Ohio | Rehabilitation Services Commission

# Vocational Rehabilitation Comprehensive Statewide Needs Assessment (CSNA)

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*Submitted to the Ohio Rehabilitation Services Commission by:*


**The Center for Learning Excellence**

**and**

**Nisonger Center**

**The Ohio State University**


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# Executive Summary

The Ohio Rehabilitation Services Commission (RSC) contracted with Ohio State University to conduct a Comprehensive Statewide Needs Assessment (CSNA) in October 2011. This needs assessment effort was designed to assess needs related to six primary disabilities. These disabilities included visual impairments, hearing impairments, communicative impairments, physical impairments, psychosocial impairments and cognitive impairments. A CSNA Advisory Team was established and included members from the Ohio State University (OSU) Research Team, administrators from RSC and members of RSC's Consumer Advisory Committee (CAC). The CSNA Advisory Team met approximately twenty times between September 2011 and June 2012 to discuss data collection strategies and to develop data-driven recommendations.

## Data Collection Strategies

Projections of the number of Ohioans with disabilities in need of Vocational Rehabilitation (VR) services by type of disability and by county of residence in Ohio were developed by the OSU Research Team. Similarly, service data from Ohio's VR case management system and employment statistics were utilized to develop estimates of the number of individuals likely to need VR services. In addition, CSNA Advisory Team members reviewed information from Ohio agencies other than RSC that serve individuals with disabilities through the analysis of a variety of reports, documents and service data. Consumer Advisory Committee (CAC) members interviewed consumers who received VR services but exited the VR program without an employment outcome. Another survey queried consumers to assess the quality of services they received. In addition, the need for supported employment was assessed through a survey effort which targeted a VR Supervisor in each county. In a subsequent step, key informants with expert knowledge regarding VR services were interviewed as part of the needs assessment project. Finally, representatives of the Ohio Business Leadership Network completed on-line surveys.

## Need for Services

**Review of Existing Data**. According to the American Community Survey (ACS) (as cited in Houtenville & Ruiz, 2011) Ohio ranks 15th among the states in the number of residents with disabilities (individuals with disabilities as a percent of the total population). More than 1.5 million individuals (13.3% of the total population) experience disabilities. Ambulatory disabilities are the largest category of disabilities (56.2% of individuals with disabilities) and visual impairments are the smallest (14.9% of individuals with disabilities). Approximately one-third (30.8%) of individuals with disabilities ages 18 to 64 live in poverty. As might be anticipated, individuals with disabilities tend to earn less than individuals without disabilities. The median annual income for individuals with disabilities is $17,095 while the median annual income for individuals without disabilities is $28,200. These patterns also hold true for veterans with disabilities.

In recent years, RSC has experienced a significant reduction in state General Revenue Fund (GRF) dollars; from $25,320,838 in 2007 to $12,706,680 in 2011 while total match dollars decreased from $32,044,377 in 2007 to $27,386,539 in 2011. Corresponding to this reduction in funding, service statistics indicate that the number of individuals with disabilities who achieved employment outcomes decreased from 2007 to 2011. In 2007, statistics indicate that 8,988 individuals achieved employment while 3,373 achieved a successful employment outcome in 2011 (Rehabilitation Services Commission, 2011). Similarly, these statistics demonstrate a 35.5% decrease in referrals, 30.3% decrease in applicants and 28.2% decrease in eligibility determinations over the period from 2007 to 2011. It is clear that there is a strong association between the level of funding and the ability to deliver VR services. Finally, as of May 17, 2012, RSC reported that 3,486 individuals were on the waiting list for services.

**Needs among African Americans**. Data indicate that there are significant needs for VR services among African-Americans with disabilities. In 2011, RSC served 11,652 individuals; 2,950 or 25.3% were African Americans and 132 or 1.1% were of Hispanic/Latino decent. In contrast, estimates indicate that 15.5% of African Americans (American Community Survey, 2010) experience disabilities. This translates into 218,656 individuals. Other estimates indicate that 15.8% or 34,548 African American with disabilities may be seeking employment at any particular point in time. Thus RSC is serving approximately 8.5% of African Americans who could benefit

from services. More than nine (9) out of 10 African Americans (92.2%) reside in the following Ohio counties: Allen, Butler, Clark, Cuyahoga, Erie, Franklin, Greene, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Stark, Summit and Trumbull.

**Needs among Hispanics/Latinos**. In 2010, 3.1% of Ohio's population (or 357,632 individuals) were Hispanic. Estimates indicate that 10.2% of Hispanics (American Community Survey, 2010) experience disabilities. This translates into 36,478 individuals. Other estimates indicate that 15.8% of Hispanics or 5,764 individuals of Hispanic origin with disabilities may be seeking employment at any specific point in time. Thus RSC is serving approximately 2.3% of Hispanics who could benefit from services. Almost two-thirds of Ohio's Hispanic population (227,842 individuals) resides in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning and Montgomery Counties. There is also a concentration of individuals of Hispanic origin in northwest Ohio.

**Needs among Transition Age Youth**. There were 1,743,816 youth in Ohio between the ages of 14 and 24 in 2010. Estimates suggest that 111,604 may experience disabilities. RSC served 3,416 transition age youth between 14 and 24 years of age in 2011. Thus there would appear to be opportunities to serve transition age youth in Ohio counties.

**Needs among Older Adults**. There are 2,287,424 individuals in Ohio over age 60 (U.S. Census, 2010). Estimates suggest that 848,634 may experience disabilities. RSC served 806 individuals over age 60 in 2011. There would appear to be opportunities to serve older adults in most, if not all Ohio counties.

**Penetration Rates of Disabilities in Ohio Counties**. Maps (see Figures 11-16 in report) indicate projected penetration rates for 2013 for the six major RSC disability categories for all 88 counties in Ohio. A penetration rate represents the number of individuals who receive services out of the total number who could be served. Penetration rate data indicate that RSC will serve a small percentage of individuals with disabilities as compared to the estimated need. The highest projected penetration rate for all disability categories in 2013 was 32.5% for communicative impairments. This indicates that as many as 67.5% of individuals in need may not be served. If conditions remain unchanged, the overwhelming majority of counties will fall below a penetration rate of 15% for all disability categories (79 counties for visual impairments; 79 for hearing impairments; 80 for physical impairments; 70 for psychosocial impairments; 85 for communicative impairments; 79 for cognitive impairments).

**Counties with Low Penetration Rates**. Sixteen (16) counties had low penetration rates for three or more disability categories. These counties included Butler, Clinton, Gallia, Geauga, Hardin, Highland, Holmes, Lake, Meigs, Monroe, Morgan, Pickaway, Preble, Union, Warren and Wyandot. Geauga and Highland Counties had lowest penetration rates for all six (6) disability categories and Butler, Holmes, Lake and Warren Counties had lowest penetration rates for five (5) of the six (6) disability categories.

**Counties with Low Proportionality Rates**. Relative proportionality is defined as the discrepancy between needs for services and number of individuals served. An explanation of the way that proportionality was calculated is included in Section V. Twenty four (24) counties had the lowest relative proportionality rates for three or more disability categories. These counties included Athens, Clermont, Clinton, Columbiana, Coshocton, Gallia, Hardin, Harrison, Henry, Highland, Holmes, Logan, Monroe, Morgan, Perry, Pike, Portage, Preble, Ross, Stark, Union, Vinton, Williams and Wood. Coshocton County had the lowest relative proportionality rates for five (5) out of six disability categories while Logan County had the lowest relative proportionality rates for four (4) of the six (6) disability categories. Eight (8) counties had the lowest penetration rates and the lowest relative proportionality rates for three (3) or more disability categories. These counties included Clinton, Gallia, Hardin, Highland, Holmes, Monroe, Morgan and Union.

**Conditions of People with Disabilities**. Prevalence estimates suggest that many individuals with disabilities may also experience conditions that include (but are not limited to) developmental disabilities, autism, traumatic brain injury and/or alcohol and other drug use. The Comprehensive Statewide Needs Assessment (CSNA) focuses on this subset of conditions of people with disabilities because these conditions are the ones most often addressed by providers in the RSC service system. ACS data indicate that 11.4% of the population of Ohio (as cited in Houtenville & Ruiz, 2011) are impacted by at least one of these conditions. Prevalence estimates for these factors in Ohio counties are indicated in Appendix F.

It should be noted that there have been significant increases in the number of individuals impacted by autism over the last decade. For example, the prevalence of autism increased from 0.6 to 3.1 per 1,000 from 1984 to 2003. In 2002, the prevalence of autism in the general population was estimated to range from 3.3 to 10.6 per 1,000 eight year olds (Centers for Disease Control and Prevention, 2002). The most current CDC estimate indicates that autism has increased to 1.1%

or 1 in 88 youth (Centers for Disease Control and Prevention, 2012) and of that number, 1 in 54 are boys (Centers for Disease Control and Prevention, 2011).

