**ATTACHMENT 4.11(a): COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT**

**BACKGROUND**

In May 2010, the federal Rehabilitation Services Administration (RSA) issued guidance, “Developing a Model Comprehensive Statewide Needs Assessment (CSNA) with Corresponding Training Materials for State VR Agency Staff and SRC Members (Guidance). This current CSNA reflects the 2010 Guidance. In its Introduction, the Guidance outlines the scope and focus of the CSNA. The *Rehabilitation Act of 1973, as amended* (Act) calls for periodic comprehensive statewide needs assessments to be conducted jointly by each state’s vocational rehabilitation (VR) agency and State Rehabilitation Council (SRC) to inform the State Plan. The Act is specific regarding areas that a needs assessment should address. In addition to the overall need for rehabilitation services in the state, the Act focuses on several VR subpopulations and services: individuals with most significant disabilities, including those in need of supported employment; unserved and underserved individuals, including minorities; individuals served by other parts of the statewide workforce investment employment system; and establishment, development or improvement of community rehabilitation programs (CRPs).

**In Pennsylvania, the designated state unit, otherwise known as the Pennsylvania Office of Vocational Rehabilitation (OVR), and the Pennsylvania Rehabilitation Council (PaRC), jointly conducted the CSNA. Section 321.69 of the Act outlines the specific topics to examine, including specific populations and the cooperation of stakeholders and providers. The CSNA is an opportunity for combining existing information and new data to inform the State Plan.**

It is essential to note that this CSNA, as noted above, encompasses the overall rehabilitation needs of people with disabilities throughout Pennsylvania, including those “individuals served by other parts of the statewide workforce investment employment system.” So, in addition to information about services provided by OVR staff, rehabilitation professionals from other community partner agencies contributed to this document. Consequently, information contained in this document, while intended for use by OVR staff and PaRC to develop the State Plan, may be used by other rehabilitation community partner agencies to inform their own strategies.

However, throughout the document, most of the service references will be ways that OVR can address the services gaps through their funding mandate, keeping within the boundaries of the Rehabilitation Act and the regulations.

**HISTORY**

OVR submitted, for FFY 2005-2008, a comprehensive needs assessment that used a systems research approach, utilizing data available on the Internet, as well as existing information supplied by staff and constituent activities. In addition, OVR augmented this information with data gathered from staff and stakeholder questionnaires. OVR designed the questions to address the statutory requirements for areas to be addressed in the Needs Assessment.

Attachment 4.11(a): Page 1 of 23

Effective Date: October 1, 2013

In 2008, OVR created an online survey to meet the requirement of the CSNA with questions developed by OVR staff in partnership with the PaRC. PaRC financed and posted the survey on their website for the month of August. The district offices announced the survey to customers, partners, and providers. Approximately 1,000 surveys were completed. PaRC met with OVR to discuss and draft a report that was submitted in 2009 for FFY 2010.

This current CSNA not only reflects the detailed suggestions and models in the 2010 Guidance, but also expands upon the research techniques used in the development of previous CSNA. Most obviously, the use of focus groups directed at specific stakeholder groups, was an attempt to engage those customers more in depth.

**DEFINING GOALS & DEVELOPING PLAN**

A needs assessment is a systematic exploration of the way things are and the way they should be. These “things” are usually associated with organizational and/or individual performance. There are four basic steps to conducting a needs assessment, (1) gap analysis, (2) identify priorities, (3) identify causes of performance problems and/or opportunities and (4) identify possible solutions and growth opportunities. Although there are many effective methods that OVR currently uses that bring success, this is an opportunity to highlight the areas and possible practices where OVR could take steps to improve service.

**Goals**

The information goals of the needs assessment were determined and stated in the RSA Guidance. The RSA requested the following information:

1. The rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of individuals with most significant disabilities, including their need for supported employment services.
2. The vocational rehabilitation services needs of minorities.
3. The vocational rehabilitation services needs of individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program.
4. The vocational rehabilitation services needs of individuals with disabilities served through other components of the statewide workforce investment system.
5. The need to establish, develop, or improve community rehabilitation programs within the state.

Attachment 4.11(a): Page 2 of 23

Effective Date: October 1, 2013

**Steering Committee & Responsibilities**

A committee of OVR staff and members from PaRC steered this project. It was the responsibility of the steering committee to recommend participants, decide on the content and questions, and summarize each phase of the process. The Committee further relied on the institutional knowledge of OVR field staff, for example, soliciting their input in the development of the survey questions. This expertise in rehabilitation services of OVR staff and the Council, as well as the familiarity with customers, vendors, counselors, and other possible participants, outweighed the advantages of outsourcing this task.

OVR staff secured assistance from the Pennsylvania Office of Administration’s Office of Strategic Services (OSS). OSS has vast expertise in primary data collection and analysis. In addition, OSS is experienced in meeting state government performance and economic goals. OSS assisted in administering the decisions of the steering committee. OSS analyzed the surveys, assisted in conducting focus groups and individual interviews, and assisted in authoring the final report. OSS services are paid for by 1.5% of all state agencies’ budgets, so the actual services for this project were free of specific charges to OVR.

