

Male

Female

Appendix B: Employer Survey

The Virginia Department for the Blind and Vision Impaired (DBVI) has asked Mississippi State University (MSU) to conduct an assessment of the vocational rehabilitation (VR) needs of individuals who are blind, vision impaired, and/or deafblind, and in particular the needs of individuals who are minorities or other groups who may be underserved by the agency. This information will be used to develop and implement policies to better serve DBVI's consumers. Please help us by completing the following survey available at (add URL). It should take about 15 minutes. You do not need to include your name or the name of your organization with your responses. We will add your responses to the responses of the other persons responding to the survey and will only provide summary (aggregate) information to DBVI. Your participation is totally voluntary, and you may stop at any time or elect not to answer specific questions. Again, all of your responses will be confidential, and no names will be used in any report of the research. There is no risk to participation, and potential benefits could be improvements in the VR Program. If you have any questions about the study, you can contact Brenda Cavanaugh or Chris Eady at 1-800-675-7782 or the MSU Regulatory Compliance Office at 662-325-5220.

Employer Survey

1. Please indicate your position within the organization (check only one).

1. Executive Management
2. Administrative Team, Supervisor or Manager
3. Human Resources
4. Equal Employment Opportunity/Diversity Coordinator
5. Other (please specify) _____

2. How many individuals does your business employ?

1. Less than 25
2. 26-100
3. 101-500
4. 501-1000
5. More than 1000

3. What is the nature of your business? Check all that apply.

1. Building & Grounds Cleaning/Maintenance
2. Business & Financial
3. Child Care
4. Community & Social Services
5. Construction
6. Education/Training
7. Farming/Fishing & Forestry
8. Food Service
9. Government/Public Administration
10. Healthcare
11. Manufacturing/Production
12. Office/Administrative Support
13. Personal Care & Service

- 14. Sales & Marketing
- 15. Technology
- 16. Transportation/Material Moving
- 17. Other (please specify) _____

4. In your opinion, which of the following factors most strongly influence your decision to hire individuals who are blind, vision impaired and deafblind? Check all that apply.

- 1. Meeting the minimum job qualifications
- 2. Meeting the minimum education qualifications
- 3. Possessing a strong work history
- 4. Possessing a strong work ethic
- 5. Achieving or maintaining diversity
- 6. Receiving no cost on the job training to support new employee
- 7. Current labor market status
- 8. Receiving a federal work opportunity tax credit
- 9. None
- 10. Other (please specify) _____

5. In your opinion, which of the following are your greatest concerns about hiring individuals who are blind, vision impaired and deafblind? Check all that apply.

- 1. Cost to provide accommodation and transportation
- 2. Lack of knowledge, skills and abilities to perform job tasks
- 3. Integration of individual into the work setting
- 4. Use of excessive sick time/Family and Medical Leave Act (FMLA)
- 5. Uncomfortable with individuals who are blind, vision impaired, and/or deafblind
- 6. Safety concerns
- 7. Impact on health insurance costs
- 8. None
- 9. Other (please specify) _____

6. Which services could DBVI provide to assist you as an employer in hiring or retaining individuals who are blind, vision impaired and deafblind? Check all that apply.

- 1. Job analysis
- 2. Paid internship
- 3. Unpaid work experience
- 4. How to retain employees that become blind, vision impaired, and/or deafblind
- 5. On-Site training and support
- 6. Assistive Technology (Screen readers, alternative computer input, etc.)
- 7. Ergonomic assessment
- 8. Facility accessibility consultation
- 9. Information about social security work incentives
- 10. Hiring and retention tax credits
- 11. Information about the Americans with Disabilities Act (ADA)
- 12. Disability awareness training related to individuals who are blind, vision impaired, and/or deafblind
- 13. Recruitment/Affirmative action planning

14. Other (please specify) _____

7. Have you seen more individuals who are blind, vision impaired, and/or deafblind seeking employment at your organization in the past three years?

1. Yes
2. No
3. Not sure

8. Would you refer other employers to DBVI?

1. Yes
2. No
3. Not sure

9. How was your overall experience working with DBVI in the past?

1. Excellent
2. Good
3. Average
4. Below average
5. Poor
6. N/A

Please explain your rating. _____

10. Do you have any comments or suggestions that could have improved your experience with DBVI?

11. If you think your organization could benefit from employing DBVI consumers including interns, who do we contact for further information?

1. Name of Organization:

2. Contact Person:

3. Address: _____

4. Phone:

5. E-mail Address:

Appendix C: Staff Survey

The Virginia Department for the Blind and Vision Impaired (DBVI) has asked Mississippi State University (MSU) to conduct an assessment of the vocational rehabilitation (VR) needs of individuals who are blind, vision impaired, and/or deafblind, and in particular the needs of individuals who are minorities or other groups who may be underserved by the agency. This information will be used to develop and implement policies to better serve DBVI's consumers. Please help us by completing the following survey at (add URL link). It should take about 15 minutes. You do not need to include your name with your responses. We will add your responses to the responses of the other persons responding to the survey and will only provide summary (aggregate) information to DBVI. Your participation is totally voluntary, and you may stop at any time or elect not to answer specific questions. Again, all of your responses will be confidential, and no names will be used in any report of the research. There is no risk to participation, and potential benefits could be improvements in the VR Program. If you have any questions about the study, you can contact Brenda Cavanaugh or Chris Eady at 1-800-675-7782 or the MSU Regulatory Compliance Office at 662-325-5220.

Staff Survey

1. Please indicate your position within the organization.

1. Program Director
2. Regional Manager
3. Vocational Rehabilitation Counselor
4. Rehabilitation Teacher
5. Rehabilitation Engineer
6. Education Services Coordinator
7. Orientation and Mobility Instructor
8. VRCBVI Instructor (Braille, Computer, ADL, etc.)
9. VIB Staff (includes all staff, e.g., management, supervisory, and support staff)
10. Administrative Support Staff
11. Other (please specify)_____

2. How long have you been working in the field of rehabilitation for the blind, vision impaired and/or deafblind?

1. Less than 1 year
2. 1 - 5 years
3. 6 - 10 years
4. 11 - 15 years
5. 16 - 25 years
6. 25+ years

3. On a scale of 1-5, with 1 being the lowest and 5 being the highest, please rate the following VR services in their importance towards successful employment outcomes?

1. Vocational guidance and counseling
2. Vocational evaluation
3. Adjustment to blindness
4. Orientation and mobility

5. Physical restoration
6. Skills of blindness training
7. Vocational/occupational training
8. Post-secondary education
9. Job readiness
10. Job coaching
11. Unpaid work experience
12. Supported employment
13. Job placement
14. Contracted services with employment services organizations (i.e., CRPs/ESOs)
15. Partnerships with employers
16. Partnerships with vendors
17. Community-based assessments
18. Customer internships
19. Rehabilitation engineering
20. Benefits planning
21. Inclusion and payment for Support Service Providers

4. What additional services would help contribute to DBVI consumers becoming employed?

5. In your opinion, which of the following are the most significant barriers you face that lead to unsuccessful employment outcomes? (Check all that apply.)

1. Lack of jobs
2. Lack of consumer's marketable skills
3. Low expectations of consumers
4. Lack of market research
5. Lack of business development skills
6. Lack of networking opportunities with employers
7. Consumer's unrealistic goals
8. Inadequate training for individualized job research (e.g. individuals seeking executive level employment)
9. Lack of reliable transportation available to consumers
10. Other (please specify)_____

6. Which of the following populations (specific disabling conditions, socio-economic groups, etc.) in Virginia are UNDERSERVED or UNSERVED, with regards to VR services that help individuals who are blind, vision impaired and/or deafblind become employed? Check all that apply.

1. Individuals with Multiple Disabling Conditions
2. School-to-Work Transition Students

3. Veterans
4. Individuals with Autism Spectrum Disorder
5. Individuals with a Learning Disability
6. Individuals with a Physical Disability
7. Individuals with an Intellectual Disability
8. Individuals with Drug Addiction and Alcoholism
9. Individuals with Criminal Convictions/Incarceration
10. Individuals who are homeless
11. Individuals receiving public support other than SSI/SSDI (i.e. TANF, Welfare, SNAP, WIC)
12. Individuals with limited or no English proficiency
13. Other (please specify)_____
14. Not sure

7. Which of the following populations (specific minorities, ethnic groups etc.) in Virginia are UNDERSERVED or UNSERVED, with regards to VR services that help individuals who are blind, vision impaired and/or deafblind become employed? Check all that apply.

1. Minorities - African Americans
2. Minorities - American Indians/Alaskan natives
3. Minorities - Hispanics
4. Minorities - Asians/Pacific Islanders
5. Other (please specify)_____
6. Not sure

8. Which geographic areas of Virginia have populations that are UNDERSERVED or UNSERVED, with regards to the vocational rehabilitation services that help individuals who are blind, vision impaired and/or deafblind become employed? Check all that apply.

1. Tidewater
2. Central Virginia
3. Northern Virginia
4. Southside Virginia
5. Shenandoah Valley
6. Southwest Virginia
7. Eastern Shore
8. Not Sure

9. How can DBVI improve service delivery to the UNDERSERVED/UNSERVED groups identified in questions 6, 7 and 8?

10. Do you think there is a significant need to establish additional CRPs/ESOs within Virginia to better serve individuals who are blind, vision impaired and/or deafblind?

1. Yes
2. No
3. Not sure

If yes, please explain.

11. Do you think there is a significant need to improve existing CRPs/ESOs within Virginia to better serve individuals who are blind, vision impaired and/or deafblind?

1. Yes
2. No
3. Not sure

If yes, please explain.

12. Identify the areas of critical need in terms of improving information/services provided to DBVI customers. Check all that apply.

1. Vocational guidance and counseling
2. Vocational evaluation
3. Adjustment to blindness
4. Orientation and mobility
5. Physical restoration
6. Skills of blindness training
7. Vocational/occupational training
8. Post-secondary education
9. Job readiness
10. Job coaching
11. Unpaid work experience
12. Supported employment
13. Job placement
14. Contracted services with ESOs/CRPs
15. Partnerships with employers
16. Partnership with vendors
17. Community-based assessments
18. Customer internships
19. Rehabilitation engineering

20. Benefits planning

21. Inclusion and payment for Support Service Providers

22. Other, please specify _____

13. Do you have any comments or suggestions to improve DBVI's vocational rehabilitation program?

Appendix D: Stakeholder Survey

The Virginia Department for the Blind and Vision Impaired (DBVI) has asked Mississippi State University (MSU) to conduct an assessment of the vocational rehabilitation (VR) needs of individuals who are blind, vision impaired, and/or deafblind, and in particular the needs of individuals who are minorities or other groups who may be underserved by the agency. This information will be used to develop and implement policies to better serve DBVI's consumers. Please help us by completing the following survey at (add URL link). It should take about 15 minutes. You do not need to include your name or the name of the organization you represent with your responses. We will add your responses to the responses of the other persons responding to the survey and will only provide summary (aggregate) information to DBVI. Your participation is totally voluntary, and you may stop at any time or elect not to answer specific questions. Again, all of your responses will be confidential, and no names will be used in any report of the research. There is no risk to participation, and potential benefits could be improvements in the VR Program. If you have any questions about the study, you can contact Brenda Cavanaugh or Chris Eady at 1-800-675-7782 or the MSU Regulatory Compliance Office at 662-325-5220.