**Individuals Served by Other State Agencies who might Benefit from RSC Services**. The Ohio Department of Aging (ODA) can serve 1,972 individuals in the "Senior Community Service Employment Program." These are individuals with a variety of unspecified disabilities. The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) served 112,927 individuals in state fiscal years 2011 and 2012 that might also benefit from RSC services. Similarly, the Ohio Department of Developmental Disabilities (DODD) served a total of 55,078 individuals with developmental disabilities. Many would be considered individuals with cognitive impairments in the RSC classification system. The Ohio Department of Mental Health (ODMH) served 186,075 Ohioans in state fiscal year 2010 with severe mental illnesses while the Ohio Department of Youth Services (ODYS) served 269 incarcerated youth with disabilities. According to the Veteran's Benefits Administration, it is estimated that a total of 111,973 Veterans with disabilities received disability benefits in 2010.

The Ohio Department of Job and Family Services (ODJFS) provided services to 471,560 individuals; 61,148 were aged (60 and older and meets other qualifying conditions); 962 were individuals with blindness; 397,852 were individuals with other disabilities and 11,598 were "otherwise incapacitated." Finally, the Ohio Department of Education (ODE) reported that local education agencies served 47,395 youth with specific learning disabilities; 13,264 youth with cognitive disabilities; 8,498 youth with emotional disturbances; 5,120 youth with multiple disabilities; 4,574 youth with autism; 1,190 youth with hearing impairments; 1,069 youth with traumatic brain injury; 983 youth with speech and language impairments; 931 youth with orthopedic impairments; 866 youth with visual impairments; 601 youth with other major health impairments; and 140 youth with deafness/blindness. The Ohio Department of Rehabilitations and Corrections (ODRC) served a total of 2,596 individuals with a range of disabling conditions. Most of these individuals (2,157 or 83.1%) were classified as individuals with serious mental illnesses. Figures cited above are for 2010 or 2011.

**Consumers' and Key Informants' Perceptions**. A survey designed to solicit consumers' opinions about the quality of services they received was e-mailed or mailed to 600 randomly selected individuals with an Individualized Plan for Employment (IPE) written as of July 1, 2011. In general, consumers reported that their VR services were of high quality and were helpful in preparing them for employment. The four

most frequently used services included assessment; guidance and counseling; training; and job search, placement and support. Training was judged to be most helpful by consumers.

In a second survey administered to consumers who exited the VR system without an employment outcome, it appeared that a number of obstacles impact efforts to seek and retain employment. Twelve (12) out of the 30 respondents (40%) agreed or strongly agreed with this perspective when asked about their own cases. Many respondents noted that jobs were not available in their communities. The most frequently cited reasons that consumers did not obtain employment were that they did not have the skills nor the training to develop the skills needed for the jobs that were available. Only one consumer indicated that she/he did not want to work. This suggests that RSC should consider increasing the types of training available to consumers to prepare them for employment opportunities aligned with jobs that are available in their communities.

A third survey focused on collecting data from representatives of a variety of state and local agencies who had extensive experience with RSC programs and services. In addition to key informants from the majority of the state agencies that serve persons with disabilities, respondents represented large and small community rehabilitation programs (CRPs), disability providers at universities, county boards of developmental disabilities (DD), independent consultants and RSC commissioners. System level key informants commended RSC's efforts to expand partnerships, indicating that these private-public partnerships increased financial resources to provide VR services to previously underserved populations. Expanding VR services to transition age youth was suggested as a strategy for reducing long term system costs. Several key informants indicated that local providers desire enhanced communications with RSC. In addition, these key informants recommended that training opportunities available to providers, vendors and employers be increased.

Finally, representatives of the Ohio Business Leadership Network were asked to provide their opinions about issues related to hiring practices and individuals with disabilities. The Ohio Business Leadership Network (OHBLN) is an affiliate of the U.S. Business Leadership Network (USBLN®). The USBLN is a national organization that promotes efforts to include people with disabilities in the workforce using a business to business model (U.S. Business Leadership Network, n.d.). RSC personnel desired to understand current hiring practices relative to individuals with disabilities and sought information related to barriers to employment for individuals with disabilities.

Twelve (12) members of the Ohio Business Leadership Network (54.5% response rate) and one (1) representative associated with a Community Action Team completed the survey. Three findings were singled out as having particular significance for planning and policy development. Respondents felt that their companies did not have internal issues and/or were not aware of external issues that impeded employment of individuals with disabilities. Relevant work experience and basic reading and math skills were sought by employers as essential qualities that would ensure that individuals with disabilities could compete for positions. Communication and problem solving skills were also identified as important skills. Educating and creating partnerships with employers were identified as potential approaches to increasing employment opportunities for individuals with disabilities.

## Recommendations

The data summarized above and in more detail in the following report suggested several formal recommendations. Recommendations were developed as a prelude to and support for formal planning activities. The recommendations are provided in red and are accompanied by a brief explanation of the data which support the recommendation.

1. **Focus efforts to access available federal funding to provide services to individuals with disabilities.** Data indicated that funding for RSC has declined significantly in the recent past. From 2007 to 2011, total match funding decreased from $32 million to $27.4 million, which also resulted in a loss in federal funding that was not matched. This loss in funding corresponded to decreased service provision. Approximately 7,500 individuals with disabilities achieved employment outcomes in 2009 compared to 3,373 in 2011. Given the level of unmet need, RSC should continue efforts to enhance efficiency, increase partnerships and access non-traditional financial, matching resources.

**Data Sources:**

- **Figure 3.** Number of referrals, applicants and eligibility determinations from 2007 to 2011. (Section II. Background Information: Secondary Data Review)
- **Table XIII.** Funding Trends: 2007-2011 (Section II. Background Information: Secondary Data Review)
- **Figure 4.** Funding trends from 2007 through 2011. (Section II. Background Information: Secondary Data Review)

2. **Formalize efforts to understand processes and procedures used in counties that demonstrate effective methods for conducting outreach and addressing the employment needs of individuals with disabilities.** Special efforts should be directed toward understanding opportunities and "best practices" for outreach (i.e., the service rate) and outcomes (i.e., the rehabilitation or success rate). It is important to note that data contained in this report reflect service rates and do not reflect outcomes of services delivered. This indicates that in many cases significant numbers of individuals may not be served. If conditions remain unchanged, the overwhelming majority of counties will fall below a penetration rate of 15% in 2013 for all disability categories (79 counties for visual impairments; 79 for hearing impairments; 80 for physical

impairments; 70 for psychosocial impairments; 85 for communicative impairments; 79 for cognitive impairments). These data suggest that there are many opportunities to address unmet need among individuals with disabilities in Ohio across all disability categories and across all counties. However, data also indicated that some counties have been relatively more successful than others in serving larger numbers of individuals with disabilities.

**Data Sources:**

- **Appendix F.** Penetration Rate Projections (Served and Waitlist) and Aggregate Data Related to County Need
- **Figures 11-16.** 2013 Penetration Rate Maps. (Section IV. Prevalence and Penetration Rates: Projections of Unmet Need)

3. **Direct efforts toward establishing better alignment of the distribution of resources across counties in Ohio.** Deployment of counseling staff should correspond to changes designed to promote more balance across the system. Data indicated significant discrepancies in the "balance" (proportionality) of services provided across counties in Ohio. Counties with high positive differences and high negative differences can be thought of as out of balance. There are no clear patterns in terms of which counties fall into which categories (see maps to identify which counties fall into specific categories). However, serving more individuals in counties with low relative proportionality may increase the balance in the system.

**Data Sources:**

- **Table XXIX.** Relative Proportionality for Ohio: 2013 (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)
- **Figure 17.** Estimated proportion of Ohioans with disabilities seeking employment in 2013. (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)
- **Figure 18.** Proportion of Ohioans served by the Rehabilitation Services Commission (RSC) in FFY 2011. (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)

- **Figures 19-24.** 2013 Relative Proportionality Maps. (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)

4. **Expand VR services to transition age youth through partnership agreements with Ohio Department of Education (ODE) and by encouraging VR counselors to work closely with local education agencies.** There are 1,743,816 youth in Ohio between the ages of 14 and 24 and estimates suggest that 111,604 may experience disabilities. Additional data from ODE indicated that a total of 14,767 transition age youth with disabilities had an identified need for rehabilitation counseling as a related service on their Individual Education Plan (IEP). In 2010, RSC served 3,416 individuals between 14 and 24 years of age. The discrepancies between the identified need for VR as part of the IEP and the number of transition age youth served by RSC indicate opportunities for expansion of services.

**Data Sources:**

- **Table XX.** Needs Related to Age in 2010: Disabilities in Ohio (Section III. Race, Age, Disabilities and Employment Status in Ohio)
- **Appendix E.** Projected Gap in Services for Transitional Age Youth
- **Appendix H.** Other State Data - Ohio Department of Education (ODE)

5. **Explore the utilization of a resource investment system in which outcome achievement data is utilized to make decisions about the investment of resources.** Multi-variate, correlational analysis indicated no measurable relationship between availability of services and penetration rates. Values for r ranged from .01 to .26 for all disability categories. It is uncertain whether current measures of volume of service delivered are optimal to support planning related to resource allocation. Findings related to this recommendation should be investigated in more detail.