**Process**

1. OVR staff reviewed the RSA requirements.
2. The Steering Committee (Attachment A) discussed the requirements, determined what type of information was needed, and who was in the best position to provide the information.
3. OVR staff and OSS took the result of the brainstorming session and drafted the actual survey types and questions.
4. OVR staff (executives and counselors) and PaRC members reviewed and approved the draft surveys
5. The surveys were published on the PaRC website. Announcements of the survey were sent to agencies, organizations, providers, customers and advocates.
6. Results of the surveys, processed in charts and graphs, were distributed to the Committee. The committee decided on the central or common themes of each survey type. With approval from the OVR executive staff, the common themes became the discussion topics for the focus groups.
7. PaRC members and OVR staff nominated potential focus group participants. Participants were invited by letter. OVR and OSS staff conducted the focus group process.
8. After reviewing the results of the focus groups, the committee deliberated on what other detailed information was needed to answer the RSA questions completely.
9. OVR staff and PaRC members recommended potential interviewees who possessed personal knowledge to help close some of the information gaps identified after the focus groups. OVR and OSS staff then conducted the interviews.
10. National and state trends were reviewed to determine whether the conclusions found were unique to Pennsylvania.

Attachment 4.11(a): Page 3 of 23

Effective Date: October 1, 2013

1. OVR and OSS staff wrote the report and submitted it to the OVR executives and PaRC on January 13, 2011. OVR staff and the PaRC membership had numerous meetings and conference calls to discuss the draft report and make changes.
2. The draft document was submitted to the OVR Executive Staff for final review at the end of January 2012.
3. For discussion purposes, terminology throughout this reports was taken directly from the RSA Guidance

**GATHERING INFORMATION**

The RSA Guidance required that the information be obtained through both primary and secondary data collection. The Committee included the following required components:

1. Surveying VR counselors and consumers of rehabilitation services
2. Key informant interviews
3. Focus groups with people with disabilities, employers, disability navigator/PA CareerLink staff and professional staff from other service providers and community rehabilitative programs (CRP)
4. Public community hearings
5. Secondary data sources including the American Community Survey, Current Population Survey, Behavioral Risk Factor Surveillance Survey, disability population state estimates, population projections and economic forecasts, VR agency data and information, state level data from federal sources, state/local data & reports and literature review.

**Customer Satisfaction Surveys**

**PaRC**

In 2011, PaRC conducted a customer satisfaction survey. The SurveyMonkey.com survey was posted on the PaRC website from October 1, 2010, through September 30, 2011. The survey asked questions about the service (response time, individual participation, relationship between OVR and vendors) participants received from OVR. A relatively small sample size of forty people completed the survey. (Attachment B).

**OVR**

In order to comply with various sections of the Rehabilitation Act, OVR conducts surveys of all successfully rehabilitated customers six and twelve months post-closure (Attachments C). Resources do not permit surveying customers closed in other statuses. The survey questions cover satisfaction with OVR services, as well as current employment and benefits information. An OVR staff and stakeholder workgroup developed this survey instrument and process. The purpose of this survey is to gauge how the OVR services aided in finding and maintaining gainful employment. Bar codes are placed on each survey enabling OVR to track each participant’s response.

Attachment 4.11(a): Page 4 of 23

Effective Date: October 1, 2013

In October 2010, OVR implemented a new survey and process. The new template allowed the survey results to be processed through and integrated into OVR’s Commonwealth Workforce Development System (CWDS). CWDS is an electronic case management system used by, Labor and Industry and Department of Public Welfare partners to aid in job search, job development, and placement services. CWDS also functions as the electronic case record for OVR customers. The OVR portion of the site is secure to protect customers’ confidentiality. The public can use CWDS to self-refer for services, create résumés and match their skills, requirements and backgrounds with job openings.  Employers can use CWDS to find qualified job applicants and report their new hires.  Service or training providers can use CWDS to receive referrals of those seeking the services, programs or training they provide.  And Commonwealth staff use CWDS to track service delivery. This shared system streamlines service provision and provides a comprehensive view of services provided to any individual.

From January 1, 2011, until December 1, 2011, 9,261 six-month surveys and 8,635 twelve-month surveys were mailed to closed OVR case customers, with a return from 5.8% and 4.5% respectively (537 six-month surveys and 389 twelve-month surveys).

**Needs Assessment Surveys**

The CSNA Committee developed five survey instruments. The survey audiences were customers, advocates, employers, private sector providers and public sector providers (Attachments D through H). The Committee advertised the availability of the survey through e-mail blasts, PaRC and organizational newsletters, and in conference and workshop announcements. The e-mail blasts and announcements encouraged the reader to spread the word about the opportunity to participate. The target audiences included OVR, the Department of Aging, Corrections, Public Welfare, Veterans’ Affairs, Education, county government and the partners and customers of these organizations.

Approximately 2,000 people visited the survey website, and 18.3% completed one of the five surveys. The questions inquired about the relative ease to access services, the types of services requested and received, the organizations providing the services, and the current gap in the services available.

The surveys were posted on the PaRC website from April 1, 2011, to May 31, 2011, via Surveygizmo.com. OVR staff and OSS developed the top themes from the surveys and scheduled the focus groups. The top themes were the topics discussed in the focus groups.

**Focus Groups**

Focus groups were held in August and September, 2011. OVR staff statewide, OVR executives, and PaRC members recommended participants for the focus groups. Participation was by invitation only. The invitation included the date, time, location of the focus group, the goal of the focus group, as well as the top themes that would be discussed at the focus groups, and included accommodation requests.