Stakeholder Survey

1. Which organization or population do you represent?

1. Centers for Independent Living
2. Blind, Vision Impaired, and/or Deafblind Advocacy Groups
3. Brain Injury Organizations
4. Provider of Services to TANF population
5. Community Services Boards
6. Virginia Workforce Centers
7. Community Rehabilitation Programs
8. Woodrow Wilson Rehabilitation Center
9. Department of Rehabilitation Services
10. Low Vision Examiners
11. State Rehabilitation Council
12. Itinerant teachers for the blind, vision impaired and deafblind
13. Veterans Administration
14. Virginia Board for People with Disabilities
15. Virginia Department for the Aging
16. Other (please specify) _____

2. How long has your organization provided services to individuals who are blind, vision impaired and/or deafblind?

1. Less than 1 year
2. 1 - 5 years
3. 6 - 10 years
4. 11 - 15 years
5. 16 - 20 years
6. 20 + years

3. Approximately how many referrals do you receive from DBVI on an annual basis?

1. Fewer than 10 referrals
2. 11-25 referrals
3. 26-50 referrals
4. Over 50 referrals
5. N/A

4. Approximately how many referrals do you make to DBVI on an annual basis?

1. Fewer than 10 referrals
2. 11-25 referrals
3. 26-50 referrals
4. Over 50 referrals
5. N/A

5. Which of the following populations (specific disabling conditions, socio-economic groups, etc.) in Virginia are UNDERSERVED or UNSERVED, with regards to VR services that help individuals who are blind, vision impaired, and/or deafblind become employed?

Check all that apply.

15. Individuals with Multiple Disabling Conditions
16. School-to-Work Transition Students
17. Veterans
18. Individuals with Autism Spectrum Disorder
19. Individuals with a Learning Disability
20. Individuals with a Physical Disability
21. Individuals with an Intellectual Disability
22. Individuals with Drug Addiction and Alcoholism
23. Individuals with Criminal Convictions/Incarceration
24. Individuals who are homeless
25. Individuals receiving public support other than SSI/SSDI (i.e. TANF, Welfare, SNAP, WIC)
26. Individuals with limited or no English proficiency
27. Other (please specify)_____
28. Nor sure

6. Which of the following populations (specific minorities, ethnic groups etc.) in Virginia are UNDERSERVED or UNSERVED, with regards to VR services that help individuals who are blind, vision impaired, and/or deafblind become employed? Check all that apply.

7. Minorities - African Americans
8. Minorities - American Indian/Alaskan native
9. Minorities - Hispanics
10. Minorities - Asians/Pacific Islanders
11. Other (please specify)_____
12. Nor sure

7. Which geographic areas of Virginia have populations that are UNDERSERVED or UNSERVED, with regards to VR services that help individuals who are blind, vision impaired, and/or deafblind become employed? Check all that apply.

- 9. Tidewater
- 10. Central Virginia
- 11. Northern Virginia
- 12. Southside Virginia
- 13. Shenandoah Valley
- 14. Southwest Virginia
- 15. Eastern Shore
- 16. Not sure

8. How can DBVI improve service delivery to the UNDERSERVED groups identified in questions 5, 6 and 7?

9. What has been your overall experience working with DBVI?

- 7. Excellent
- 8. Good
- 9. Average
- 10. Below average
- 11. Poor

Please explain your rating. _____

10. Do you have any comments or suggestions that could have improved your experience with DBVI?

Appendix E: Semi-Structured Interview Questions

The Virginia Department for the Blind and Vision Impaired (DBVI) has asked Mississippi State University (MSU) to conduct an assessment of the vocational rehabilitation (VR) needs of individuals who are blind, vision impaired, and/or deafblind, and in particular the needs of individuals who are minorities or other groups who may be unserved or underserved by the agency. This information will be used to develop and implement policies to better serve consumers. You have been selected because you are currently a member of the State Rehabilitation Council's Executive Team. Please help us by answering the following questions. This should take about 30 to 45 minutes. We will add your responses to those of other members of the Executive Team and will only provide summary (aggregate) information to DBVI. Your participation is totally voluntary, and you may stop at any time or elect not to answer specific questions. Again, all of your responses will be confidential, and no names will be used in any report of the research. There is no risk to participation, and potential benefits could be improvements in the VR Program. If you have any questions about the study, you can contact Brenda Cavanaugh or Chris Eady at 1-800-675-7782 or the MSU Regulatory Compliance Office at 662-325-5220.

Semi-Structured Interview Questions—State Rehabilitation Council: Executive Team

- 1) What do you see as the VR service needs for individuals who are blind, vision impaired, and/or deafblind?
 - a. What are the barriers?
 - b. What can DBVI do to meet the need?
- 2) From your experience, who do you believe to be unserved or underserved populations?
- 3) What do you see as the VR service needs for those who are unserved or underserved?
 - a. What are the barriers?
 - b. What can VR do to meet the need?
- 4) What about for the need for supported employment?
 - a. What are the barriers?
 - b. What can VR do to meet the need?
- 5) If you look at the entire workforce investment system in the state, are there additional service needs?
 - a. What are the barriers?
 - b. What can VR do to meet the need?
- 6) What do you see as the need for establishment, development, and improvement of CRPs?
- 7) Is there something else you would like to tell us?

Appendix F: Consumer Comments

Consumer Comments

10. Please rate the most significant barriers that have prevented or hindered you from gaining and maintaining employment and living independently...

Other (please specify).

- Persecution of employers because of my Christian faith; (b) Unfair workplace expectations.
- Age and beginning of arthritis in hands.
- Age discrimination.
- Age.
- Am employed--none apply now.
- As an accountant being able to see numbers computer screen, lines of paper.
- Can't read paper documents a computer screen very well.
- Combination of physical and visual impairments.
- Currently working full time, but I look forward to exploring more vocational training; to advance myself.
- Did not have driver's license because of vision but got it w/bi-optic glasses.
- Disabled.
- For an acquired injury, our government leaves you hanging out to dry (my daughter is only 24 and didn't ask to become disabled and blind).
- Gas over \$3 per gallon.
- Health
- Health issues.
- HELP IN FUNDING WORK
- I am not totally blind and it's kind of hard to make me in a position too.
- Lack of professional services to identify employment opportunities.
- Lack of work speed.
- Life is OK.
- N/A.
- Need help learning use of recording machines.
- Neuropathy gives me problems.
- Never had any of these services.
- No work for vision impaired in this area.
- None apply.
- None of the above.
- Not provided with assistive technology I needed for the job.
- Other disability.
- Still under medical care.
- The employer didn't understand how I could perform my job.
- The location, for job availability, non-disabled ones can't find work here.
- Transportation can be tricky but managing on metro.
- Unable to drive is biggest problem--transportation services and cost to minimize depending one source.

- Unable to work due to vision disability.
- Wanted to babysit at home.
- Was already employed.

11. Please rate your overall experience in receiving services from the DBVI VR program. Please explain your rating.

- I first received services from [city] office. I did NOT move and my case transferred to [city] office. Service was good with [city], poor with [city].
- Ability of counselors is consistent.
- After a two year wait, I received support just a little, but enough and DBVI caring and easy access to DBVI and vision assistance equipment.
- AFTER INTAKE I WAS GIVEN THE RUN AROUND AND WAS NEVER HELPED WITH MY LOSS OF SIGHT.
- All requested needs were met.
- Attentive to specific needs, provided equipment and information as required.
- Because have gotten job in the past and have job training now but not excellent because there is no funding to get a job now.
- Because he is a helpful person.
- Both counselors were excellent.
- Cause like I said before they just let me go they didn't try to help me due to my disability (being in a powerchair).
- Commonwealth refused to pay optometrist to get DMV required examinations.
- Counselor always late, over an hour. Very friendly, but too busy talking about personal life. She however had many suggestions, but did not always follow through.
- Counselor refused to help stating I was overqualified.
- DBVI helped me acquire valuable visual aids to enhance my work experience and I also enjoy listening to many books and magazines.
- DBVI staff exhibited a caring, professional & helpful position at all times. DBVI staff were able to communicate very well on a variety of subjects on vision impairments.
- DBVI was there for me when no one else was there. No one else helped. Thank God for great people at DBVI.
- Development was minimal at best and job placement did not exist. A knowledge of any based community services would have benefited me.
- DID NOT RECIEVE ANYTHING. NEVER GOT A VISIT.
- Did not understand some stuff, she was pumping me for questions. Trying to trick me about my vision asking crazy stuff about different stuff, like she didn't believe me about my vision.
- Disappointed in our government and their cookie-cutter protocol book. No hope for people who really need it.
- Don't like having to go through Goodwill Industries evaluation. After years of being with the Dept. they have yet to find me a job.

- Everyone very helpful getting voice radio and glasses to help me read. Would like help getting job.
- Everything that I needed to get back to living again, training, medical, glasses, support, was given.
- Everything was handled in personable professional manner.
- Excellent experience, needs were met. Counselor very nice and understanding.
- Felt what was provided was helpful and has helped me do my job better.
- Found workshop job, when desired. Problem came when change in career was desired.
- Has been very helpful.
- I am blind in one eye and limited vision in other, have been told in the past no funds were available to help me. People worse off than I am have greater needs.
- I am happy with services.
- I appreciate ALL you did for me. I could of lost my job, my home--everything but God bless you ALL for helping me.
- I believe that I need more lessons. I feel very insecure about my vision and able to care for my family.
- I believe the program could have provided more resources for a person with my job skills. The state vendor programs need expansion and more funds provided. More financial assistance for college graduates.
- I didn't know they could do so much. I am very grateful for all the help I have received and I sing the praises of DBVI all the time, even wrote about them in magazine article I wrote.
- I enjoy getting my large calendar each year. It helps me a lot to see the extra big print. Thanks.
- I enjoyed working with the DBVI staff and I'd love to work with you in the near future. I'd love to work with them again.
- I feel that I was not asked what I really needed and wanted at the very beginning of my time with DBVI. They were all unkind and lacking in true sensitivity to the Blind, also visually impaired. That is my impression of the stay at DBVI.
- I felt because of my communication disabilities and blindness, patience was not a factor. Quick to dismiss me and not dealing with my issues.
- I felt very supported by my teacher. I felt he was committed to my progress & independence. This made a huge difference & really moved me much further. I learned about services and products beyond what I was initially told. What he did transformed my life and my "new normal". Thank you.
- I gave DBVI a good rating because they have helped me, but when I asked for some more lessons the teacher explained that I had been given a lot of time and she needed to help the new people.
- I got the job by myself with the help of DBVI.
- I got what I was entitled.
- I had cataracts, no insurance, 2 eyes orientated on about 3 years ago. I can see great and was very cleansed and grateful for the service and I would vouch for the cane I got.