**Data Sources:**

- **Appendix C.** Ohio Rehabilitation Services Commission (RSC) Vocational Rehabilitation Public & Private Partnerships (VRP3) and Community Rehabilitation Programs (CRPs) Data by County and Disability for Federal Fiscal Year 2011.
- **Figure 5.** Percent of individuals with disabilities in Ohio by race/ethnicity (N=1,506,324).
- **Figure 6.** Percent of individuals with disabilities served by RSC in 2011 by race/ethnicity (N=11,652).
- **Figure 7.** Percent of individuals with disabilities in Ohio in 2010 by age (N=1,577,986).
- **Figure 8.** Percent of individuals with disabilities served by RSC in 2011 by age (N=11,645).

6. **Expand VR services to older adults through RSC's partnership with the Ohio Department of Aging (ODA).** Current population figures indicate that there are 2,287,424 individuals in Ohio over age 60. Estimates suggest that 848,634 may experience disabilities. RSC served 806 individuals over age 60 in 2011. By 2020, Ohio's age 60+ populations is projected to reach 2,822,000 and represent 23.2% of the state's population (Mehdizadeh, 2010). By 2020, Ohio will have approximately 348,000 individuals with severe disabilities who will need formal long-term services and supports (Mehdizadeh, 2010). Thus, there would appear to be opportunities to serve older adults in most, if not all Ohio counties. Efforts should be directed toward "outreach" to the older adult population. In addition, a formal partnership should be pursued with ODA to identify and provide services to older adults. It should be noted that RSC has recently entered into an agreement with ODA to provide Chronic Disease Self-Management training programs to mutually eligible Ohioans. The opportunities to continue and expand upon this partnership should be explored in formal planning activities.

**Data Sources:**

- **Table XX.** Needs Related to Age in 2010: Disabilities in Ohio (Section III. Race, Age, Disabilities and Employment Status in Ohio)

- **Appendix D.** Projected Gap in Services for Older Adults (Age 60+)
- **Figure 7.** Percent of individuals with disabilities in Ohio in 2010 by age (N=1,577,986).
- **Figure 8.** Percent of individuals with disabilities served by RSC in 2011 by age (N=11,645).

7. **Develop a formal plan to share current methods for collecting and disseminating data with stakeholder groups.** Availability and organization of data within RSC and other state agencies presented challenges to the CSNA. Efforts to enhance the consistency in which all state agencies define and collect data related to disabilities is likely to promote enhanced inter-system agreements and efficiency in service delivery models for individuals with disabilities. For example, current RSC practices, dictated by federal guidelines, provide for the collection of data related to six primary categories of disability including visual impairments, hearing impairments, communicative impairments, physical impairments, psychosocial impairments and cognitive impairments. Currently, data related to other types of diagnostic categories are considered as causes related to the six primary disability categories. For purposes of this CSNA project, conditions of people with disabilities include but are not limited to: traumatic brain injury, developmental disabilities, autism and substance use disorders. In addition, other state agencies use a variety of approaches for capturing data related to disabilities. It is understood that RSC is required to comply with disability and impairment classification systems established by the Rehabilitation Services Administration (RSA). Similarly, other state agencies must follow the requirements associated with other federal programs that they administer.

**Data Sources:**

- **Appendix H.** Other State Data
- **Section IV.** Prevalence and Penetration Rates: Projections of Unmet Need
- **Section V.** Relative Proportionality: Comparisons of Needs to Service Provision
- **Section VIII.** Perceptions of System Level Key Informants

8. **Examine the need to capture additional data related to the use of state supported services at intake and for case management services.** For example, it might be useful to ask consumers of RSC services about the extent to which they are engaged with other state agencies. This information would allow RSC to understand the extent to which consumers use services provided by other state agencies. Such data might provide a foundation for establishing partnerships with selected state agencies. These partnerships could prove to be mutually beneficial in efforts to address the needs of individuals requiring services from multiple agencies.

**Data Sources:**

- **Section VI.** Information from Other State Agencies (Data sections)

9. **Evaluate the strategic use of "supported employment" services as a method of reducing recidivism.** Recidivism refers to an individual requiring RSC services more than once while supported employment is defined as ongoing support and other appropriate services needed to support and maintain an individual with the most significant disabilities in employment. Needs assessment data prompted considerable discussion about the strategic use of "supported employment" to reduce recidivism. For example, current funds available for supported employment might be used to promote capacity building in local communities to establish and strengthen supported employment programs. This issue should be studied in more detail and policy designed to promote the use of supported employment in an attempt to reduce recidivism should be developed. Supervisors suggested that supported employment services were inadequate in many Ohio counties.

**Data Sources:**

- **Section X.** Perceptions of Supervisors Regarding Unmet Needs and Quality of Supported Employment Services

10. **Direct efforts to use labor market information to assist consumers in developing valid employment goals.** Qualitative analyses of key informant responses suggested general satisfaction with RSC services. Similar analyses of consumer responses supported this contention. Other key informant and consumer data suggest that efforts should be directed at using current labor market information to develop employment goals. Such an effort might include significant feedback from employers and workforce development agencies to assure that individuals with disabilities are properly prepared for employment and have skills consistent with employment opportunities available in local communities.

**Data Sources:**

- **Table XXXIV.** Self-Reported Reasons Respondents were not Placed in Jobs (Section VII. Perceptions of Consumers Regarding Closures without an Employment Outcome)
- **Section VIII.** Perceptions of System Level Key Informants

11. **Offer information and referral to consumers waiting for services as RSC continues efforts to eliminate the waiting list.** Data indicated that significant numbers of individuals with disabilities remain on the waiting list for services for significant periods of time. As of May 17, 2012, RSC reported that 3,486 individuals were on the waiting list as opposed to 4,586 individuals in August 2011. Since April 2011 when RSC began releasing individuals routinely from the waiting list, wait time has decreased from 418 to 382 days.

**Data Sources:**

- **Appendix F.** Penetration Rate Projections (Served and Waitlist) and Aggregate Data Related to County Need

# Table of Contents

# I. Introduction

This report provides findings related to the vocational rehabilitation (VR) needs of Ohioans with disabilities. The Ohio Rehabilitation Services Commission (RSC) commissioned the Comprehensive Statewide Needs Assessment (CSNA) summarized in this report in September 2011. The Ohio State University (OSU) Research Team[1] included members from the Center for Learning Excellence (CLEX) and the Nisonger Center as well as national and local experts and consultants. The OSU Research Team was advised by a group of stakeholders consisting of representatives from RSC and the Consumer Advisory Committee (CAC). Members from the OSU Research Team and stakeholder team met regularly during the project period and are referred to collectively as the CSNA Advisory Team. The CSNA Advisory Team met more than twenty times between September 2011 and June 2012 to discuss data collection and data analysis strategies, resulting in data-driven recommendations. Team members are identified in Appendices A and B.

## Recent Trends in Funding and Past and Current Needs Assessments

The OSU Research Team and CSNA Advisory team had access to descriptive information for two prior needs assessment processes. In many ways the current needs assessment mirrors and updates these projects. However, the current project includes significant data related to projected needs in 2013. These data were considered critical in order to develop policy and resource allocation recommendations responsive to future needs. Finally, procedures and specific data were collected in response to recent funding trends. Economic conditions throughout Ohio and the nation have yielded an environment where financial resources available to support VR services have declined dramatically. Financial and other trend data are presented in relevant sections of the CSNA.

1 The OSU Research Team was charged with collecting and analyzing needs assessment data. Patton (2002) defines analysis as turning data into findings. Sax (1979) speaks of understanding the relationships between variables, describing conditions and/or testing causal relationships. In the CSNA, the OSU Research Team attempted to synthesize information from a number of different data collection activities and develop findings based on this "multi-variate" approach.

## Purpose of the Comprehensive Statewide Needs Assessment (CSNA)

The primary purpose of RSC's vocational rehabilitation CSNA is to provide a basis for allocating resources to support individuals with a variety of disabilities in Ohio. In order to make policy decisions about the optimal distribution of resources, RSC desires information about the prevalence of specific disabilities in counties in Ohio. Prevalence is defined as the total number of estimated cases present in a specific population and location at a particular point in time (Green & Krueter, 1991). Prevalence rate is calculated by dividing the number of people reporting a disability by the total number of people in the population (Erickson & Lee, 2012). The major disability categories addressed by RSC are: visual impairments, hearing impairments, communicative impairments, physical impairments, psychosocial impairments and cognitive impairments.

The OSU Research Team reviewed specific academic and research journals and information from authoritative sources to find estimates of the prevalence of disabilities consistent with the classification system for disabilities used by RSC and defined by Rehabilitation Services Administration (RSA). In some cases, definitions of a specific category of disability may not precisely match definitions used by RSC or definitions that facilitate clinical practice. However, the prevalence estimates used in the CSNA and corresponding definitions were judged to be the most appropriate for estimating the prevalence of disabilities consistent with the classification system used by RSC.