Attachment 4.11(a): Page 5 of 23

Effective Date: October 1, 2013

Each focus group was designed for 10-12 participants, followed a pre-set agenda (Attachment O), and lasted approximately two hours. Each group was staffed with a moderator, a note taker, and a flip chart recorder. OVR trained and briefed focus group staff on their duties and the purpose of the focus group. The moderator facilitated and managed the group with the goals of easing and promoting honest and balanced discussion, eliciting useful information from all participants, and keeping people on track and on schedule.  The note taker took complete notes of what was being said, as exactly as possible, attributing statements to their source, if relevant.  The flip chart recorders captured key statements by participants and made them visible to the group, using colored markers on a 20” x 25” notepad, mounted on an easel. The flip chart was important because it helped the group members to keep track of, and focus on, the discussion as it took place. The recorder worked closely with the moderator to ensure that what he or she recorded matched the intent of the person who said it.

The RSA guidance suggested focus group types and gave each state a choice in the particulars to focus upon. Pennsylvania selected the following groups:

1. Individuals with significant disabilities, as defined in the Rehabilitation Act.
2. Individuals with disabilities from minority groups, as grouped for RSA data collection. (e.g., African-American, Asian-American, Hispanic, Native American, etc.);
3. Unserved and underserved individuals with disabilities
4. Employers who have worked, or are currently working, with OVR.
5. Pennsylvania partners in the statewide workforce investment system, including PA CareerLink staff members and VR counselors from the Pennsylvania Departments of Welfare, Aging, Corrections and Veteran Affairs.
6. Community partners, including service providers in the private and public sectors.

Ninety-two people participated in 14 focus groups. Interpreters and CART services were requested and used in five of the 14 focus groups.

**Individual Interviews**

OVR and OSS staff conducted individual interviews in December, 2011 and January, 2012. Attachment Q lists all who were interviewed. Each interview lasted approximately one hour. The interviewees were asked to use their particular background and experience to comment on three basic topics derived from the data obtained through the focus groups, OVR Customer Satisfaction Surveys, and the Needs Assessment Surveys. The general topics were communication, transition, and effectiveness of services.

Attachment 4.11(a): Page 6 of 23

Effective Date: October 1, 2013

**Secondary Data Sources**

The Committee used the 2011 *Disability Statistics Compendium,* an annual publication of statistics on people with disabilities and government programs, that serve the population with disabilities and is modeled after the *Statistical Abstracts of the United States*, published yearly by the U.S. Department of Commerce. The *Compendium* was designed to serve as a reference guide to government publications. Each year, the *Compendium* reflects the statistics published over the year. New statistics are added each year, as new data sources and publications become available. The *Compendium* provides state-level statistics and monthly time-trend statistics published by Federal agencies. Topics include population size, prevalence of disability, labor force participation, unemployment, employment, poverty, earnings from work, enrollment in education, educational attainment, self-reported health status, health behaviors, immunization, health care coverage, continuous health care provision, Supplemental Security Income, Social Security Disability Insurance, special education, and vocational rehabilitation. The information in the 2011 *Compendium* covers 2006 through 2010. Complete data on 2011 was not available at the time this report was written.

The RSA *Annual Review Report* (ARR) provides state VR agencies, disability advocates, VR consumers, service providers, and other VR stakeholders with information on the performance of the federal and state VR programs. Each fiscal year, RSA produces an ARR for each state Vocational Rehabilitation agency receiving funding under the Basic Vocational Rehabilitation program. This report pulls together information from various forms (such as the RSA-113, the RSA-2, the RSA-911), presents narrative, and charts about the performance of that agency.

**DISSEMINATION STRATEGIES**

Public Hearings

The CSNA public hearings are scheduled to be conducted by OVR staff from March 15 to April 5, 2012, coinciding with the public hearings of the FY 2013 Pennsylvania OVR State Plan (Attachment R). The dates will be posted in the Pennsylvania Bulletin and notice of the posting will be made by mail and e-mail to over 2500 customers, partners or organizations. Meetings will be publicized in local newspapers, inviting the public to attend for the purpose of reviewing the assessment and offering their comments for direction of the next phase of the assessment. In order to receive maximum input, meetings have been scheduled for both daytime and evening hours. In addition, the draft will be available by request and posted on the PaRC website and the PA OVR website along with updates and future needs assessment activities.

**ANALYSIS & DISCUSSION**

The assessment presents a macro view of the primary information collected through this process and the relevant micro view of OVR information obtained from the primary and secondary data sources. Topically, it begins with a look at Pennsylvania and OVR, then the populations suggested by RSA: multiple disabilities, minorities, under or unserved individuals and individuals served through other vocational arms of state government. OVR’s goal throughout this process was to provoke thought, discussion, and identify trends around five major topics:

Attachment 4.11(a): Page 7 of 23

Effective Date: October 1, 2013

1. Vocational rehabilitation needs of individuals with disabilities, particularly those with the most significant disabilities, including their need for supported employment services;
2. Rehabilitation services needs of minorities;
3. Vocational rehabilitation services needs of unserved or underserved individuals with disabilities;
4. Vocational rehabilitation services needs of individuals with disabilities served through other components of the statewide workforce investment system; and
5. The need to establish, develop, or improve community rehabilitation programs within the state.

As these topics were discussed, another emerged: the lack of awareness of OVR services and the partnerships it currently maintains despite numerous outreach activities and available materials.. In order for OVR to be effective, potential customers, partners, and stakeholders must understand who OVR is and what OVR does. To be effective and long lasting, any recommendations to change services or partnership must begin with an educational component.