- I had good services for what I need and I appreciated being taught to be organized and keeping things put away.
- I had to wait a long time and my feelings are they did not look for a job in an area and that I did not need have a lot of hearing in all job areas they were examining. Many times an employer DID insist on a fair amount of hearing ability to compensate for vision loss. Counselor felt education received would compensate for hearing being only in one ear with hearing aid. It is and was not enough in many cases. I am totally blind, but I do have previous experience with medical terminology. I have a bachelor degree in social work, am a good speller and work out math problems quickly. I am a good communication person in public speaking, and good in public contact by telephone communications. I have good writing skills. Honestly, I believe that counselor just felt I was getting too old to work and that they had to concentrate more attention on younger more aggressive clients who may become employable.
- I have been great service & respect from the beginning in 1990.
- I have received from my teachers to be excellent counselors, very considerate and compassionate of my needs. I like talking to them and them giving suggestion in helping my condition.
- I just so happened to meet my DB counselor at a low vision expo. My DB counselor knew at once from our short conversation that I was in great need of visual aids to continue my current employment. Thanks.
- I live in rural county and there aren't any services nor transportation that would provide me these services.
- I need somebody to help me with my problem about my eyes is doing poorly with no insurance. Can't see doctor for my operation. I have a cataract in my right eye and my left eye is not doing well. It is hard for me sometimes.
- I needed technology to read the computer screen and labels on boxes. I did not receive.
- I only saw a woman once who taught me how to use a cane.
- I receive tape at the library.
- I received the maximum amount for college and other vocational training and was provided with consistent orientation and mobility training.
- I think it answered all questions fair and completely.
- I think the DBVIVR is an excellent program it provides me with a opportunity to return to work and the counselors were very helpful and provided good information.
- In 2003, I was a student in the residential facility in Richmond, VA. The computer skills and vocational counseling I received prepared me well for re-entry into the workforce.
- In spite of not receiving the level of services that may have been most beneficial to me, I was able through DBVI VR program to have cataracts removed from both eyes, a service completely covered financially by DBVI VR when I had insufficient resources and a lack of medical insurance to finance this very needed surgery. I am very appreciative of the services you provided.
- Incomplete opportunities provided.

- Initially I received excellent services in O+M, braille, and my rehab worker was very supportive when I first went back to school. My case was handled entirely out of the [city], VA office. My case transferred to [city]. I received very poor services. I had great difficulty contacting my new worker, was left to deal with all school matters on my own. When I did speak with my worker, was left to deal with all school matters on my own. When I did speak with my worker, and explained what I needed (which was very little). I was told it would be taken care of, but there was little if any follow through. I was told that she'd look into it and get back to me, though I rarely heard anything back. I got tired of leaving messages that went unanswered and didn't know what to do when a class that I had at [school] was one that I needed accommodations for, but I couldn't get the instructor to make any accommodations I couldn't get my worker or the disability dept. at [school] on the phone to work with me. More than a month into the semester I withdrew from 3 classes I was enrolled in, partly because I had to have unexpected eye surgery and partly because I had not been able to do any work for the technology based class that I couldn't get accommodations for. I enrolled in the 3 classes following semester, but had to drop them due to multiple eye problems [names of eye problems]. I still had not received any accommodations for the technology based class. This resulted in 3 grades of F. I would like to finish my degree. I only have 3 classes and an internship left to complete. I would very much like to re-enter the workplace. However the aforementioned situation was very discouraging and without help from either the VDBVI and/or the disability services office at [school], I will not be able to complete my degree and therefore will continue to lack the degree necessary for me to re-enter the workplace.
- It seemed that I was only a case to be closed as quickly as possible.
- It seemed that money was tight. Time limited to more clients to go to each person.
- It was perfect at the time, but I need follow-up.
- Just needed to wait for a job opening in a specific field.
- Lack of computer understanding.
- Learned a lot about the jobs. [Counselor Name] was great and went above and beyond.
- Many good, helpful, thoughtful people left DBVI years ago and were never replaced.
- Met, discussed, never heard from again.
- [Name] hasn't had services. We are trying to get services. To help [Name] get around his home.
- My career goals did not align with VR counselor's expectations. I wanted to change careers which involved obtaining another Masters degree in VR counseling, but she thought I should utilize my business background.
- My counselor has been a big help, but the job rep. was terrible with me. Never returned calls and like I was a bother to him.
- My counselor has been wonderful and has always been supportive and encouraging.

- My counselor was great! The city needs to understand that just because someone is blind doesn't mean they can't perform any job as trained to do...
- My counselor was very good and helpful to me. She has helped me. We need more people like her.
- My counselors were great. It has been an adjustment in my life dealing with the low vision that I have. I felt that I could ask real questions about life after blindness.
- My experience has been positive with DBVI. They really helped me!
- My ratings are good in most areas but some are not good.
- My son cannot fill out this form.
- My son was serviced for nearly 6 years by DBVI O&M. [Identifying information] Months went by with no word, then a phone call stating she LOST THE EYE REPORT, WHICH SHE TOOK FROM MY HOUSE HERSELF. This is something the principal also did. Then, several weeks later, a letter stating my son's only eye with sight was not bad enough. Poor communication, poor organization, poor handling. UNPROFESSIONAL.
- My vocational counselor was very helpful and the program was beneficial to my needs.
- Need aid with updating training and skills.
- Never got a job at all. Wasn't helpful one bit.
- never had any of these services!
- Never have I been denied anything I needed to function in or outside the home or work place.
- NO SERVICES PROVIDED.
- No skills received as of yet.
- Not a well-rounded skill-building program. Because a lot of the services were not strong, they didn't teach you basic skills. Example cooking skills--just did baking--never meal-planned, grocery shopped with a budget, write out recipes, and make a cookbook. No technology--always affected by budget, not by need. Didn't learn a realistic budget and shop, manage. Not realistic to real living. I didn't come out with the skills I needed.
- Rating wasn't based on visual loss of left eye only. Must be blind in both eyes to receive services. Partial hearing loss along with visual loss ruled as insufficient to receive services. Not fair!
- Received employment-attentive counselor.
- Services met my needs.
- Successfully obtained federal disability hiring preference.
- The assessment was never received due to waiting list from provider. No follow-up. Now in a vocational program [.....] needs coordination with VOBI not redundant services. Counselor has a lack of understanding of system and refusal to serve participants unless "competitive" employment is the goal.
- The explained everything clearly and were always available for questions to be answered.
- The person paid to train me at the job site was not available daily.
- The program did a good job in getting me to adjust to my visual impairment.

- The services I received from the DBVI VR program was very limited and brief because I am only visually impaired and "not" legally blind.
- The services were good if not great. Most of my counselors were good, but not all.
- The staff has been positive and patient. I think staff have helped me to the best of their knowledge.
- The VIB employee work profile has 4 ratings. Below contributor, contributor, major contributor & extraordinary. Contributors as high as one get rated regardless of how much a job has been improved and brought into the computer age. Drool is as high as one gets. no inspiration necessary.
- There was a communication misunderstanding. I was employed at the time, and thought not to be working so my treatment was delayed.
- These services have been extremely poor.
- They did a good job, but no way to get to their office.
- They did all they could, under the circumstances and funding available at the time. Funding for a CCTV, portable or an Ipad would have been the Plus I needed and wanted. But they informed me getting a job would be the only way to justify that during the budget cuts. So that's that.
- They did what they could.
- They have provided me with financial help in college as well as visual aids to help me read small print etc. Has been very helpful in searching for a good job. As well as beneficial planning so that I can maximize what is available to me. Very helpful!!
- They helped me get my driver's license back w/bi-optic lenses. It was a miracle.
- They helped me to learn to use my walking stick and obtain magnifiers and glasses.
- They met with me & provided me with equipment (ZoomText & Optelec Reader) so I could continue to work. They initially followed up to make sure things worked for me & have responded when I contacted them for additional help.
- They paid for me to have cataract surgery and check-ups. This was a wonderful service as this would be hard and expensive if I had to pay for it myself.
- They provided me with an excellent opportunity. I retired because of failing health. They worked hard with me to give me a satisfactory employment.
- They provided services that I asked for and devices I required.
- They were helpful to me when I moved here from PA.
- Too restrictive, not enough employment help, close cares too soon. Doesn't use state-to-state job training and schooling that's adequate.
- Very helpful. Explained services. I was able to attend school/training when my eyes were corrected. Job placement/Job was awarded thru training/school.
- Very slow getting started.
- Vocational counselor seemed too busy and not very interested in helping. I found a job on my own.
- VR Counselor only focused on typing skills.
- When I contacted them they always got back & responded quickly and were very helpful.

- When I was first in the program I went ignored for a minute, they didn't have stable counselors and I was just pushed aside. When they did bring in a counselor she truly helped me. When I went to Richmond for the rehab I was kicked out due to my illness. Never went back and did not receive what I was looking for.
- When [Name] was my counselor, everything ran smoothly and he made sure. Until he left then....
- Would still like to be considered to receive assistance with doctor payments a treatment which is ongoing because I have no medical insurance.

11. Do you have any comments or suggestions that could have improved (or if currently receiving services, could now improve) your experience with DBVI?