Furthermore, it is important to point out that all prevalence figures and other projections cited in the CSNA are estimates and are intended to represent the magnitude of prevalence of specific disabilities in specific counties in Ohio. It is appropriate to use such figures and comparisons across counties and types of disabilities in conjunction with other information to support planning and policy development. However, prevalence and other projections are not representative of the precise number of individuals with specific disabilities.

## Needs Assessment Questions

The needs assessment focused on four critical tasks: 1) utilizing data from federal, state and local agencies; 2) identifying program-specific needs for individuals with disabilities based on disability types and geographic locations; 3) assessing the extent to which current VR service providers are effectively serving identified need; and 4) identifying underserved and un-served populations.

During initial meetings, CSNA Advisory Team members produced a series of specific questions designed to guide data collection activities. These questions included:

1. **How many people will experience each type of disability in Ohio?**
2. **How many people with disabilities are unemployed or underemployed?**
3. **How are different racial/ethnic groups and age groups impacted by disabilities?**
4. **How many individuals with disabilities receive appropriate services?**
5. **How is the quality of services provided by CRPs perceived?**
6. **How many of the individuals served by selected state agencies other than RSC might benefit from VR services?**
7. **What are the gaps in services provided to individuals with disabilities and how should gaps be prioritized?**
8. **What are the policy implications of gaps in services?**

## Data Collection Strategies

Addressing these questions required CSNA Advisory Team and OSU Research Team members to implement several data collection strategies. Projections of the number of individuals with disabilities by type and county of residence in Ohio were developed for 2013. Similarly, service data from RSC's VR case management system and employment statistics were utilized to develop estimates of the number of individuals likely to need VR services by disability type and by county. This provided a basis for developing estimates of the number of individuals in need of services. Team members reviewed information from other Ohio state agencies that serve individuals with

disabilities through the analysis of a variety of reports, documents and service data. In addition, team members interviewed consumers who exited the VR program without an employment outcome. Consumers were also asked to assess the quality of services they received in a separate survey effort. Key informants with expert knowledge regarding VR services for people with disabilities were interviewed to supplement other needs data. Finally, representatives of the Ohio Business Leadership Network completed on-line surveys in order to gather information regarding employers' perspectives. Each of these data collection strategies is described in detail in later sections of this report and data collection instruments are included in Appendices.

## The Current System for Delivering Vocational Rehabilitation Services in Ohio

RSC is a state agency that provides support to increase employment and independent living outcomes for Ohioans with disabilities through partnerships with business, education and non-profit organizations throughout Ohio. With 14 field offices located across Ohio, RSC delivers VR services through approximately 221 VR counselors. In addition, RSC is expanding VR services by partnering with local and state agencies. These agreements are widely known as Vocational Rehabilitation Public & Private Partnerships (VRP3) contracts. During FFY 2011, 67 VRP3 contracts provided a basis for delivering VR services. In addition to funding programs that provide employment and independent living support, RSC is the agency responsible for determining eligibility for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs in Ohio.

RSC receives funding from the RSA for the following four programs: Basic Vocational Rehabilitation (VR) Services, Independent Living Initiatives for older individuals who are blind, Statewide Independent Living Programs and Supported Employment Services. Basic VR services include activities designed to assist individuals with disabilities to engage in gainful employment capitalizing on their strengths, resources and abilities. Federal requirements specify that priority must be given to serving individuals with the most significant disabilities (MSD) if a state is unable to serve all eligible individuals (Rehabilitation Services Administration, 2012).

Due to limited resources, RSC has implemented such an order of selection policy to ensure that consumers with MSD are served as the first priority category. An individual is considered to have an MSD if she/he needs multiple VR services over an extended period of time and their disability seriously limits three or more functional

capacities (Ohio Rehabilitation Services Commission, 2011). An individual is considered to have a Significant Disability (SD) when she/he is expected to need multiple VR services over an extended period of time and her/his disability seriously limits one or two functional capacities (Ohio Rehabilitation Services Commission, 2011). Functional capacity areas include communication, interpersonal skills, self-care, self-direction, work skills and work tolerance. "Over an extended period of time" means that services are likely to be needed by the consumer for six months or more.

According to the U.S. Department of Health and Human Services, with Ohioans with disabilities accounting for 45.4% of the $12 billion state Medicaid budget, success of VR services can make a huge difference to consumers as well as to the entire state budget. Each individual RSC helps to achieve an employment outcome can significantly reduce and/or even eliminate life-time SSI or SSDI cash benefits, Medicaid coverage and/or other publicly funded supports. Enough state funding to draw Ohio's full federal VR funding allocation could also reduce or even eliminate the order of selection wait list of consumers seeking VR services. This investment in successful employment outcomes can easily pay for itself by the savings to Ohio in Medicaid and other publicly funded expenses.

## Content of the Needs Assessment Report

The remainder of this report is divided into several sections corresponding to data collection strategies and other phases of the needs assessment project. Section II summarizes background information (secondary data) and other contextual factors. Information summarizing VR services provided by RSC and annual funding for RSC are summarized in this section. This information is viewed as a critical foundation for the needs assessment data summarized in this report. Section III addresses race and age and disabilities in Ohio. Sections IV and V provide information related to the amount of service provided in Ohio counties. Section VI summarizes information provided by other state agencies in Ohio related to the need for VR services.

Section VII provides consumers' opinions about services they received and feedback about closures without an employment outcome. Section VIII summarizes the perceptions of a group of individuals with specialized knowledge of how local systems function to support individuals with disabilities in their efforts to obtain employment. These individuals are referred to as "system level key informants." Section IX provides consumers' opinions about the quality of services they received. Section X of this report summarizes perceptions

of supervisors regarding unmet needs and quality of supported employment services. Section XI details data obtained from a select group of employers.

Each of the sections noted above describe primary data collection activities. These sections include descriptions of the purpose of the data collection activity, research methods and findings and conclude with an overview of key information relevant to gaps in services. Section XII of this report addresses formal recommendations. The final two sections (section XIII and XIV) include a bibliography and Appendices that provide detailed background information and data collection instruments.

# II. Background Information: Secondary Data Review

The OSU Research Team reviewed existing reports and documentation to develop background information and context for considering the VR needs of people with disabilities in Ohio. This information provided support for data collection and analyses strategies and findings presented in the remainder of the CSNA report.

## Methods

Early in November 2011, the OSU Research Team assembled existing reports based on recommendations provided by RSC and RSA. More than 30 sources were identified. Members of the OSU Research Team systematically reviewed these sources and extracted key information.

This information is summarized in the following paragraphs. Background information is grouped into three primary categories. First, the term "disability" is defined. Second, needs assessment technology is reviewed. This technology as summarized by Shell (2009)[2], provided the foundation for the CSNA. Third, factors inherent in the environment that are likely to impact RSC's ability to address the need for VR services are identified in a formal "environmental scan."

## Definition of Disability

A 2003 report to the Interagency Committee on Disability Research (Cherry Engineering Support Services, Inc., 2003 as cited in Vierling, n.d.) noted that there are 67 definitions of disability in U.S. code. A frequently applied definition of disability is based on a conceptualization developed by Nagi (1991). This perspective represents the foundation of the Americans with Disabilities Act (ADA). Nagi's approach defines disability as difficulty performing "socially expected" tasks such as paid employment. Nagi also stresses the interaction between physical and mental conditions and the environment as a precursor to disability.

2 The report authored by Shell (2009) was commissioned by the Rehabilitation Services Administration (RSA).

Nagi posits four distinct stages through which an individual with a potential disability moves. Pathology is the first stage and is characterized by the presence of a physical or mental condition. Impairment is the second stage and occurs when a physical or mental condition limits a person's ability to function. A functional limitation, the third stage, defines situations where the limitation is in a fundamental activity such as employment. A disability is a situation where a functional limitation leads to the inability to perform socially expected roles and activities. This conceptualization acknowledges the importance of environmental and other supportive adaptations. Adaptations such as vocational rehabilitation can prevent a functional limitation from becoming a disability.

## Needs Assessment Methods

Needs assessment is defined as a systematic and ongoing process of providing usable and useful information about the needs of a target population in order to make judgments about policy and programs (Shell, 2009). RSC is committed to using the data from the current needs assessment to inform future state plans and policy. As with any service delivered to a population in need, RSC acknowledges that there are gaps between the current reality of the VR system in Ohio and ideal conditions. The goal of current needs assessment activities is to strategically identify gaps through the use of data and ultimately, expand services to unserved and underserved populations in Ohio. Many of the statistics referenced in this report are best characterized as estimates of existing and/or future conditions. In all cases, methods for generating estimates and actual estimates were "vetted" by individuals with expert knowledge.

**The Needs Assessment Process**. In an attempt to implement best practices, a hybrid approach for this needs assessment project was adopted. The needs assessment described in this document is a combination of strategies identified in the *VR Needs Assessment Guide* (Shell, 2009) and a variety of innovative methods designed to meet the unique needs of RSC and consumers in Ohio. Six basic steps described by Shell (2009) guided project activities:

1. **Defining and establishing goals**
2. **Developing a plan for information and dissemination**
3. **Gathering information and relevant data**
4. **Analyzing results and developing findings**
5. **Developing conclusions and potential action steps**
6. **Informing state plans, goals, priorities and strategies**

The OSU Research Team employed several strategies outlined by Shell (2009) while gathering and analyzing information and data in steps 3 and 4. These strategies included: 1) using existing disability population statistics; 2) creating disability population estimates from available data; 3) creating population projections; 4) utilizing existing VR data; 5) incorporating state level statistics; 6) gathering state and local data and reports; and 7) soliciting feedback from stakeholder groups.