**An Overview of Pennsylvania**

Pennsylvania, the second largest of the seven Middle Atlantic states, is the 33rd most extensive (46,055 square miles), the 6th most populous (12,632,780), and the 9th most densely populated (284.3 per square mile) of the 50 United States. Of its population, 1,638,378 or 13.1% identified themselves as having a disability (American Community Survey, 2011). In the 67 counties in Pennsylvania, 48 counties or 71.7% of counties are considered rural, as defined by the Center for Rural Pennsylvania, with a population density of 283 persons per square mile or less (www.rural.palegislature.us), while 19 counties are considered urban (28.3%). As of 2011, two out of every five Pennsylvanians live in a municipality considered to be in fiscal distress, and 20 Pennsylvania municipalities are now in Act 47 distressed status (Pennlive web site - December 29, 2011). Much of the highest unemployment rates for all Pennsylvanians are in the rural areas of the state, with the exception of Philadelphia County.

**An Overview of OVR**

Based on data provided to RSA in 2011, OVR served 96,137 or 6.3% of the state’s disability population, of which 9,887 were placed in employment, with 93.4% placed in competitive employment. Of the 96,137 people OVR served in 2011, 91,900 (95.6%) were served by OVR offices that have urban centers and 4,237 (4.4%) were served by offices that are strictly from rural counties. In 2010, nearly 3.5 million residents, or 28%, of the Pennsylvania population lived in an urban county (a population density of 284 or more per square mile).

Although OVR offices may not be found in many of Pennsylvania’s rural areas, OVR counselors keep offices hours with other agency offices, meet with customers in a variety of field locations or and do home visits to help mitigate the transportation problems inherent in rural areas.

Attachment 4.11(a): Page 8 of 23

Effective Date: October 1, 2013

OVR has three bureaus, Bureau of Central Operations, Bureau of Vocational Rehabilitative Services (BVRS) and Bureau of Blindness and Visual Services (BBVS). BVRS maintains a salaried complement of 414 full-time salaried counselors and interns. Most offices serve both urban and rural populations. Generally, the urban counties are found on the southwest, the Mideast, and southeastern borders. Most rural counties are found in the area known as the “Big T”, extending from the Mason-Dixon Line to the New York border, through a large swath of central PA and across the northern tier of the Commonwealth, north of Interstate 80. Most offices, with the exception of Altoona, Dubois, Norristown, Philadelphia, Pittsburgh and Washington, serve both urban and rural counties. In addition, OVR’s Hiram G. Andrews Center in Johnstown provides a comprehensive program of services featuring the integration of education on campus at the Commonwealth Technical Institute (CTI), counseling, evaluation, and physical restoration in a barrier-free environment.

A Pennsylvania map of the OVR offices shows that offices are generally distributed centrally from east to west. This is where you would find the most densely populated or urban counties. As previously noted, counselors travel to rural areas to meet customers in satellite offices, other agency sites, and additional locations convenient for the customers.

**OVR PERFORMANCE: CUSTOMER SATISFACTION SURVEYS COMPARISON**

Two surveys were administered to review the service that customers receive from OVR. One survey was conducted by the PARC and the other by OVR. It is important to note that the PaRC survey was posted on a web site open to the public, while the OVR survey targeted customers who were served by OVR. Below is a summary of the findings. As mentioned above, the PaRC survey was posted on their web site. Results were based on less than 50 responses. OVR mailed surveys to everyone that exited an OVR program with a job and received about 1,000 responses.

**Customer Service**

Survey results indicated that participants felt comfortable with their OVR counselors’ knowledge of their disability. During calendar year 2011, results from the 6 month OVR customer satisfaction survey showed that 86% of the respondents said that their OVR counselor listened to their ideas and nearly 80% expressed satisfaction with the help they received from OVR to achieve their employment goal. Additionally, 82 % felt satisfied with the amount of contact that the OVR counselor maintained with them. For the clients surveyed 12 months after their OVR experience, satisfaction levels were essentially at the same high levels.

But some PaRC survey respondents did not feel that many OVR counselors took the opportunity to make personal connections and to value customer opinions. A third of the respondents (8 out of 27) felt that the counselor tried to learn more about the customer and only 40% of the respondents (11 out of 27) felt that the counselors gave sufficient consideration to the customer’s personal goals. Slightly less than half of the PaRC respondents reported that they received updates timely and regularly (42.4%, 14 out of 33).

Attachment 4.11(a): Page 9 of 23

Effective Date: October 1, 2013

**Planning Process**

In the OVR survey, nearly 60% of the respondents said that they actively participated with their OVR counselor in writing their employment plan. However, less than 20% of the PaRC survey respondents (5 out of 26) felt that the help received in choosing the training was beneficial to achieving customer vocational goals or that OVR services helped the customer become employed in their field of choice. While differences in sample size may account for the disparate finings, this may be an area that merits some examination for future service enhancement.

**Training Process**

OVR did not survey on this topic but a clear majority of the PaRC respondents felt involved in the training process, although twenty percent of the respondents (5 out of 26) felt that they did not receive the necessary assistance in making decisions in training for their employment goals, or that training (20%) or services (32.2%) did not match their desired employment. Respondents were split on whether counselors needed more follow-up with the vendors and customers during the training period. This may be an area that would benefit from further study.