- A more thorough assessment of a person's background, skills and education as they relate to a person's employability and they maintaining of self-sufficiency could be very helpful and prevent loss of self-sufficiency--especially in the case of single adults, senior adults and those with limited or no family or other support system.
- After a year follow up with client. Need recommendation for telephone.
- All I have to say is that DBVI is so very wonderful. Keep up the good work. .
- As a professionally educated person (physician) I need more targeted assistance.
- Better communication between counselor and me, in order to talk about school for a different career.
- Better job placement. Better help for visually impaired and LD students. Wait too late in life to recognize and diagnose LD problem. Don't work well with multiple handicapped blind. Counselor I recently had was rude and mean when we were alone. Goodwill does not know enough about blind people.
- Better state budgets, trained and experimented DBVI VR counselors, mobility and orientation services, employment services- job training/ schooling programs.
- Better trained staff. If he was served by you for six year, how can you suddenly disqualify him? No vision in one eye is still a visual impairment. To have a staff violate a cardinal rule such as confidentiality is a serious offense and she should have been immediately terminated. You don't insult school staff at a place where you are a guest. Then, to stop providing services to your client with no notification is the last straw.
- Both access to counselors.
- Business opportunities for the blind has many good features, but overall is too custodial and paternalistic. If a person can't do it he or she should change fields. When a facility manager ends business year in the red, his debt should be repaid, not forgiven. It teaches irresponsibility. Very un-American.
- Computer assistance with new software is important and a computer instructor that has time to provide assistance. Unclear how decisions are made for providing services and vocational assistance since program in my case came directly after the director made a site visit and see how much I was trying and

how much I wanted to contribute. Thank you for the work you do. The services and assistance made a difference and contributed to the quality of life. It has for me.

- Counselors need to coordinate with schools vocational programs to not duplicate services. Assessments should not have "waiting lists" or could be done by the schools.
- Credit for work. Everyone shouldn't get the same credit.
- DBVI should become more supportive of Consumer Groups.
- Develop a follow-up plan. Have written materials on how to get college benefits; how to determine whether to stay on disability or spouse's social security; which kind of jobs can be filled by us etc. Please print the survey even larger..thanks!
- Do not know if son will be able to live on his own. Due to speech and coordination.
- Don't assume anything. It should not be about money or how much you make or had made.
- Due to age/disabilities was informed services would not assist in any way.
- Equipment that is offered is old needs to be up to date. Equipment should not be hard to obtain.
- FOLLOW UP ON THE CLIENTS TO SEE IF THEY GOT HELP WITH DISABILITIES.
- For the deaf clients there should be an interpreter should be present and communicate for me and make sure I understand what is being said to me.
- Government. More funding so that I can obtain a real job.
- Great organization. I worked with them on my job before I lost my sight (impaired vision). I work for a sheltered workshop. They were good and were great to me.
- Having someone assist in finding a job on a day to day basis, getting a better relationship with employers in the community. Having counselors be more aware of the other disabilities a person may have besides blindness and know how to work with them better.
- I am a self-employed [position]. Without help I couldn't have gotten my old job back or had courage to reach out to write. I would like to find more [type of work] work. It would be nice if more things could be around--special glasses, etc. or vision impaired.
- I am completely satisfied with the services that I have always received from DBVI. The equipment and technology have continuously changed for the better over the years just as it has for sighted and hearing individuals. I personally have been blessed.
- I am in need of someone to help with my future. I have low vision.
- I am visually impaired, but not legally blind. Because I am not legally blind, I am not eligible for many of the services offered by DBVI. I would suggest that more services be made available for the visually impaired. I would like information about job opportunities working with the visually and hearing impaired population. I have a master's degree in Counseling and 30 years experience working with mentally and physically ill persons. Please forward any information to my address. [address]

- I believe that people like me should get lessons on being blind before they actually go blind. I am very scared about going blind and then having to learn to live this way is frightening. I think that if I knew what to expect before I go blind it wouldn't be as scary.
- I do not have any need comments at this time. Thank you.
- I don't even see or hear my teacher. She has never done anything for me. She made a lot of promises, but never came through with what she promised. A DEAD END. I am so angry, I don't even try to get services. The last thing I did request was O&M for a new location I am living in. It took 3 months for a response and meeting. We just met and talked. She said she would be back to do O&M when she was back in the area. It is now 1.5 months later and no sign of her. DBVI sucks!
- I feel that the center should be equipped for my wheelchair people all the bathrooms are small and doorways plus the staff could learn to be more together. They should have it organized at the center and be ready at all times and provide transportation.
- I just wished I known about your organization, sooner, 3 years sooner. I was on my own legally blind since 2006. I stumbled across a rehab office in [city], VA in 2008. That got the ball rolling. Maybe in 2006 the opportunity and circumstances would have licked, better than now.
- I know a lot of times the DBVI will hire people who are blind or visually impaired. I just think they should also look into hiring people who don't have that problem because sometimes when you can't see no matter how much technology you may have it makes the workers show or they forget and they always need help from their drivers or etc.
- I liked the fact that the training was NOT based on any consumer group philosophy. The instructor gave me choices, respected my decisions, and treated me as an adult.
- I lost my job after 9 yrs. of service due to not turning work in promptly (long story). I called DBVI and I wasn't offered any further assistance. A guy named [name] did all the talking and wouldn't take the time to listen to me. [Name] would have been there for me in a second and probably would have helped me get my job back. 1
- I need somebody to help me for my eyes. Sometimes I can't really see too well. I be trying to work and can't see things too well, please help me.
- I now need a part time seasonal job. My case was closed. It's hard to submit request for services. DBVI should have follow-ups with former DBVI patients.
- I wish DBVI had been made known to me and hope that eye doctors inform patients that DBVI is available to them. I've been legally blind for at least 34 years and only hooked up with DBVI about 8 years ago. I'm very grateful for the visual aids because my life is much improved!!
- I wish there was more money for everyone to recovery aid. I dusted my equipment back into the system.
- I wish there were more transportation services available in my area.
- I would have worked as a food prep, salesperson, in call center etc. I have tons of experience, and use to be a respiratory thp; because I haven't worked since

2000, I need help, and can only work part-time. Time is not on my side, and I would like to work some while I still can.

- I would like to be connected with DBVI services again.
- I would like to work with them again and I would like to see more visually impaired and blind people get more jobs and more rehabilitative services and to be honest, your group DVBI I was wonderful to work with and I have to work with DVBI again and the visually impaired get more jobs.
- I'm good!
- If I had a conscientious person at my side daily for at least half of my work hours each day, I might have been successful at my job.
- Keep doing what you're doing. And thank you SO much.
- Less help and aid with skills and equipment.
- Lots of ways. They could have provided me with technology, assistance with transportation, given me more options for employment. I could have served as a Spanish interpreter and other job possibilities.
- More employment opportunities to meet the needs of the various interests, skills, and geographical locations of convenience. Disabled rely heavily on public transportation which is less than optimum in [city].
- More money, longer hours.
- My case was handled initially in the [city], VA office, then transferred to the [city], VA office, then some services were to be handled though [city] and some though [city], then I think everything got transferred back to [city]. I wouldn't even know who I'm supposed to contact at this point. I was not notified of changes in advance and found out when I eventually called with a question and was told my case had been transferred. Since my case was first moved to [city], I have been left to deal with things on my own anyway. I had virtually no contact from anyone since my case was moved back to [city]. I assume my case has been closed at this point. I really couldn't say for sure.
- My mobility training is very helpful.
- Never had any experiences with them.
- Never let these services die away. Social Services do not give a damn about the disabled.
- No I think my case is closed for the time being.
- No I think the program is an excellent program for those seeking employment or information about returning to work or school.
- No--excellent!
- Not really, because overall I think the agency does a good job, but in my case and given the counselor assigned to me, it was inevitable of the final outcome.
- Other than what was previously explained, commonwealth should provide free attorney services to receive disability for SSA. This would be for the truly needy. commonwealth programs are very poor, e.g., providing a calculator with big buttons. No job training provided. No "pick ups" arranged to take to wireless access to find jobs.
- Over eight months ago I was put on probationary "wait time" because of lack of overall employment in general VA population and it is my belief that resuming

anything more than being told my time period of getting services further will soon be thought to have expired. I keep in touch with the current rehabilitation counselor (they have changed personnel twice in 1 year) and I will continue to hunt on my own for a job, but a dual disability makes my chances slim in reality without an advocate's help.

- Raise the bar when it comes to those that have experience from working a field. Encourage not discourage. Provide job coaching and placement. Use supported employment when needed. Match the person to their level of skills, capabilities, and knowledge. Retain if needed. Provide education if needed. Give better guidance to all ages and abilities.
- Some VR counselors need to resign or be fired.
- Someone needs to make it clear to the employer that those who are blind can do their job as good as someone with 20/20 vision.
- The need to expand your services to people in rural areas. More help is needed or at least have an office or recreation facility for the blind and disabled close enough to travel to.
- The state governor does not even have a representative from Southwest VA on the Board of Directors--closest is Charlottesville. I called [city], VA office for help when Social Security stopped my benefits in error. I did not get help from them to resolve this. There is no placement in my area for visually impaired.
- There are many degrees of blindness, I believe that there should be exceptions. 20% Vision field I have 80% visual activity. 20/200 corrected. I'm 20/60, 220/70 corrected. Put both together and it's not enough to get services.
- They have done a great job. The only thing I can think of is work with the County of Roanoke as well as surrounding counties to help provide more readily available transportation.
- They have helped me tremendously, and are always available to help as needed!
- They have not been in touch with me lately. Need to contact them soon.
- They need to hire more qualified and informed personnel that are compassionate towards people with disabilities.
- Training on iPhone would help tremendously with communication and obtain information for the blind.
- Until now I do not have any help from DBVI. I am still looking for help please.
- Well if this service was so concerned about me why did it take so long for her to contact me back. She did not visit with me but once. It takes more than I visit to know my needs. She didn't seem to care, I'm back to square one again. What am I to do now?
- With the new phone with speech access, I think I can now work on a telephone/calling job.
- Yes, but they wouldn't do any good because nothing will be done. It's been 7 years and I haven't been able to make a difference in the system.

Appendix G: Employer Comments

Employer Comments

9. Please rate your overall experience in receiving services from the DBVI VR program. Please explain your rating.

- DBVI provides us with excellent services as well as a wide range of products.
- Have not worked with DBVI in the past.
- I have not had the opportunity to work with DBVI employees in the past, only providing our agencies services to them.
- I have worked with a case manager who has a hearing loss. She is a good advocate for her student.
- Not much seems to be going on with DBVI.
- The experience has been positive.
- We are an agency that trains and places severely disabled individuals in telework jobs. We are able to place low vision and legally blind, who have some degree of vision. However, totally blind seeking jobs remains a challenge. The interface of screen readers with various Client operating systems is "not there yet." We may have placed consumers from your agency; we work with state VR agencies nationwide.
- We don't recall working with them in the past.
- We work with DBVI through our vision teacher program. They assist with VI students.
- Whenever we have collaborated with DBVI, I found the employees were very professional and passionate about their work.