Finally, important principles outlined by Shell (2009) were used to guide the needs assessment process. The CSNA Advisory Team developed a variety of partnerships with stakeholder groups to assist with the implementation of needs assessment activities. In addition, previous needs assessment findings as well as state plans and outcome data were reviewed and provided a basis for the design and execution of the current needs assessment project. The CSNA Advisory Team also sought a high level of stakeholder involvement and feedback at all stages of the needs assessment project.

## Environmental Scan

Environmental scanning refers to the use of information related to demographic characteristics and other conditions in the external environment to assist management in planning and policy development (Choo, 2001). The information in the following paragraphs addresses several key factors that are relevant to the needs assessment activities described in this report. The first section provides a brief overview of current population statistics for Ohio. The second section summarizes basic statistics about the prevalence of disabilities in the Ohio population. More detailed information about prevalence rates are summarized in other parts of this report. The next several sections provide basic information related to employment among individuals with disabilities, poverty and earnings data and statistics about unique subpopulations. Final sections summarize information about insurance and health, Social Security programs, Medicaid and Medicare, special education and vocational rehabilitation.

Much of the information described in the following paragraphs was reviewed in the *Disability Statistics Compendium* (Houtenville & Ruiz, 2011). The *Disability Statistics Compendium* is a resource that highlights data from national surveys and other sources. The data sources reviewed include the "American Community Survey," "Current Population Survey," "National Health Interview Survey," "Survey of Income and Program Participation" and administrative records of government programs (such as Social Security Disability Insurance,

Social Security Income and federal/state vocational rehabilitation programs). Highlights from these and other sources such as ACS and the 2010 Census follow.

**Population of Ohio Counties**. Ohio's total population is 11,536,504 (U.S. Census, 2010). Sixty (60) of Ohio's 88 counties have total populations of less than 100,000 residents. Vinton County, with 13,435 residents in the southeast part of Ohio has the smallest total population. Fifteen (15) Ohio counties have populations between 100,000 and 200,000 residents and seven (7) between 200,001 and 400,000 residents (see Table I).

**Table I.** Counties with Populations between 200,001 and 400,000: 2010

| County | Population | Percent of Ohio Population |
|---|---|---|
| Butler | 368,130 | 3.2 |
| Lake | 230,041 | 2.0 |
| Lorain | 301,356 | 2.6 |
| Mahoning | 238,823 | 2.1 |
| Stark | 375,586 | 3.3 |
| Trumbull | 210,312 | 1.8 |
| Warren | 212,693 | 1.8 |

Six (6) counties have populations exceeding 400,000 (see Table II). These counties include: Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit. Cuyahoga is Ohio's largest county with 1,280,122 residents. The counties noted in Tables I and II are the most populous counties in Ohio and account for 58.1% of the state's total population.

**Table II.** Counties with Largest Populations in Ohio: 2010

| County | Population | Percent of Ohio Population |
|---|---|---|
| Cuyahoga | 1,280,122 | 11.1 |
| Franklin | 1,163,414 | 10.1 |
| Hamilton | 802,374 | 7.0 |
| Lucas | 441,815 | 3.8 |
| Montgomery | 535,153 | 4.6 |
| Summit | 541,781 | 4.7 |

**Prevalence of Disabilities**. The following data represent disability prevalence statistics reported in the American Community Survey (ACS) (as cited in Houtenville & Ruiz, 2011). The ACS is conducted by the U.S. Census Bureau and provides annual community profiles. The information is collected through a questionnaire mailed to a random sample of addresses. The data specific to disability are based on six questions. If individuals answer "yes" to any one of these six questions they are classified as having a disability. The disability categories identified in the ACS are ambulatory disability, cognitive disability, hearing disability, independent living disability, self-care disability and vision disability. Definitions and descriptions of methodology are available at http://www.factfinder.census.gov.

According to the ACS, in 2010 Ohio had the 15th largest population of people with disabilities in the United States. Approximately 13.3% of the total population in the state was identified as having a disability (1,534,355 individuals). Tables III and IV illustrate the prevalence of disability by age groups and specific disability categories.

**Table III.** Percent and Age of Ohioans with Disabilities: 2010

| Age Range | Percent with Disabilities |
|---|---|
| Under 5 | 0.7% |
| 5-17 | 6.4% |
| 18-64 | 11.4% |
| 65+ | 36.5% |

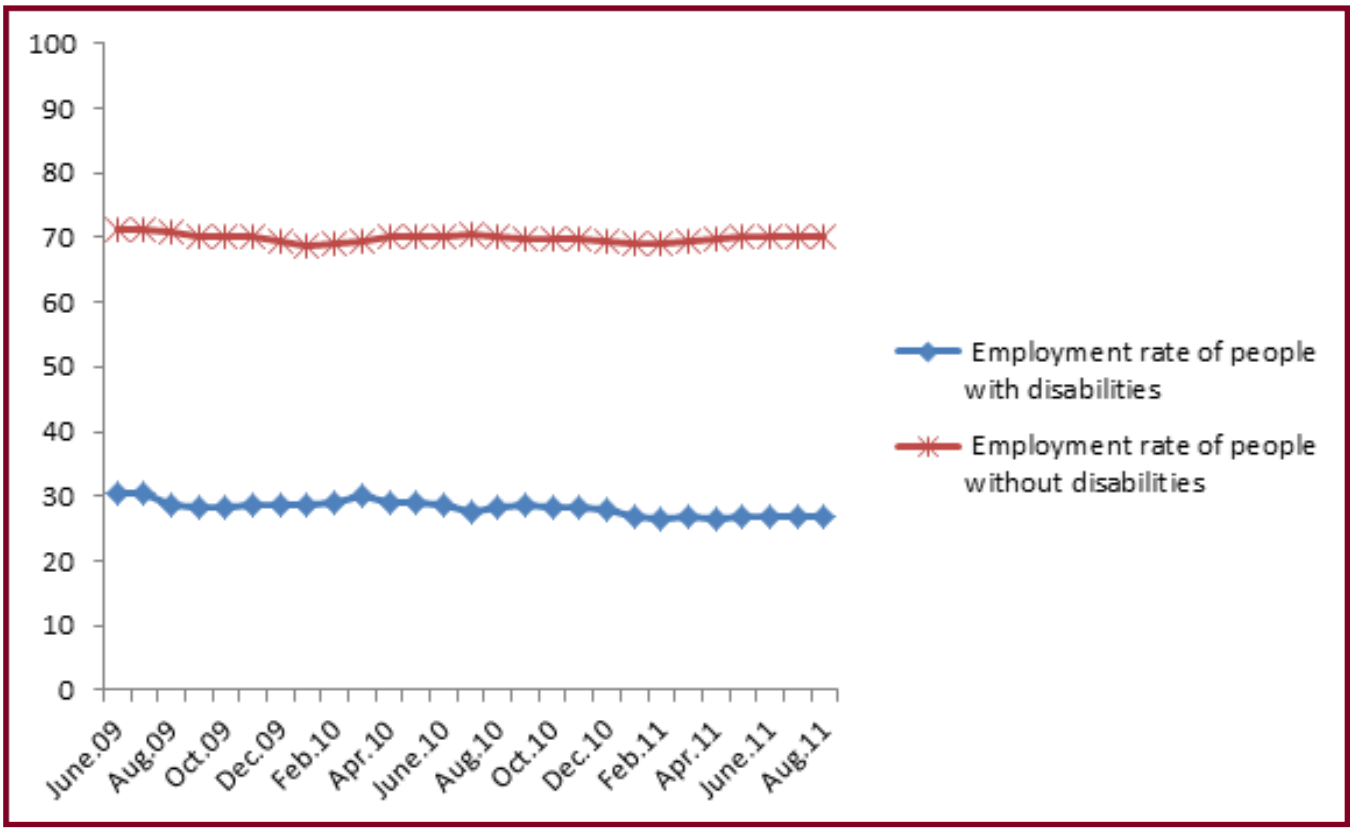
Table IV indicates the percent of Ohioans experiencing specific types of disabilities as a percent of the total population and total number of disabilities.

**Table IV.** Types of Disabilities Experienced by Ohioans: 2010 (Aged 18-64)

| Disability Type/Category | Percent of total | Percent of Disability |
|---|---|---|
| Ambulatory Disability | 6.0% | 52.6% |
| Cognitive Disability | 4.9% | 43.5% |
| Independent Living Disability | 4.1% | 36.4% |
| Hearing Disability | 2.1% | 18.9% |
| Self-Care Disability | 2.0% | 17.4% |
| Vision Disability | 1.7% | 14.9% |

**Employment Statistics**. The figure below illustrates the U.S. employment rate for individuals with disabilities compared to individuals without disabilities as reported in the 2010 ACS.