No information was provided on disabilities or the employment outcome of PaRC respondents. Eighty-two percent of OVR respondents received employed and 73% were satisfied with the job they had. Although OVR did not ask if respondents would return for additional services or refer others to OVR, PaRC customers noted throughout the survey, 52% would use OVR again and recommend OVR services.

**Most Significant Disabilities**

In Pennsylvania, both urban and rural areas, serve those with Most Significant Disabilities (MSD) at about the same rates. About 49.5% of these OVR cases are closed successfully, meaning customers achieved an employment outcome at an average cost of $3,900 per customer. The success rate is the percent of OVR cases closed successfully (employed) compared to the total number served. Pennsylvania meets or exceeds federal performance measures for services to individuals with most significant disabilities. But the focus groups and individual interviews identified a few areas for additional examination, as reflected in the following areas.

**NEEDS ASSESSMENT SURVEYS AND FOCUS GROUPS**

**Vocational Planning**

The need assessment surveys and focus groups revealed that counselors (not necessarily licensed or working for OVR) felt that they were being asked to recommend employment paths and services that may not lead to employment. OVR’s activities outlined in the Rehabilitation Act must be employment focused. At a minimum, it points to the need to revisit methods the agency and its partners use to educate constituents about its services.

Attachment 4.11(a): Page 10 of 23

Effective Date: October 1, 2013

In 2011, almost $23 million was spent in training 9,553people with most significant disabilities who did not find employment. Close to $4 million was spent on unsuccessful closures that can be attributed to a change in the severity of the disability, the customer being placed in an institution and unavailable for further services, a lack of transportation to maintain employment, the necessary extended services were not available or other reasons not attributed to the control of the customer (Information provided by CWDS). This could be an area for additional examination.

**Parental & Advocate Participation**

Parents and personal advocates expressed the opinion that the people in the best position to determine the pace of Individual Plans for Employment might the parents and advocates who interact with the customers on a daily basis. They feel that parents and personal advocates can monitor progress at a more intimate level. Some participants felt that professionals diminished their contribution and value. In their opinion, this ultimately caused some customers not to succeed at the stated goal.

OVR customers age 18 and older are adults. As adults, these customers are afforded HIPPA and other confidentiality rights. Although parents and advocates may want to participate in the process, and bring value to the process, OVR staff cannot share information or act on the desires of parents and advocates without the appropriate releases or, in some instances, unless the parent is the court appointed guardian. OVR customers have the right to choose and direct their employment goals. OVR may need to discuss additional methods to educate parents and advocates about these distinctions.

**Job Shadowing & Coaching**

Several participants (customers, advocates, and employers) felt that a very important training tool was one-on-one training in the form of job coaching and shadowing. **Job shadowing** is a training technique in which a new employee spends time watching a seasoned worker. Job coaching is working with individuals with challenges and disabilities that hinder employment to develop their working skills to become successful in competitive employment. Both allow the customer to learn about the position in a safe environment. Customers felt comfortable asking questions, and in turn, the customer learned more. The employer survey and focus group showed that when employees had the chance to learn and ask questions, the employee became a productive worker and the employment relationship was healthy and durable.

**On-the-Job Training**

On-the-Job Training is a wage reimbursement program for employers that provides training to OVR customers to learn specific skills on the job. In 2011, OVR had 856 customers and 566 employers who used OJT services at a cost of $3,765,117. There is a greater likelihood of success with OJT, or any training modality, when there has been a good effort to match the job requirements with the skills and interests of the clients. Programs, such as OJT, allow OVR to ensure that customers have the necessary skill set to be successful on the job.

Attachment 4.11(a): Page 11 of 23

Effective Date: October 1, 2013

**MINORITIES**

According to the National Council on Disability, minorities with disabilities use health care less often, have a higher incidence of secondary health matters and tend not to have insurance, care coordination or access to preventative services. In the U.S., African Americans and Hispanics/Latinos typically experience disabilities at a higher rate than do Whites/Caucasians (National Council on Disability, The Current State of Health Care for People with Disabilities. September 30, 2009). In Pennsylvania, 1 out of 8 white or Caucasian citizens has a disability, compared to 1 out of 5 for both Blacks and Hispanics, and 1 out of 4 for Native Americans. Social determinants such as education, income level, and prevailing attitudes within the local environment, contribute to these disparities.

Aside from the public health issues that racial/ethnic minorities face, those with disabilities experience additional disparities in healthcare, prejudice, discrimination, economic barriers, and difficulties accessing care. Additionally, preconceptions and perceptions held within a racial or ethnic group about disabilities affects the type of treatment that a family seeks or receives. In order to address this population, the disability community must encourage and embrace cultural competency training and education for providers as a basic and necessary tool to serve the population.

Many of the OVR minority customer customers live in urban areas. The minority customer focus group conducted in Philadelphia, PA, cited two major barriers to gaining and keeping employment: transportation and the stigma of having a disability. Other barriers to attendance cited by the group were lack of medical and dental insurance, the need to ensure that employment does not disqualify the customer from other assistance and finding employment that meets individual medical needs (flexible scheduling, individualized on-the-job training, accommodations, etc.).

OVR continues to exceed the federal performance standard for minority services. However challenges to success persist. For most of the identified minority groups, the percentage of persons served is greater than the representative population of that group in the state. However, the percentage of success (employment placement) for the minority population is less than the placement rate for White customers, with the exception of Asians who were tied with Whites and Native Hawaiian or Other Pacific Islanders who exceeded Whites.