10. Do you have any comments or suggestions that could have improved your experience with DBVI?

- Good so far.

Appendix H: Staff Comments

Staff Comments

4. What additional services would help contribute to DBVI consumers becoming employed?

- Affordable transportation options.
- Business Development.
- Earlier incorporation for job placement with vocational training.
- Education to the public about what blind, visually impaired and deafblind employees can do--especially for employers or potential employers. Training on how to run a business as an option (home based businesses, for example).
- Job club activities addressing interviewing skills, professional conduct, listening skills, problem solving, respecting others, dressing appropriately at all times, language skills, hygiene, personal responsibility, accountability, training.
- More awareness of available occupations in areas where consumers live, if they wish to remain in the areas where they live.
- More focus on helping blind people who have been sheltered by their parents to become "team-players" so that they are more job ready and interview ready.
- RRO.
- Transportation.
- Transportation in rural areas.
- Transportation planning.
- Which is it, consumers or customers?

9. How can DBVI improve service delivery to the UNDERSERVED/UNSERVED groups identified in questions 6,7 & 8?

- Have Spanish translators on staff. Provide training in sign language.
- Having DBVI field staff better connected with consumer advocacy groups and centers for independent living.
- I think DBVI does a very good job of serving the individuals who apply for services with the agency. However, DBVI lacks a strong marketing focus and is therefore relatively unknown to the general population. Even our sister agency, DARS, does not often remember, or in some cases, know about us. In speaking with DARS colleagues, I have found several cases of them serving blind individuals who clearly needed to be referred to us. DBVI is a business, and business cannot survive without proper marketing of their products and services. A recent attempt by the agency to establish a marketing committee and a marketing "director" was weak, to say the least. I would like to see a position established that is solely dedicated to marketing out programs and services. If other agencies and entities throughout the state were aware of who we are and what we do, any underserved and unserved blind and vision impaired populations throughout the state would definitely benefit.
- If you have the answers to the above questions with data that reflects the statistics, then that should help.

- Increase staffing levels. Have a marketing person whose job it is to give seminars and contact optometrists/ophthalmologists, retirement communities, immigrant populations, shelters, schools/colleges, public service announcements, etc. Most of us are too busy to participate in "extracurricular activities".
- Increasing Marketing Division to inform employers of advantages of hiring people that happen to have disabilities. In this region, there is still negative stigma associated with having a visual impairment and being able to perform sustained gainful employment. Education of potential employers is the key. Folks with vision impairments should be encouraged to serve as role models for others coming along in the journeying process toward success.
- Marketing and outreach.
- More funding .
- More VR Counselors and counselors trained in population specific limiting factors (i.e. vr counselors who speak spanish).
- Need for interpreters for those who have immigrated here from other countries.
- Outreach to people in affected areas. Try to build relationships with places like African American churches. Identify people who can act as liaisons between DBVI and underserved people Make it easier for people to apply for services (if their cases are closed, don't make them go through the entire process for opening cases Build relationships with a variety of consumer advocacy groups Ask if current customers can help with outreach.
- Partner with other agencies providing assistance to these groups to provide job seeking and job keeping skills training.

10. Do you think there is a significant need to establish additional CRPs/ESOs within Virginia to better serve individuals who are blind, vision impaired and/or deafblind? If yes, please explain.

- Currently, there are approximately 70 CROs in Virginia very few of whom know how to work with blind, vision impaired or deafblind consumers. Without adequately trained CRPs, consumers and field staff have limited resources.
- Higher population areas of the State seem to have a wealth of CRPs/ESOs to choose from. But this is not the case with the more rural areas, where only 2 or 3 choices exist.
- I would like to see more vendors take interest in learning how to work effectively with DBVI populations. Perhaps there could be financial incentives for those who complete certifications.
- Some people need services specific to their needs that a general CRP cannot address. For example, people who are deafblind may need service from people experienced in working with them and can communicate directly with them (e.g., a job developer skilled in ASL who can communicate with a deafblind ASL user.

11. Do you think there is a significant need to improve existing CRPs/ESOs within Virginia to better serve individuals who are blind, vision impaired and/or deafblind? If yes, please explain.

- CRPs/ESOs need quality training in blind skills in order to know how to serve those individuals.
- Currently, there are approximately 70 CROs in Virginia very few of whom know how to work with blind, vision impaired or deafblind consumers. Without adequately trained CRPs, consumers and field staff have limited resources.
- Not enough resources to support each person's individual needs. Further, some blind, deafblind or visually impaired job seekers have specific needs that other job seekers don't have--the need for good interpreter services, transportation to job sites, the ability to find employers who will understand and work with them.
- There does not appear to be open communication or assistance from other agencies when providing services to multidisabled consumers.
- They need good, solid orientation to blind/vi/db populations and the services & equipment available to the population.
- Vision impaired with other disabilities is a very need specific population and ongoing development is priority.

13. Do you have any comments or suggestions to improve DBVI's vocational rehabilitation program?

- How about a pay raise instead of lip service? Counselor's are underpaid for the work they do and some of us are working afterhours, through lunch hours and weekends. We're not supposed to be doing this but its done for the benefit of providing timely, effective services for our consumers.
- Improving communication within the agency is crucial, from the top down. Questions asked of DBVI administration are either slow to be answered, or in some cases ignored altogether.
- Most importantly customers need to be very familiar with their disabilities. A lot of deafblind people experience decreasing vision and hearing, so they have to adjust to losing both senses. They also have to acquire skills such as orientation and mobility, tactile sign language, Braille training, new technology such as hearing aids, FM systems, while at the same time managing their daily lives. They need to know how to advocate for their needs, use technology for both their vision and hearing loss, and navigate their environment before they can consider working. Then they can focus on employment and what they can do. At the same time, employers need to be educated to the blind, visually impaired and deafblind person's potential. The customer can do this and should do this--but the employer also needs to do his or her part, which is where education can come in.
- Stop catering to demanding individuals because they threaten to call Richmond. Teach people proper problem solving techniques.

- The vocational rehabilitation director needs to come out to field office twice a year. *****VR manual needs to over hauled/updated. ***** Consider consolidation with DARS.
- What is an ESO and CRP?

Appendix I: Stakeholder Comments

Stakeholder Survey Text Responses

8. How can DBVI improve service delivery to the UNDERSERVED groups identified in questions 5, 6 and 7?

- Access funding that would enable VR to work with persons who have an additional disability with their vision impairment.
- By hiring bilingual staff who is able to advocate on behalf of families who are overall underserved in the community. I know of a bilingual student with low vision who is bilingual, yet her opportunities for community work have been limited to folding napkins at a senior citizens' home. Why not put her skills to good use?
- Create an intensive training component to help clients who must manage multiple health conditions, and not only the condition of blindness. Clients who are blind typically find it more difficult to fully access the health care system in a way that allows deal management of diabetes, or kidney disease, or even mental health needs. Encourage training that does not require that the client manage health care needs independently BEFORE they can receive blindness adjustment training, but rather include managing multiple health conditions as a strong component of training. Build in conditions that permit success for the client with multiple disabilities.
- DBVI needs to provide all their informational brochures in more than English. Spanish should be on the brochures and maybe another language as well.
- Develop a stronger presence in the area.
- Develop partnerships within workforce development with programs that serve these populations and collaborate.
- Establish a counselor position specific to the cultural, vocational and assistive technology needs for this underserved population.
- Figure out how to obtain more funding. I am concerned about the vision impaired population and feel that each case needs more than I can provide as a doctor with the limited resources that are available.
- Greater outreach and visibility in unserved and underserved areas.
- I feel that DBVI could provide more organized support to students who are blind/visually impaired, specifically transition age. DBVI came to present on their services last year and I did not understand exactly what they did or did not provide. It is a complete gray area for me. I have a high school student this year (9th grade) so I hope to learn more about the services first-hand.
- I would recommend that staff participate in community resource teams.
- Improved outreach and collaborations with other agencies serving these populations.
- Increase specialty staff for deafblind services.
- Individuals who have been incarcerated have the additional disadvantage of carrying the stigma of incarceration too long in Virginia and often employers are hesitant, reluctant, or simply refuse to hire someone with a criminal background. DBVI, as well as other agencies, can work with employers to educate them about

the potential recidivism of these individuals. Homeless individuals, due to their transitory nature, can fall through the cracks when they have reached the maximum time they can be served by a homeless shelter. Also, some homeless shelters require individuals to be there early in the evening, which presents those folks with the quandary of working evenings or nights and having a roof over their heads, therefore keeping them from working jobs for which they are otherwise qualified.

- Make other community agencies more aware of your services. A lot of the community organizations are only aware of the Lions Club that can help with glasses. They are totally ignorant of the adaptive equipment, mobility training, etc. that are available via DBVI.
- Make sure to do outreach.
- Maybe have an informational/open to the public day inviting providers and clients. This may bring in more clients.
- More marketing services about their programs and successes.
- More outreach to find those who need assistance and do not know where to go to find help.
- Not having an Education Coordinator in the Northern Virginia area has made providing services to these populations in the public school system very difficult. Itinerant vision specialists for the public school system need to have a closer relationship with DBVI representatives.
- Not sure but I feel that the multiply disabled are a difficult population to transition into work and the work/training environment after they leave high school.
- Not sure increase amount of workers for this large area of travel/ distance.
- Outreach efforts.
- Outreach, through VSDB.
- Partner with schools and other agencies who serve these groups to collaborate on services.
- Provide AT to those in need even though they may have been at a university for awhile. Eliminate the need for folks to be enrolled full-time to get some services. Provide updates of AT to students as they have to keep up with what the rest of the world is using and if a computer is 5 yrs. old, that's out of date. Make DBVI staff aware that volunteer experience is very important in getting a job. Some DBVI counselors at the [city] office don't understand this. Some counselors in the [city] office have lousy communication skills and clients don't hear from them for MONTHS after making a request for AT. And, most of all, tell DBVI staff not to assume that everyone can get a job with the Federal job or that they would want to do so. Take a sincere interest in your clients instead of just looking for a case closure.
- Services vary from counselor to counselor. I worked with one counselor who met with my students in their senior year of high school while another counselor says she can't begin to work with students until after they graduate from high school. Kids need to start working with a rehab counselor before they graduate so they have a plan.

- They often say they are understaffed, especially for orientation and mobility. Consider contracting for services such as orientation and mobility and RT services in the home.
- Work with cultural liaisons like African American churches, pastors or liaisons between DBVI and underserved populations Build relationships with families and people important to the families Build relationships with consumer groups Ask current customers if they know of people who need services--they may be friends with others who need services and be able to help.