**Figure 1.** Monthly employment rate for individuals with disabilities (June 2009-August 2011)



The discrepancy between the employment rate for individuals with and without disabilities in the U.S. is mirrored at the state level in Ohio. According to the ACS, 32.9% of people with disabilities in Ohio are employed compared to 73.7% of people without disabilities. Table V depicts employment of civilians by disability category ages 18 to 64 years in 2010. These data reveal an employment gap of 40.8% between the two groups. Furthermore, only 19.1% of the total population of people with disabilities ages 16 and older were employed full time and year round whereas 51.4% of the population 16 and over without disabilities were employed full time and year round in Ohio. This represents a gap of 32.3%.

**Table V.** Ohio Employment by Disability Category: 2010 (Age 18-64)

| Disability Type/Category | Total Employed | Percent Employment |
|---|---|---|
| Hearing Disability | 151,789 | 48.8% |
| Ambulatory Disability | 423,213 | 24.0% |
| Cognitive Disability | 349,830 | 24.6% |
| Independent Living Disability | 292,834 | 18.0% |
| Self-Care Disability | 140,201 | 17.1% |
| Vision Disability | 119,945 | 35.1% |

ACS data indicate that 33.4% of individuals with disabilities in the U.S. and 32.9% of individuals in Ohio with disabilities were employed in 2010. ACS data indicate that 24.4% of working age Ohioans with a cognitive disability were employed compared to 23.9% nationally. Similarly, 10.9% of working age Ohioans with a cognitive disability who were receiving Social Security benefits were employed compared to 9% nationally.

In 2009, the Ohio Department of Developmental Disabilities (as cited in Butterworth, Hall, Smith, Migliore & Winsor, 2011) reported that 14,681 persons were employed in facility based workshops while 6,227 were employed in integrated employment settings. According to the Ohio Department of Developmental Disabilities (as cited in Butterworth, Hall, Smith, Migliore & Winsor, 2011), the majority of individuals with cognitive disabilities are underemployed.

The Bureau of Labor Statistics (2011) suggests that 15.8% of individuals with disabilities were unemployed and in the labor market in February of 2012. Information obtained through the vetting process described in a later section of this report supported this estimate as appropriate to apply to Ohio's population.

**Poverty and Earnings**. Data regarding poverty are also collected through the ACS. A set of 14 standards are used to calculate poverty. Thresholds are based on family size and composition. In Ohio, it is estimated that 30.7% of people with disabilities ages 18 to 64 are living in poverty as compared to 12.8% of people without disabilities (a gap of 17.9%). The average median earnings for people with disabilities in Ohio is approximately $17,095, whereas people with no disability earn $28,200 annually (a difference of $11,105).

**Veterans**. ACS data indicate that there are 892,782 veterans residing in Ohio. Veterans with disabilities receive compensation or pensions at varying percentages. The ACS designates service connected disability rating status for individuals in the Reserves or National Guard or active duty military who have a disability as a result of a disease or injury incurred or aggravated during active military service. Detailed definitions regarding data collection for veterans are provided in the ACS.

According to ACS data, 25.8% of the veteran population in Ohio ages 18 and over are living with disabilities (or are receiving compensation or pension). Of veterans with disabilities, 20% are living in poverty as compared to 6.9% of the veteran population without disabilities. This is a poverty gap of 13.1% between veterans without disabilities and veterans with disabilities. For 2010, the ACS indicated that federal expenditures in Ohio totaled $1,139,474,743 to support veterans with disabilities ($971,411,382 for disability compensation and $168,063,361 for disability pensions).

**Insurance and Health**. According to the ACS, approximately 17.9% of people with disabilities ages 18 to 64 do not have health insurance. "The Behavioral Risk Factor Surveillance Survey (BRFSS)," established by the Centers for Disease Control and Prevention (CDC), is a state based system of health surveys that collect information on health risk behaviors, preventative health practices and health care access that illuminates the health care challenges that people with disabilities might face.

**Social Security Administration Programs**. The following information describes Ohio statistics regarding the number of beneficiaries served by and the amount spent on disability benefits by the Social Security Administration. Supplemental Security Income (SSI) pays benefits to adults with disabilities and children who have limited income or are 65 years of age or older who meet financial limits. Social Security Disability Insurance (SSDI) is paid to individuals and family members if they worked for a specific amount of time and paid taxes. Table VI displays the number of people in Ohio who received federally administered payments in 2010.

**Table VI.** Federally Administered Payments: 2010

| Classification | Total | Aged | Blind | Disabled |
|---|---|---|---|---|
| Number | 285,570 | 14,769 | 1,732 | 269,069 |
| Payments (in thousands of dollars) | $1,784,091 | $56,623 | $9,441 | $1,718,025 |

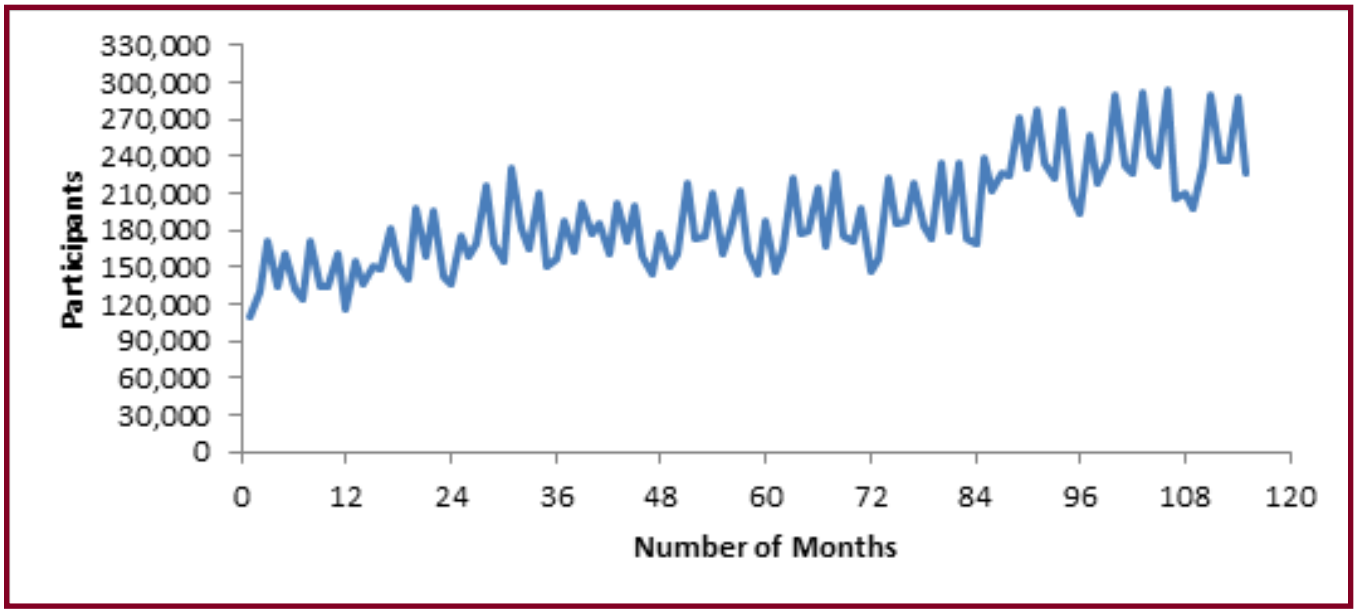
Table VII indicates the number of recipients and federally administered payments in Ohio in 2010.

**Table VII.** Number, Average Monthly Benefit and Type of Disability Beneficiary: 2010

| Classification | Total | Workers with Disabilities | Adult Children with Disabilities | Widow(er)s with Disabilities |
|---|---|---|---|---|
| Number of Recipients | 366,024 | 313,105 | 42,394 | 10,525 |
| Average Monthly Benefits in Dollars | $989.30 | $1,036.50 | $708.40 | $717.20 |

Workers with disabilities accounted for the group with the largest percent change for beneficiaries receiving SSDI during 2008 and 2009. Specifically, there has been a 5.5% increase in the number of workers with a disability who are classified as beneficiaries as compared to the total population receiving federally administered payments for 2008 and 2009. When looking at the population of workers with a disability, there was a 5.7% increase between the number of beneficiaries from 2008 to 2009. The graph that follows depicts the number of applications for benefits for workers with disabilities per month from 2002 through 2011 in the U.S. As is apparent, there has been a steady upward trend in the number of monthly applications for SSDI by workers with disabilities for the past nine years.

**Figure 2.** Monthly number of SSDI participants (2002-2011)




Statistics specific to the state of Ohio indicate an increasing trend in the number of SSI recipients with disabilities and a decrease in the number of SSI recipients with disabilities who are working as indicated in Table VIII.