When reviewing unsuccessful closure statuses that are under the control of the customer, minorities with disabilities have a higher incidence of unsuccessful outcomes. This is consistent withstudies done in Pennsylvania and throughout the nation. Additional research and targeting new modalities to improve outcomes may be indicated.

Attachment 4.11(a): Page 12 of 23

Effective Date: October 1, 2013

**VETERANS**

United States’ involvement in foreign wars during the last two decades has focused a spotlight on services to returning veterans as they reintegrate into society. In Pennsylvania, there are 1.2 million veterans, more than 10% of the total population. Many of these veterans are unaware of the services available to them from OVR. Last year, OVR served 2,841 veterans. And, in an effort to focus more resources on veterans’ services, OVR used ARRA money to fund one counselor position in twelve district offices dedicated to serve veterans. With the ARRA funding, OVR served 1,600 or 56% of the veterans served. However, despite this activity, there remain some gaps or potential service enhancements to veterans.

However, as service members return from military conflicts overseas, the disability service providers will need to prepare to respond to the increased potential need.  The task becomes much greater when we look at the statistics of how many troops are coming back from combat with injuries that have not been immediately proven to be related to war activities, yet manifest or emerge later. The needs of these veterans, served in part, by VA benefits, are not as easily identifiable or as apparent to the VA or the community in a short amount of time after one’s return.  Dr. David Riggs, (Director of the U.S. Department of Defense’s Center for Deployment Psychology and part of the Uniformed Services University Health Sciences) noted that, many of the deployed individuals suffer from serious emotional distress. Moreover, upon their return, Dr. Riggs pointed out that these veterans often live in rural or other underserved communities where there is little to no mental or behavioral health services readily available to them. A Pew Research Center study shows the long-term implications of treatment and loss of productivity is predicted to continue “at least until 2020” and possibly longer. Their study shows a continuing trend in the types of service-related injuries and illnesses that have already made 1.3 million of the 2.3 million Iraq and Afghanistan veterans, across the nation, eligible for VA health care and vocational services.

Dr. Riggs explained that the Center for Deployment Psychology is working hard to address this problem, but also emphasized the need for the psychologists in the community to help address the critical needs of military personnel and their family’s needs that are often unmet because of location, stigma and lack of providers. In Pennsylvania, and the nation as a whole, service agencies have opportunities to respond to the needs of these veterans and their families with focused and coordinated service plans.

**TRANSITION YOUTH**

Four clear themes regarding transition emerged during our meetings and discussions with focus groups and individual interviews. Many of the issues surrounding the transition process are tied to these themes in one fashion or another.

Attachment 4.11(a): Page 13 of 23

Effective Date: October 1, 2013

**More Focus on Transition Youth**

It was almost universally acknowledged by respondents to the survey that transition-age youth with disabilities are not served on a consistent basis throughout the Commonwealth. This observation was not directed toward OVR specifically, but rather was ascribed to a lack of effective communication regarding the assistance that is available. Despite ongoing efforts by OVR, the Department of Education, and the Department of Public Welfare among others, it was observed that the dissemination of information regarding Transition processes, resources, and services is also inconsistent and may not be reaching all those who need it. Focus group and interview participants observed that it might also be related to how the individual school districts manage development and implementation of the Individual Education Plans (IEP).

**Start Early**

If transition services only begin when youth with special needs are seniors in high school, valuable time and resources may have been lost to assist the student to effectively transition from school to adult life. It was suggested the lack of understanding and adequate planning may lead to students feeling overwhelmed and discouraged and cause them to disengage in services once they leave the school setting. Respondents noted that it made more sense to lead the student through the process in small increments. Opinions varied as to how early to start. Some suggested ninth grade; some even sooner, if it seems appropriate to the particular case. One focus group participant commented, “It’s hard to catch up when you’re not catching them in time.” Another frequent suggestion was that OVR counselors need to become involved earlier and OVR should play a more prominent role in the IEP and engage as an equal partner. Many factors contribute to ineffective collaboration between OVR and school districtsincluding limited human and financial resources, poor communication, and a lack of understanding of roles and responsibilities. Focus group participants suggested that it sometimes appears as though the educators on the evaluation team or members of the IEP group resent the input of non-educators or “outsiders.” Some participants suggested that this general lack of collaboration and the subsequent “turf” issues could lead to IEP team members failing to focus on the best interests of the child.

Thirty-seven percent of all individuals found eligible by OVR are youth and young adults, slightly exceeding the national average. OVR has 63 counselors that carry a full-time caseload (75% or more of their caseload) serving transition youth. OVR has placed 3,149 (31.8% of all OVR placements) transition customers into employment for a success rate of 34.1%.

The Rehabilitation Act establishes a role and expectation for OVR to participate in transition planning with school students. Although OVR counselors welcome the opportunity to participate in this process earlier, their role is of necessity focused on employment related needs, whether for post-secondary education, training, or placement. However, OVR staff have the opportunity to become involved in the academic planning of the student from the student’s entrance into the process.