9. What has been your overall experience working with DBVI? Please explain your rating.

- Always there with answers to questions and support when looking for services for students.
- Always willing to assist and track down information, equipment and materials
- DBVI has been very supportive of my work with my customers.
- Depending on the particular VR personnel, services seem to change. What has been delivered has been good.
- Did not seem receptive to accepting the referral...always seemed to want to send the referral back to DRS, saying their eye sight was just over the limit for their guide lines.
- Don't frequently interact, but experience has been good when I did need to do so...
- Excellent with the counselor serving [city]. Poor serving the counselor serving [city].
- Flexibility in serving clients with multiple disabilities is a big weakness for this agency, and especially for the Va. Rehabilitation Center for the Blind. Field workers seem to do this better. Many who are in leadership positions seem to want to serve primarily the client base that is easiest to serve, and has only blindness as a disabling condition. Psychological services have been made more difficult to access for clients in training, and health education services are minimized as a part of the training program. Clients and staff find this difficult since many who need blindness services also have another serious medical or health condition. Teaching and rehab staff could be more effective if clients with multiple health problems could have the benefit o regular health and wellness promoting services as part of their program.
- Good communication between the two agencies.
- I have always had good communication with DBVI. I have worked with the Counselors there as well as shared employment information with DBVI.
- I have been an itinerant teacher of the blind and visually impaired for 20 years in the public schools; I have had excellent experiences with DVBVI support in receiving support and equipment.
- I have had little direct contact with DBVI; I know very little about the services/programs offered by DBVI.

- I tend not to seek help from DBVI because of the distance and because I don't know who serves northern Virginia or what services are available. I am also hesitant to go through the low vision exam process with my students because, despite the training, it is a confusing process.
- I used to have more interaction when we had a counselor specifically linking DVBI clients.
- I was a job coach for 15 years and developed an excellent relationship with the office in [city], Va. This has continued since by employment with DARS.
- I work in a public school setting. A transition program has been written into each student's IEP. Our school voc ed staff and VDBVI have gotten involved based on the students personal goals. VDBVI has supplied equipment for college bound students, sessions at [city] VA for job training and personal life skills, extended stays at the Helen Keller National Center and videophones for a DB student.
- [Name] and [Name] have always been professional and through in our dealings.
- No contact with them.
- See comments above.
- Some counselors are better than others.
- Some offices more open to collaborate than others when working with individuals who are deafblind. Some offices think deafblind cannot work and not worth the effort to open the case. Communication is always an issue and is not provided in an accessible manner in some offices.
- Sometimes are very helpful but the qualifications for their help is often narrow and there is always a time delay. Local coordinator is very interested and tries to respond quickly but covers a very large area.
- The few times I have contacted Counselors or other service providers at DBVI, they have barely responded and ultimately, the connection was lost.
- The LRC in [city] is extremely helpful and responsive. As well as helping our students obtain Low Vision Examinations, lenses, and magnifiers. Unfortunately, due to the lack of proper staffing in the [city] Regional Office, many students are unable to benefit from DBVI's services due to extremely long process to register them (avg. 8-12 months).
- The staff work well with others, supportive, dependable and efficient, especially in providing instructional materials and equipment to meet the individual needs of students who are visually impaired and blind.
- They are always extremely helpful and provide everything that they have.
- They are responsive, client centered and want what is best for their clients.
- They have always been supportive and able to assist as needed.
- They have been helpful when I had someone with vision loss by explaining the criteria they use to assist those individuals.
- They have not been able to find things that are specific to people with multiple disabilities.
- Very cordial and communicated appropriately--willing to collaborate .
- Very good but I feel they are under staffed and don't have the time to meet all our needs.

- We occasionally have students at [organization] who have low vision or no vision but these students have participated in our Career Day activities. Appears to be a positive experience.
- Whenever we have mutual customers DBVI staff works well with our staff. Their expertise in their field of rehabilitation is excellent.

10. Do you have any comments or suggestions that could have improved your experience with DBVI?

- Closer contact.
- Consumers would benefit from having a fully staffed local office in the [city] area. Traveling to [city] or having staff travel to [city] hampers the service delivery.
- I believe it would be beneficial to all staff to have a better understanding of the services/programs offered by DBVI, regardless of whether one is in a direct role with consumers/potential consumers.
- I recommend that DBVI become more pro-active in regard to finding funding that would assist the clients.
- It would be helpful if we can make the process of opening and closing cases faster and easier for our customers.
- It would be nice if our local office was as efficient as the Richmond office.
- More direct and organized explanations of what services are provided, what the criteria is and how to go through the process.
- More informed counselors; more partnership with ESOs.
- My experience has been positive in working with DBVI.
- My experiences are positive.
- Need to get involved with [organization]. [Organization] has stopped providing large print textbooks for students who need them, and there is no other source for these materials. Students should not be deprived of these essential tools for their education.
- Networking and sharing availability of services.
- No suggestions other than to say that multiple disabled individuals seem to sometimes fall between the cracks after they leave high school; also sometimes the visually impaired in some areas of the state seem to find it difficult to find work and/or adequate training on a long term basis.
- Provide more assistive technology training for students and teachers.
- Return calls and try to work with Counselors who serve people with vision impairments that do not meet the severity criteria for DBVI. I feel that we need more consults and connections to serve people more effectively.
- The [city] Regional Office needs to be fully staffed to improve my experience with DBVI and benefit the students I serve.
- They are difficult to reach on the phone...
- Think about adding staff where the land distances are large so you are not relying on only one person of expertise in that area to help you.

- Training for all staff on deafblind services/issues, etc. implement ongoing training in this area for all new staff. Joint training with DRS staff (counselors for deaf) to create partnerships for joint cases.
- We need more services to the educational component of the agency so that TVIs have the support to educate and afford technologies and solutions for the students to be mainstreamed in the general setting without limitations on their access to material.

Appendix J: Year One Review of Secondary Data

Department for the Blind and Vision Impaired

Comprehensive Statewide Needs Assessment

Year One: Review of Secondary Data

Introduction

In planning for the federally-mandated triennial Comprehensive Statewide Needs Assessment (CSNA) of its Vocational Rehabilitation (VR) program, the Virginia Department for the Blind and Vision Impaired (DBVI) made use of the Rehabilitation Services Administration's (RSA's) Vocational Rehabilitation Needs Assessment Guide. This Guide recommends seven possible strategies to develop comprehensive information to meet the CSNA goal of describing the rehabilitation needs of individuals with disabilities. Several of these strategies involve the collection and review of secondary data sources such as disability population statistics, VR agency data, and state and local data and reports.

DBVI determined that Year One of its triennial CSNA would focus on a review of available survey and administrative data to determine the extent to which these data could inform key questions regarding the VR service needs of:

- Virginia residents with the most significant disabilities (MSD), including their need for supported employment services;
- Virginia residents with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and
- Virginia residents with disabilities served through other components of the statewide workforce investment system.

The review of existing secondary data was also intended to help determine where major gaps exist in the available information, and to inform decisions about additional CSNA activities to be carried out during Years Two and Three of the current CSNA.

In identifying the needs of MSD individuals, DBVI determined that the CSNA would focus primarily on individuals with multiple disabilities (e.g., blindness PLUS mental illness, vision impairment PLUS amputation). DBVI also recognized that MSD individuals may constitute unserved or underserved groups; in particular, the agency is interested in exploring the extent of unmet rehabilitation needs related to co-occurring mental illness among current and former DBVI clients.

For minority/unserved/underserved individuals, DBVI determined that the CSNA would focus on several groups:

- Individuals for whom English is a second language (ESL);
- Individuals whose cultures discourage seeking assistance with disability issues;
- Individuals who are members of racial and ethnic minority groups;

- “Wounded Warriors” (i.e., veterans with disabilities);
- Transition-age students;
- Older workers, especially those with disabilities acquired later in life; and
- Individuals who live in rural areas of the state.

For individuals served through other components of the workforce investment system (III. above), DBVI determined that the CSNA would focus on individuals served through the state’s workforce centers, both those operated by the Virginia Employment Commission and the comprehensive “one-stop” career centers that are part of the Virginia Workforce Network coordinated by the community college system.

The Year One secondary data review revolved around a number of specific questions regarding the size and demographic characteristics of the blind and vision-impaired population in Virginia, the size and characteristics of the identified minority and potentially underserved groups specified above, and comparisons between the characteristics of these groups and similar cohorts in the population of individuals served by DBVI over the past five years. Each of the specific questions, and the responses based on available secondary data, is detailed below.

1. What is the size of Virginia’s working-age population who are blind or vision-impaired, and how do these numbers compare with the size of DBVI’s VR client population?

Few population-based data sources offer reliable numbers for a single state by type of disability, particularly low-incidence disabilities like blindness and vision impairments. Nonetheless, data from the 2008 American Community Survey (ACS; data sources are described in Appendix 1) conducted annually by the U.S. Census Bureau indicate that approximately 131,700 Virginians over the age of 17 have vision impairments, including blindness; however, almost half (45%) of those are traditional retirement age (65 or older).

These numbers suggest that DBVI serves less than two percent of all working-age blind and vision-impaired Virginians in any one year, given that the total number of individuals served by the VR program each year since 2005 has been less than 1,400 (see Table 1, below; written descriptions of all tables and charts are provided in Appendix 2).

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Totals	1,254	1,257	1,260	1,340	1,389
By Age Group					
14 - 24	431	420	438	472	498
25 - 34	203	197	190	214	218
35 - 44	255	248	235	236	222
45 - 54	209	228	250	249	262
55 - 64	123	120	114	137	152
65 and older	33	44	33	32	37

While the percent of blind and vision-impaired Virginians served by DBVI seems small, it is crucial to keep in mind that several factors may influence this number, including:

- Differences between the very broad definition of vision impairment used by the ACS and the very specific criteria used by DBVI to determine eligibility for VR services;
- The numbers of blind and vision-impaired Virginians who do not need VR services (e.g., because they are currently employed, retired from the workforce or not interested in working)... and no existing data source can serve as the basis for developing a reliable estimate of the size of this group;
- The thousands of individuals who have been served by DBVI in the past, but who do not currently have open VR cases.

The proportion of potentially eligible individuals served by DBVI is actually of little use **by itself** in determining whether DBVI is underserving its target population. In order to get a better picture of the extent of unmet service needs among eligible Virginians, it is important to use additional data to ask more targeted questions regarding service needs.

2. What is the demographic composition of the overall population of blind and vision-impaired Virginians? How do the demographic characteristics of the overall population compare with those of the DBVI VR client population?