**Table VIII.** Number and Employment of SSI Beneficiaries: 1996-2010

| | 1996 | 1998 | 2000 | 2002 | 2004 | 2006 | 2008 | 2010 |
|---|---|---|---|---|---|---|---|---|
| **# of SSI Recipients with Disabilities** | 235,927 | 232,472 | 226,489 | 228,836 | 233,052 | 242,316 | 254,015 | 273,627 |
| **# of SSI Recipients with Disabilities Working** | 16,880 | 17,412 | 19,108 | 17,579 | 16,741 | 17,170 | 17,366 | 16,573 |
| **% of SSI Recipients with Disabilities Working** | 7.2% | 7.5% | 8.4% | 7.7% | 7.2% | 7.0% | 6.8% | 6.1% |

**Medicaid and Medicare**. Medicaid is a state administered program designed to provide health insurance to various groups of people including eligible individuals with disabilities. Medicare is a national program that provides health care services to individuals age 65 or

older as well as individuals under age 65 with disabilities. According to the U.S. Department of Health and Human Services, Ohio spent a total of $12,061,645,064 on Medicaid payments in FFY 2008. Of the total, $5,475,532,277 (or 45.4%) were spent on Medicaid payments for individuals with disabilities.

**Special Education**. According to the federal Office of Special Education, 9.4% of the total student population ages 6 through 21 were served under the Individuals with Disabilities Education Act (IDEA) in Ohio in fall 2010. This represents more than 200,000 students. Transition age youth, students between the ages of 14 and 21, account for a large group of individuals (98,824) served under IDEA. Table IX illustrates the number of students served per disability category in Ohio in 2010.

**Table IX.** Number of Students Age 6 through 21 Served under IDEA, Part B by Disability Category in Ohio: 2010

| Disability Category | Number Served |
|---|---|
| Specific Learning Disability | 100,061 |
| Other Health Impairments | 29,947 |
| Speech or Language Impairment | 29,346 |
| Mental Retardation | 26,416 |
| Emotional Disturbance | 16,483 |
| Autism | 15,068 |
| Multiple Disabilities | 13,398 |
| Hearing Impairment | 2,255 |
| Orthopedic Impairments | 1,684 |
| Traumatic Brain Injury | 1,331 |
| Visual Impairments | 969 |
| Deaf-Blindness | 42 |

Table X illustrates the number of students in Ohio with disabilities served under IDEA by age.

**Table X.** Ages of Students Served Under IDEA: 2010

| Ages | Number Served | Percent of Total Special Education |
|---|---|---|
| 3-5 | 22,454 | 9% |
| 6-11 | 98,207 | 38% |
| 12-17 | 119,628 | 46% |
| 18-21 | 19,165 | 7% |

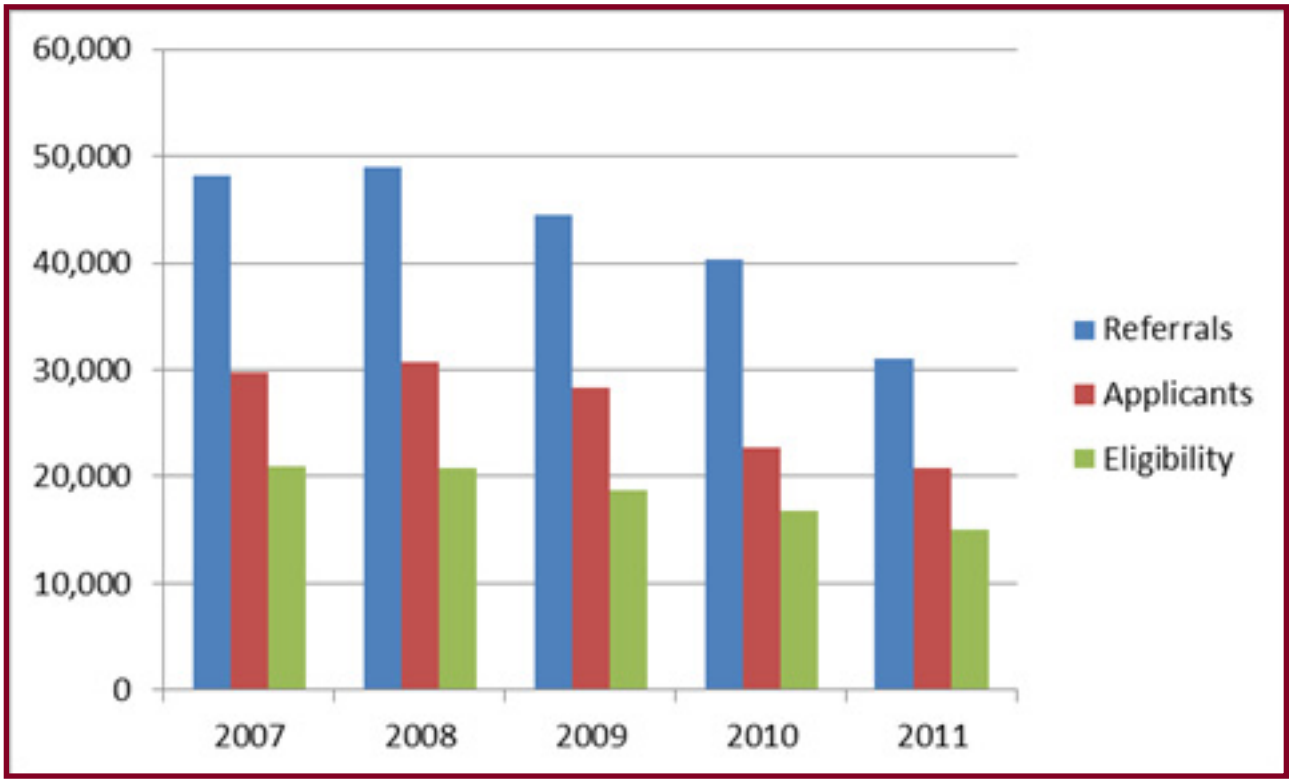
Finally, RSC submits various reports regarding the performance of the VR program to RSA. Highlights from the FY 2010 *Annual Review Report* completed by RSA are highlighted in Table XI.

**Table XI.** Highlights of the Annual Review Report: FFY 2010

| Reported Statistic | Value |
|---|---|
| Total funds expended on VR and Supported Employment | $118,302,391 |
| Individuals whose cases were closed with employment outcomes | 5,707 |
| Individuals whose cases were closed without employment outcomes | 5,413 |
| Total number of individuals whose cases were closed after receiving services | 11,120 |
| Employment rate | 51.32% |
| Individuals whose cases were closed with supported employment outcomes | 196 |
| Average cost per employment outcome | $6,195.14 |
| Average cost per closure without employment outcomes | $4,729.17 |
| Average time between application and closure (in months) for individuals with competitive employment outcomes | 17.80 |

**Rehabilitation Services Commission (RSC) Service Statistics.** The number of referrals received, applications processed and eligibilities determined in the VR program by year from 2007 to 2011 (Rehabilitation Services Commission, 2011) are illustrated graphically in Figure 3.

**Figure 3.** Number of referrals, applicants and eligibility determinations from 2007 to 2011




Statistics (see Table XII) demonstrate a 35.5% decrease in referrals, 43.5% decrease in applicants and 28.2% decrease in eligibility determinations over the period from 2007 to 2011. Decreases in services provided and the number of individuals achieving employment mirror decreases in funding for RSC over this period.

**Table XII.** Referrals, Applicants and Eligibility Determined for Vocational Rehabilitation Programs: FFYs 2007-2011

| Status | FFY 2007 | FFY 2008 | FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|---|---|---|
| Referrals | 48,226 | 48,902 | 44,498 | 40,319 | 31,103 |
| Applicants | 29,718 | 30,728 | 28,295 | 22,732 | 20,714 |
| Eligibility | 21,014 | 20,719 | 18,632 | 16,738 | 15,098 |

Service statistics indicate that the number of individuals with disabilities who achieved employment through RSC also decreased from 2007 to 2011. However statistics indicate that 8,988 individuals achieved employment in 2007 while 9,656 achieved employment in 2008 (Rehabilitation Services Commission, 2011). Finally, service statistics indicate that the number of individuals with disabilities who achieved employment decreased to 7,520 individuals in 2009;

5,707 in 2010; and 3,373 in 2011 (Rehabilitation Services Commission, 2011). Appendix C includes tables and maps illustrating the number of Vocational Rehabilitation Public & Private Partnerships (VRP3) and number of Community Rehabilitation Programs (CRPs) by county. Appendix C also indicates whether a counselor is embedded in the county and/or whether there is an RSC office located in the county. Finally, as of May 17, 2012, RSC reported that 3,486 individuals were on the waiting list for services.

**Recent Funding for Rehabilitation Services Commission (RSC).** In Ohio, for every dollar in state/local match funds provided, RSC is able to bring down an additional $3.69 in federal VR funds (Rehabilitation Services Commission, 2012). Over the past five, federal fiscal years, VR state/local match funding has changed dramatically. From federal fiscal year (FFY) 2007 to 2009, match was at least $32 million with a high of $32.9 million in 2009. For the next two fiscal years, match dropped dramatically by comparison. Federal fiscal year (FFY) 2010 saw match of $26.5 million, while match rebounded slightly in FFY 2011 to $27.4 million (Rehabilitation Services Commission, 2012).