Attachment 4.11(a): Page 14 of 23

Effective Date: October 1, 2013

**Encourage Independence**

Respondents were fairly straightforward about the need for youth with disabilities to become better self-advocates and more independent: Respondents expressed a general sentiment that service providers and teachers should stop sheltering the students. Comments seemed to indicate that when parents, teachers, and other support professionals do not set high, yet attainable goals, students were not challenged to reach their full potential. One respondent indicated that when teachers give students with special needs breaks in their grades because of their disability, or when parents allow the child to use their disability as an excuse, it only sets the child up for failure when they join the adult world and, potentially, the work force. “Teach them to stand on their own feet,” said one participant.

**Parent and Advocate Participation**

Finally, respondents suggested that parents need to learn how to participate in the IEP process and become active partners in their child’s IEP team. Often, they feel uninformed about their rights or do not understand that they have options under the law. Again, despite the attempts of several organizations to inform youth with disabilities and their parents about transition services and resources, many parents were still not aware of the available services and resources or how to obtain them. Once they leave the school system, students and their parents may feel that it is too late to access OVR services, even though it is not.

There are pockets of successful collaborations throughout the state. Efforts need to be made to duplicate them throughout the rest of the state. In addition, the committee recognizes that volunteerism and internships, during the transition process, is beneficial for the customer and the employer. The skill sets and characteristics obtained will aid potential workers in maintaining employment and the opportunity will encourage businesses to consider utilizing more workers with disabilities.

**AGENCIES AND COMMUNITY REHABILITATION ORGANIZATIONS COOPERATION**

The Pennsylvania Governor’s Policy Office established the task force to include representatives of all agencies who administer workforce development programs.  Participants have included Policy Office representatives as well as agency workforce development professionals.  The group was tasked with increasing collaboration and communication across state agencies and with providing recommendations to the Governor’s Office to improve workforce development programs and activities in the Commonwealth.  As is true throughout the nation, Pennsylvanians are looking for ways to maintain services while reducing costs.

OVR participates with many advisory committees that rely on the expertise of community leadership. OVR has continued to reach out to include the people and organizations that work for the vocational rehabilitative community. The following committees OVR collaborates with:

Attachment 4.11(a): Page 15 of 23

Effective Date: October 1, 2013

* Advisory Committee for the Blind
* Advisory Committee for the Deaf and Hard of Hearing
* PA Council on Independent Living
* PA Initiative on Assistive Technology
* PA Rehabilitation Council
* Pennsylvania Assistive Technology Foundation
* Pennsylvania Client Assistance Program
* Statewide Independent Living Council

Under new leadership, OVR will place an emphasis on stakeholder relations, which means in part reaching out to VR and disability partners to benefit customers. The expectation is to form closer relationships with partners, seek meaningful input from them, and utilize it to improve OVR services to its customers.

**OTHER POPULATIONS OF INTEREST**

The data collected through this process was geared towards specific populations. But OVR recognizes that there are issues with a number of other disability populations that emerged in this process.

**Autism**

According to the Pennsylvania Autism Census Project, conducted by the PA Department of Public Welfare, the number of Pennsylvanians with autism is growing rapidly. Between 2010 and 2015, the number will increase by 265%, resulting in over 25,000 Pennsylvanians with autism (www. paautism.org).

In 2011, OVR served 130 individuals with autism at a cost of $33,695. The low incidence of autism in the data system may be due to a number of reasons. If an autism diagnosis is coded as a third or fourth qualifying disability, rather than first or second, CWDS will not pull those listed cases. Additionally, there are many names for autism such as Asperser’s Syndrome, Kanner's Syndrome, Pervasive Developmental Disorder (PPD), or Rhett's Syndrome. If a case is coded with one of these names, the case will not be recognized under an autism search or any independent search. This is also true if the counselor codes the case as a learning or cognitive disability.

Attachment 4.11(a): Page 16 of 23

Effective Date: October 1, 2013

OVR’s statewide Autism Coordinator’s estimate of cases increases to over 350 cases. To answer this increasing demand, OVR has an autism coordinator in each of the district offices to provide assistance with cases as well as collaborating with the Department of Public Welfare’s Bureau of Autism Services coordinators and waiver programs. The two agencies regularly cross train staff as well as participate in the yearly Bureau of Autism conference. The statewide OVR Autism Coordinator in Central Office also coordinates yearly trainings on topics of interest related to autism. OVR staff regularly presents to many autism support groups and community support groups throughout the Commonwealth to increase awareness of autism.

**Traumatic Brain Injury**

Over 15,000 Pennsylvanians sustain traumatic head injuries each year, and the devastating effects are often felt for years after the initial injury occurs. Each year, more than 1,000 injured persons experience injuries so disabling that they require intense hospitalization and acute rehabilitation services. The Centers for Disease Control and Prevention estimate that 5.3 million people are living with the results of Traumatic Brain Injury. Using Pennsylvania’s overall population data, it is estimated that 245,000 of these people are residents of the Commonwealth (PA TBI State Action Plan, 2011).

In 2011, OVR served 154 persons with TBI at a total cost of $61,650. OVR works closely with the PA Department of Health TBI Advisory Board. This Advisory Board currently consists of representatives of the Departments of Health, Aging, Labor and Industry, Public Welfare, Education, and Insurance. In addition, organizations such as the Brain Injury Association of Pennsylvania, Inc. (BIAPA), the United Cerebral Palsy of Pennsylvania, the Centers for Independent Living and the Pennsylvania Association of Rehabilitation Facilities (PARF) and individuals with traumatic brain injury and family members were included as members of the Advisory Board. OVR is very active in BrainSTEPS, a collaborative educational program sponsored by the Department of Health and Department of Education. BrainSTEPS stands for Strategies, Teaching, Educators, Parents and Students. Currently, OVR is involved in developing a volunteer program with BrainSTEPS teams throughout the state to provide information on vocational services to individuals who have had brain injuries. In addition to BrainSTEPS, OVR regularly participates in training to increase current knowledge and best practices in working with those with TBI.