Detailed data on specific characteristics of the population of Virginians with vision disabilities is even more sparse than the general data on overall numbers. For example, the ACS only provides breakdowns by age and gender for individuals with vision impairments. According to their estimates, approximately 55,340 men and 76,360 women aged 18 and over in Virginia had vision impairments; men constituted 42% of this population, and women constituted 58%.

In contrast, the ratio of males to females is almost exactly even among DBVI consumers; see detailed data in Table 2. The higher proportion of males in DBVI’s VR population than in the general population with vision impairments is probably due to the fact that men are more likely to be in the workforce or seeking employment than women are.

Gender	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
Male	625	49.8%	621	49.4%	633	50.2%	670	50%	699	50.3%
Female	629	50.2%	636	50.6%	627	49.8%	670	50%	690	49.7%

There is, unfortunately, no representative sample-based data on the race or ethnicity of Virginians who are blind and vision-impaired. However, beginning in 2002, Prevent Blindness America (PBA) has used meta-analytic techniques to develop race-specific estimates for each state by combining the data from several epidemiological studies conducted in both the U.S. and abroad with population data from the U.S. Census Bureau. In their 2008 update, they estimated that three-quarters (76%) of blind and vision-impaired

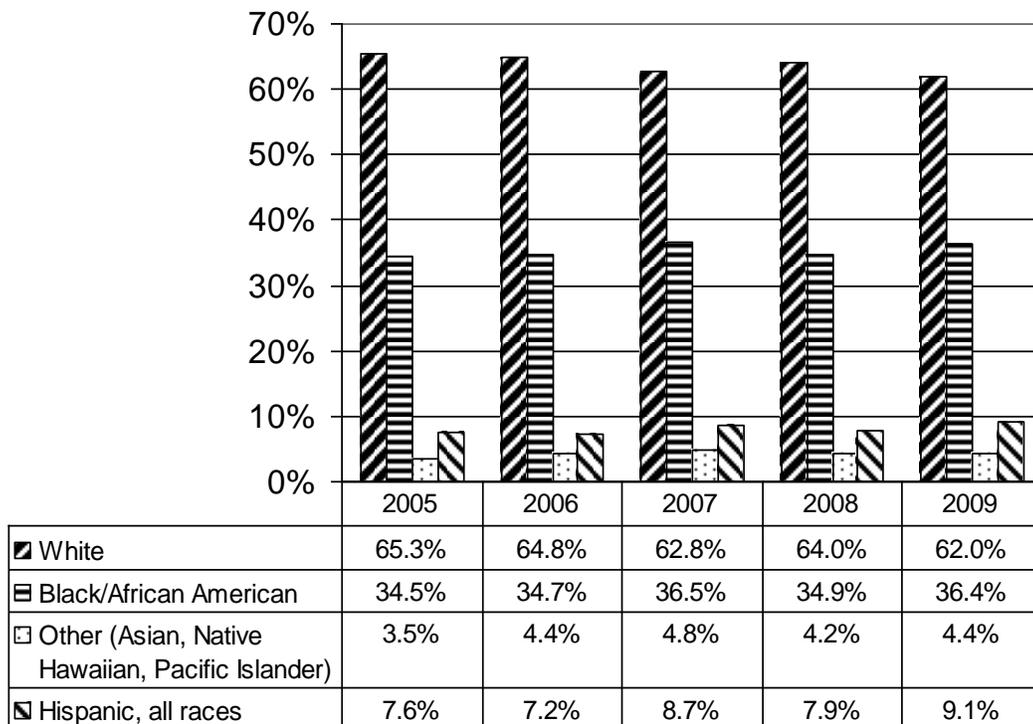
Virginians age 40 and older were White, 16% were Black, 2% were Hispanic, and 6% were of other races/ethnicities.

DBVI’s data are not directly comparable to these numbers for two reasons:

- the PBA estimates of the numbers of blind and vision-impaired Virginians only includes individuals 40 and older, whereas the DBVI data includes VR clients of all ages; and
- DBVI’s AWARE client data system uses the race and ethnicity categories adopted by RSA, which allows for individuals to be counted in more than one racial category, and which counts individuals of Hispanic or Latino origin regardless of race.

According to the AWARE data, slightly less than two-thirds of DBVI’s VR clients are White, about one-third are Black/African-American, and less than 5% are of other races; also, less than 10% are Hispanic, although the numbers of Hispanics have grown over the past five years (see Chart 1 below).

Chart 1. Race and Ethnicity of VR Clients as a Percent of All Clients



While the DBVI client data are not directly comparable to the PBA estimates, there is some indication that Whites and “other” races are under-represented among DBVI clients, while Black/African Americans are over-represented. This is also borne out by available data from the 2008 American Community Survey on the racial and ethnic composition of the overall population of working-age Virginians (not just those with vision impairments). In the general population, about 72% are White, 19% are Black/African American, and 9% are of other races; among all races, about 6% are Hispanic.

However, the higher proportion of African Americans in the VR population may simply reflect a higher level of need for VR services among that group. There is some evidence that a greater prevalence of vision problems exists among African Americans; for example, according to the Glaucoma Research Foundation, their incidence of glaucoma is about five times higher, and occurs about 10 years earlier on average, than in other ethnic groups.

As for the lower proportion of individuals of other races in the DBVI VR group, it is unlikely that this can be explained by lower rates of vision problems. The numbers may indicate that American Indians, Asians, and Pacific Islanders living in Virginia may be underserved by DBVI. However, other strategies (e.g., targeted surveys of specific race groups in Virginia) will be needed to better assess the prevalence of blindness and vision impairments, and the extent of unmet need for VR services, among these populations.

3. How many of these individuals have multiple disabilities, and what are those disabilities? How does the prevalence of multiple disabilities among the general population of blind and vision-impaired Virginians compare with the DBVI VR client population?

There is no representative sample-based data on the prevalence of multiple disabilities among Virginians who are blind or vision-impaired. However, there is some limited information from several state agencies that serve individuals with disabilities on the incidence of vision impairments among the populations they serve.

For example, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) provided data to DBVI on the incidence of blindness and vision impairments among individuals admitted to training centers and inpatient mental health treatment facilities operated by DBHDS. According to DBHDS, 372 blind or vision impaired individuals have been admitted to one of these facilities since State Fiscal Year (SFY) 2000. Fifteen percent of these individuals were under the age of 18 at the time they were admitted, 64% were between 18 and 64, and 22% were age 65 or older.

Similarly, the Virginia Department of Education (VDOE) provided data to DBVI on the prevalence of vision impairments, including blindness, among public school students identified as having multiple disabilities. According to VDOE, 3,048 students had multiple disabilities in 2008; about 8% of them – a total of 250 students statewide – had vision impairments identified as a secondary or tertiary disability. (Note: These numbers do not include the students identified as having ONLY a vision impairment/blindness.)

Unfortunately, these data are too limited for valid comparisons with DBVI's own data on multiple disabilities among VR consumers. Nonetheless, it is important to include information on disabling conditions among DBVI consumers in the needs assessment process. Among the 6,500 VR consumers served by DBVI during SFY 2005-2009 – all of whom had a primary vision impairment, including deaf-blindness – about one-quarter (23%) had a second non-vision-related impairment, and six percent had a third non-vision-related impairment. Table 3, below, provides summary information on these types of impairments.

Type of impairment	Second impairment		Third impairment	
	No.	Pct.	No.	Pct.
Hearing impairments, including deafness	159	10.4%	54	14.6%
Mobility/dexterity/orthopedic impairments	208	13.7%	60	16.2%
Cognitive impairments	204	13.4%	39	10.5%
Psychosocial/other mental impairments	173	11.4%	73	19.7%
General physical debilitation	141	9.3%	61	16.4%
Other physical impairments (not listed above)	657	43.1%	95	25.6%

Because the existing secondary data are so limited, it will be necessary to use other strategies (e.g., surveys of current and former VR consumers, targeted surveys of other blind and vision-impaired individuals) to collect additional information on the prevalence and nature of other disabling conditions among Virginians who are blind or vision-impaired, and the extent of need for VR services among this population.

4. How many blind and vision-impaired Virginians are transition-age students? What are the demographic characteristics of the population of transition-age students with vision disabilities? How do the demographics of the transition-age population compare with the DBVI population of transition-age VR consumers?

As mentioned above, the Virginia Department of Education (VDOE) provided data to DBVI on the prevalence of vision impairments and blindness among public school students. According to their data, approximately 580 students of all ages had a primary vision impairment, including blindness, in 2008; another 250 students had a secondary or tertiary vision impairment (along with one or more other disabling conditions). Given that the total number of students identified as having disabilities in 2008 was 167,930, students with vision impairments made up about one-third of one percent of the total.

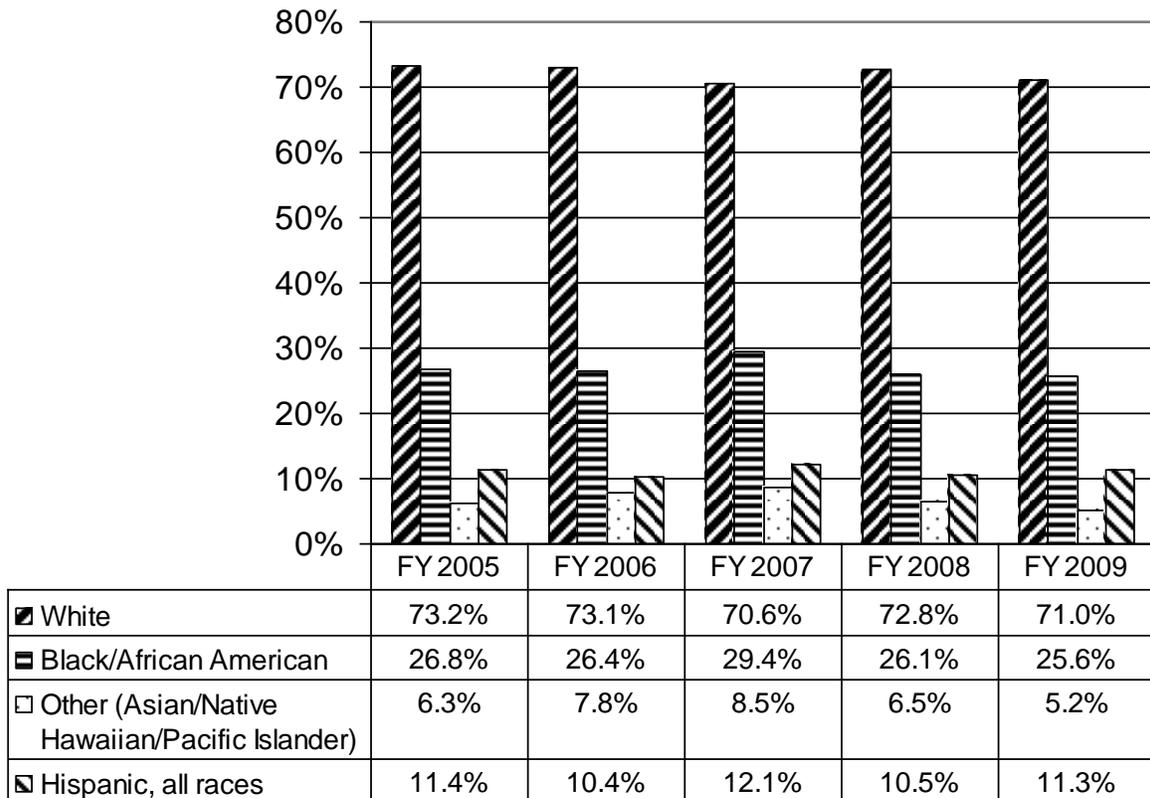
Similarly, DBVI's Education Services unit was serving a total of 833 transition-aged youth with disabilities as of May 2010. A significant majority (83%) of these students were teenagers between the ages of 14 and 19, and the other 17% were between the ages of 20 and 22. However, it is important to note that this number does not include transition-age students with vision disabilities served by DBVI's VR program.

Between SFY 2005 and 2009, the VR program served an average of 410 transition-age consumers (ages 14-22) each year, and these consumers made up almost one-third of the entire VR population (see Table 4, below). Equal proportions of transition-age youth are male and female, and their average age has decreased over the past five years: while only 38% of them were age 14-15 in 2005, this group increased to 47% in 2009.

	State Fiscal Year				
	2005	2006	2007	2008	2009
Number of transition-age consumers	396	386	398	430	442
Percent of all VR cases	31.6%	30.7%	31.6%	32.1%	31.8%

The racial and ethnic composition of the transition-age VR population is similar to the overall population, although there is somewhat more racial diversity. Slightly more than two-thirds of transition-age youth are White, about one-quarter are Black/African-American, and less than ten percent are of other races. Also, in each of the five past fiscal years, at least ten percent have been Hispanic (see Chart 2 below).

Chart 2. Race and Ethnicity of Transition-Age VR Clients as a Percent of All Clients



Data from two nationally representative data sources suggest that the Virginia-specific education numbers may under-represent the extent of vision impairments among transition-age youth in the state. For example, the National Longitudinal Transition Study-2 (NLTS2) found that one percent of all special education students age 13-17 were blind or vision-impaired. If we apply this percent to the total number of students with disabilities reported

by VDOE in 2008 (the most recent year for which data is available), we would estimate that twice as many students – 1,680 versus the 830 reported by VDOE – had vision impairments.

Also, the 2008 ACS estimated the number of children age 5-17 with vision impairments to be somewhere between 5,616 and 8,132. While the very broad definition used by the ACS is likely to over-estimate the extent of vision impairments that are significant enough to require school-based or VR services, these numbers hint at the possibility that transition-age students may be underserved by both school systems and DBVI. Therefore, other strategies (e.g., targeted surveys of transition-age youth and parents, focus groups with middle- and high-school teachers and administrators) are recommended to better assess the prevalence of vision impairments and the extent of unmet service needs among transition-age youth in Virginia.

5. How many blind and vision-impaired Virginians are older workers (i.e., 65 and older), especially those with disabilities acquired later in life? How many blind and vision-impaired older workers does DBVI serve?

There are no readily available data that directly addresses the prevalence of vision impairments among older workers in Virginia. However, ACS data indicate that approximately 150,000 individuals over the age of 64 were in the workforce in 2008. Other ACS data on the prevalence of disabilities in the general population indicate that approximately 6.5% of the entire over-64 age group had vision impairments. This suggests that there may be as many as 10,000 older workers with vision impairments in the state. As stated earlier, the very broad definition used by the ACS is likely to over-estimate the extent of vision impairments in all groups; unfortunately, no more reliable estimates are available to address this issue.

The numbers of consumers served by the DBVI VR program who are over the age of 64 are very small; the average over the past five years is 27, with a high of 38 consumers in SFY 2006, and a low of 14 in SFY 2008. While the proportions of males and females in this group were almost equal between SFY 2005 and SFY 2007, the number of female consumers has dropped to zero in the last two years. All but one of the older consumers served over the past five years were White or Black/African-American; because of the small numbers, the proportions of White and Black consumers have varied widely during the five-year period examined for this report.

The large discrepancy between the numbers of older workers served by DBVI, and the admittedly tentative estimate derived from the ACS, may indicate that this population is underserved. It will be important to collect additional information to clarify to what extent blind and vision impaired older workers have unmet service needs.

6. How many blind and vision-impaired Virginians live in rural areas of the state (Southside, Southwest, Northwest, Eastern Shore)? How do these numbers compare with DBVI data on VR consumers?

No data are available on the prevalence of blindness and vision impairments in geographic subareas of the state. According to the ACS, only about 14% of Virginians lived in rural

areas of the state in 2008. ACS data also indicate that there were proportionately more people over the age of 64 than in urban areas: 13.9% of those who lived in rural areas of the state were over 64, compared with 11% of those in urban areas. Also, working-age individuals age 16 to 64 who lived in rural areas were slightly less likely to be in the labor force than those who lived in urban areas (73.7% versus 77.7%).

AWARE data on VR consumers indicate that approximately 14% of all those served each year between SFY 2005 and 2009 lived in rural areas (see Table 5, below). While it is not possible to determine the extent of unmet service needs from existing secondary data, these numbers do suggest that DBVI is not disproportionately serving individuals who live in urban areas, since the percentages are comparable to the general population.

Area of residence	State Fiscal Year				
	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
All rural	14.6%	14.2%	13.5%	14.2%	14.3%
All non-rural	83.3%	84.2%	84.8%	84.2%	84.4%
Out of state	2.1%	1.7%	1.7%	1.6%	1.4%

7. How many blind and vision-impaired Virginians speak English as a second language (ESL)? What is the demographic composition of the population of Virginia ESL speakers with vision disabilities? How do these numbers compare with DBVI data?

As with the question regarding individuals living in rural areas, there are no Virginia-specific secondary data on the languages spoken by individuals who are blind or vision-impaired. The available ACS data for the general population indicate that, as of 2008, a very large majority (85.6%) of working-age Virginians only spoke English. The next most common language was Spanish, spoken by 6.3% of the population. However, less than half (46.5%) of Spanish speakers said that they also spoke English “very well,” according to the ACS. Similarly, among the 3.6% of working-age Virginians who spoke Asian and Pacific Island languages, only 52.8% of them spoke English “very well.” In contrast, while only 3.3% of the population spoke Indo-European languages other than Spanish, almost three-quarters of them (73.3%) said they spoke English “very well.” (See the technical description in Appendix 1 of the ACS data for details on the language categories used here.)

Data from AWARE on the primary language spoken by DBVI’s VR consumers show that virtually all of them are primarily English speakers. In each of the five fiscal years examined for this report, the primary language spoken by approximately 99% of all consumers was English. The only other primary languages, spoken by ten or fewer individuals per language per year, were Spanish, French, Vietnamese, Korean, Japanese, and American Sign Language. Although demographic data such as age, gender, and race are available for the ESL DBVI population, the numbers are so small that comparisons to the available ACS demographics for ESL speakers would be tentative, at best. Therefore, they are not included in this report.

Although the AWARE and ACS data are not directly comparable, because of the differences discussed earlier, the overall numbers do suggest that DBVI may be underserving non-English speakers. It will be important to collect additional information (e.g., through targeted surveys or focus groups of individuals who speak languages other than English, especially speakers of Spanish and Asian/Pacific Island languages, and through key informant interviews with representatives of organizations such as the Asian and Hispanic Chambers of Commerce) on the prevalence of vision impairments and the extent of unmet needs among non-English speaking populations in the state.

8. How many blind and vision-impaired Virginians are veterans with disabilities? What are the demographic characteristics of the population of veterans with vision disabilities? How does this information compare with data on veterans served by DBVI?

There are, unfortunately, no readily available secondary data on the veteran status of Virginians who are blind or vision-impaired. However, according to the ACS, approximately 13% of Virginia's general population of civilians age 18 or older – an estimated total of almost 750,000 individuals – were veterans in 2008. Among Virginia veterans, almost one-fifth (18.2%) had some type of disability, compared with only 12.5% of the non-veteran population. Because of the overall low incidence of some types of disabilities in the general population, and the small numbers of veterans compared with the overall population, the ACS does not provide estimates of the numbers of veterans with specific disabilities such as vision impairments.

AWARE data for DBVI VR consumers served between 2005 and 2009 indicate that less than two percent of them – less than 25 individuals per year – were veterans. Although demographic data such as age, gender, and race are available for these individuals, the numbers are so small that any comparisons to the available ACS demographic data for veterans would be not be meaningful. Therefore, they are not included in this report. It will be important to collect additional information (e.g., through targeted surveys or focus groups of Virginia veterans, and through key informant interviews with representatives of veterans' organizations, the Virginia Department of Veterans Services, and/or the U.S. Department of Veterans Affairs) on the prevalence of vision impairments and the extent of unmet needs among veterans living in Virginia.

Conclusions

As RSA's VR Needs Assessment Guide points out, no single data source can provide all the information that is needed for a comprehensive assessment, and most of the secondary data sources "do not provide precise data for a CSNA" (p. 28). Although this review of secondary data has highlighted a number of limitations in the available data sources, it has also provided some information to help guide further CSNA activities for Years Two and Three.

Specifically, this review suggests that several populations may be underserved by DBVI. These include blind and vision-impaired American Indians, Asians, and Pacific Islanders living in Virginia, individuals whose primary language is not English (especially those whose primary

language is Spanish or an Asian/Pacific Island language), and older workers. There is also a possibility that transition-age students who are blind and vision impaired may be underserved by both Virginia's public school systems and DBVI. For each of these potentially underserved groups, additional data will need to be collected to better assess the extent of unmet need for VR services.

The existing secondary data on other potentially underserved groups, including blind and vision-impaired individuals with multiple disabilities and veterans with vision impairments, are too limited to make any suppositions about the size of these populations, much less to determine the extent of their unmet needs for VR services. Therefore, it will be necessary to collect additional information on the prevalence and nature of other disabling conditions among Virginians who are blind or vision-impaired, and the prevalence of vision impairments among Virginia veterans, as well as the extent of need for VR services in these two groups.