**Communication**

What is OVR?

Will OVR give me a job?

How do I apply for services?

How long does it take?

Why didn’t my counselor call me today?

Why are different services available in different counties?

Will you buy me a car?

Will you drive me to work?

Will you sit with me at work?

Attachment 4.11(a): Page 17 of 23

Effective Date: October 1, 2013

These were all recurring questions from focus group to focus group, and sometimes repeated within the same focus group. A lot of the information collected through this process was specific to a certain population, but there was one theme that all populations had in common: Who is OVR? Steve Suroviec, OVR Executive Director since September 2011, has expressed a similar observation insofar as he has heard from both staff in the field and stakeholders that people with disabilities and potential employers in Pennsylvania generally are not as informed about the existence of OVR and/or the services available to them as they could be or should be if OVR’s mission is to be pursued effectively. The focus group participants, public service providers, private service providers, customers and advocates alike, did not have a full understanding of who OVR was and how it operates. Public unawareness or confusion about OVR services impedes the delivery of those services. OVR needs a more comprehensive understanding OVR partners, what they do and how they do it. In order to provide coordinated and comprehensive service to stakeholders, in a resource deprived economy, the disability community must come together, talk, identify the community’s strengths and weaknesses and cooperate.

At the end of each session, the group was asked this simple question, “What would you like to know about OVR?” Their answers have been complied and information sorted by stakeholder needs to know and the best ways to receive the information.

**Customers & Advocates**

**Needed information**

What services do you provide to customers? How long will it take? What do I have to do? Will my counselor call me? Why can’t I get what I ask for? Why do they get it but not me?

**Best Methods to Communicate**

FAQ, social media, newsletters, TV/radio spots, webinars, and fliers received from providers, educators, and medical professionals, support groups, community groups

**Service Providers**

**Needed information**

What are the core services? What modifications will OVR pay for? What is ‘Order of Selection’ and how does it work? What is the process that OVR uses to grant or deny services? Are you willing to work with case managers and other providers to provide services? If we are both working with the customer, who will pay for the services?

Why isn’t there consistency across offices in terms of services and process?

**Best Methods to Communicate**

FAQ, professional/association conferences, quarterly updates/newsletters, meetings,

webinars

Attachment 4.11(a): Page 18 of 23

Effective Date: October 1, 2013

**Employers**

**Needed Information**

Why do we want to hire people with disabilities? What is an accommodation and how much do they cost? What can they do? What should I expect from the employee? What extra stuff do I have to do? Are there any incentives that we will receive for working with the people with disabilities? How does OJT work?

**Best Methods to Communicate**

FAQ, newsletters, one-on-ones, presentations at association meetings, presentations scheduled on EEO/ADA/Employment training days

Just as OVR stakeholders and partners desired more information about OVR services, several conversations with OVR staff revealed the need for more information from OVR partners. OVR staff would like to know the following:

**Providers**

What are your core services? What are your processes and eligibility requirements? What can OVR do to assist you? Are you willing to distribute our information to your clients or place our link on your website? What do you need from us to make you more successful?

**Customers**

What are your goals? How often would you like to hear from your counselor? How dedicated are you to achieving employment? What are your hobbies; what are the things you enjoy? (People will be consistent and dedicated to the things they enjoy.) What contribution are you willing to make to achieve your goal?

**Employers**

What tasks do you have that are not being met? Have you hired a person with a disability before? Would you be willing with or without assistance to hire a person with a disability?

**GOALS, PRIORITIES, & STRATEGIES**

Analysis of the Needs Assessment results suggests several areas for consideration by OVR and PaRC for future Goals and Priorities attachments in future annual State Plans. These include:

1. Increase training and coordination of services for underserved populations, specifically veterans.
2. Establish a transition work group to determine the future direction of transition services for OVR and its partners

Attachment 4.11(a): Page 19 of 23

Effective Date: October 1, 2013

1. Develop an informational campaign highlighting the core services and procedures for OVR. The campaign would include information and methods specific to these audiences:
   1. customers/advocates;
   2. public agencies, private providers, educators, and vocational partners; and
   3. employers
   4. professional organizations
2. Develop systematic and regular opportunities to communicate with partners and industry and governmental associations.
3. Developed a database of VR providers, partners, support group and other VR participants.

**FUTURE ACTIVITIES**

OVR will also post and mail out information on further needs assessment activities. Below is a schedule of activities for 2012 that have been tentatively planned thus far to continue this evaluation process.

2012 (on-going):

Customer Satisfaction Surveys on all closed cases (employed);

Presentations and lectures for community organizations and disability partners by district offices;

OVR staff participation in statewide workgroups.

March 2012:

Statewide Public meetings on OVR proposed state plan;

Fall 2012:

BVRS will publish OVR video clip with closed caption on OVR 101

Monthly:

District Focus Groups on Current Progress of Assessment

Quarterly:

Steering Committee Review & Progress Assessment by OVR staff and PaRC