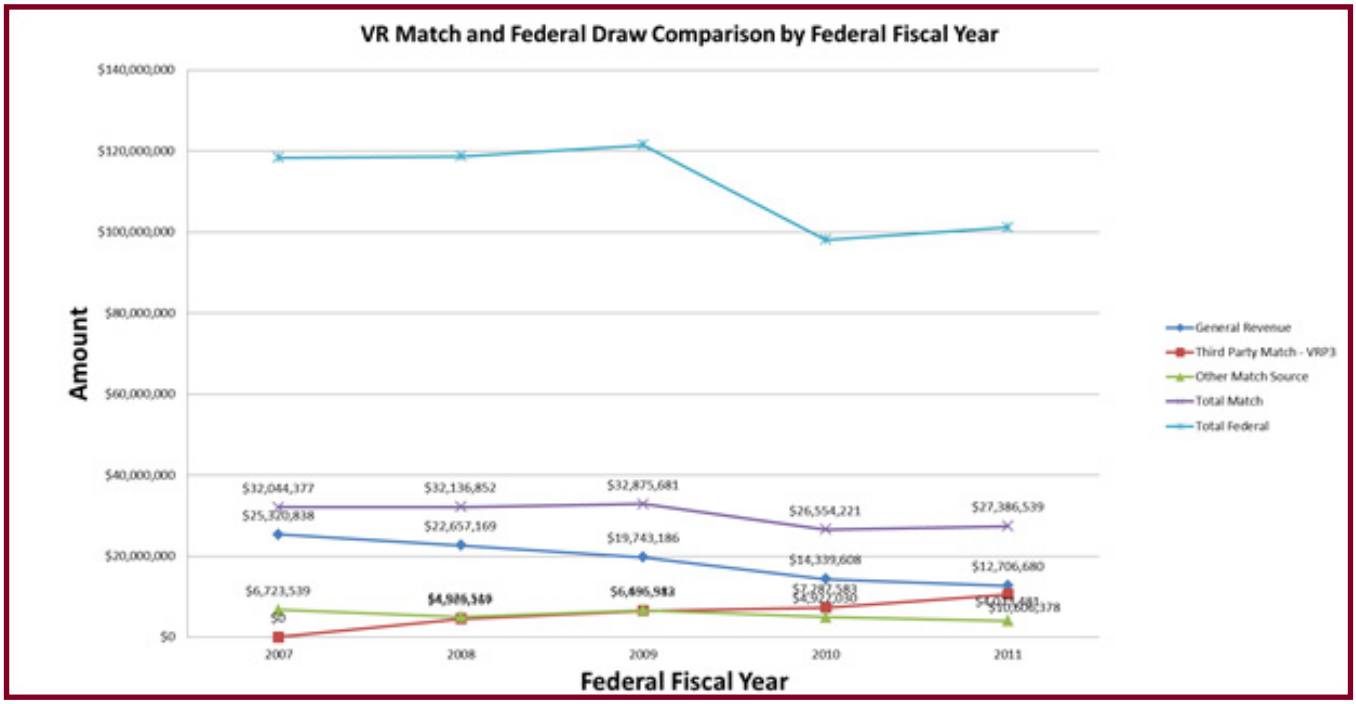
The most significant changes in match over this period were in General Revenue Funds (GRF) and in Third Party Match which includes Vocational Rehabilitation Public & Private Partners (VR Public & Private Partners). Other decline was evidenced in Other Match Sources which includes revenue from other state agencies, driver's license reinstatement fees and other donated funds. GRF declined from $25.3 million, or 79% of all match in FFY 2007 to $12.7 million or approximately 45% of all match in FFY 2011. While GRF declined, Third Party or VR Public & Private Partnerships Match increased significantly. In FFY 2007, there was no match from this source. By FFY 2011, Third Party funds accounted for $10.6 million or approximately 39% of the match for the year (Rehabilitation Services Commission, 2012). Funding trends are indicated in Table XIII.

**Table XIII.** Funding Trends: 2007-2011

| Description | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|
| General Revenue | $25,320,838 | $22,657,169 | $19,743,186 | $14,339,608 | $12,706,680 |
| Third Party Match - VRP3 | $0 | $4,503,167 | $6,496,912 | $7,287,583 | $10,606,378 |
| Other Match Source | $6,723,539 | $4,976,516 | $6,635,583 | $4,927,030 | $4,073,481 |
| Total Match | $32,044,377 | $32,136,852 | $32,875,681 | $26,554,221 | $27,386,539 |
| Total Federal | $118,398,707 | $118,740,388 | $121,470,241 | $98,113,483 | $101,188,761 |

As a result of these changes in match, total VR federal funds drawn dropped as well. Total federal funds drawn ranged from approximately $118 million in FFYs 2007 and 2008 to a high of $121.5 million in 2009. From that point forward, funds drawn dropped to $98 million in FFY 2010 and $101.2 million in FFY 2011. This fiscal impact in turn, has had an effect on RSC's service delivery capacity. RSC continues to identify opportunities to maximize available federal funds. Funding information is illustrated graphically in Figure 4.

**Figure 4.** Funding trends from 2007 through 2011




**Note:** *Other match sources include Business Enterprise, BWC, DRC, driver's license reinstatement fees and other donated funds.*

## Findings

The secondary data summarized in this section of the CSNA provide a variety of important findings. Findings indicate that Ohio is a large industrialized state with a number of urban areas. More than half of the population resides in 13 Ohio counties. Ohio ranks 15th among states in the percentage of the total population with disabilities (Houtenville & Ruiz, 2011). Data suggest that there are significant gaps between employment rates for individuals with disabilities and individuals without disabilities. Furthermore, the poverty rate for individuals with disabilities is significantly higher than the poverty rate for individuals without disabilities. This also holds true for veterans with disabilities. Similarly, many individuals with disabilities do not have health insurance.

Other more specific findings are indicated below. Population statistics summarized below are for 2010:

1. Disability tends to be a difficult term to define with any degree of precision. There are multiple definitions used for a variety of purposes. This creates challenges when conducting data analyses across systems.

2. Ohio is a large industrialized state with a population of 11,536,504. More than half (58.1%) of the population resides in the following 13 of Ohio's 88 counties: Butler, Cuyahoga, Franklin, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgomery, Stark, Summit, Trumbull and Warren.

3. Ohio is ranked 15th among the states in the number of residents with disabilities. More than 1.5 million individuals (13.3% of the total population) experience disabilities in Ohio.

4. 56.2% of individuals with disabilities experience ambulatory disabilities while 14.9% experience visual impairments. Ambulatory disabilities are the largest category of disabilities and visual impairments are the smallest.

5. 30.8% of individuals with disabilities ages 18 to 64 live in poverty. Individuals with disabilities tend to earn less than individuals without disabilities. The median annual income for individuals with disabilities is $17,095 while the median annual income for individuals without disabilities is $28,200. In general, these patterns also hold true for veterans with disabilities.

6. The number of workers with disabilities receiving social security disability insurance benefits has increased steadily in the last ten years.

7. More than 200,000 students in Ohio are served through the Individuals with Disabilities Education Act (IDEA).

8. 5,707 individuals with disabilities served by RSC in 2010 resulted in successful closures with an employment outcome.

# III. Race, Age, Disabilities and Employment Status in Ohio

The information presented in the following section focuses on race, ethnicity and age. Review of a variety of data suggested that the majority of VR closures are male and white. Thus it would appear that there is additional need for services among minority populations in Ohio. Statistics regarding the African American population are addressed first. Then a summary of needs data for Hispanics residing in Ohio is presented. Finally, data related to age and disabilities are summarized.

## The African American Population

The total African American population in Ohio is 1,410,681 (U.S. Census, 2010). The total population in fifteen (15) counties in Ohio is more than 7% African American. These counties and the percent of the total population that is African American are indicated in Table XIV.

**Table XIV.** Counties with African American Population of More than 7%: 2010

| County | Total Population | African American Population | % African American |
|---|---|---|---|
| Allen | 106,331 | 12,639 | 11.9 |
| Butler | 368,130 | 26,972 | 7.3 |
| Clark | 138,333 | 12,128 | 8.8 |
| Cuyahoga | 1,280,122 | 380,198 | 29.7 |
| Erie | 146,156 | 6,644 | 8.6 |
| Franklin | 1,163,414 | 247,225 | 21.3 |
| Greene | 161,573 | 11,681 | 7.2 |
| Hamilton | 802,374 | 208,952 | 26.0 |
| Lorain | 301,356 | 25,799 | 8.6 |
| Lucas | 441,815 | 83,926 | 19.0 |
| Mahoning | 238,823 | 37,433 | 15.7 |
| Montgomery | 535,153 | 111,870 | 20.9 |
| Richland | 124,475 | 11,709 | 9.4 |
| Stark | 375,586 | 28,537 | 7.6 |
| Summit | 541,781 | 78,120 | 14.4 |
| Trumbull | 210,312 | 17,417 | 8.3 |

The population in 28 counties in Ohio is between 2% and 7% African American. These counties and the percent of the total population that is African American are indicated in Table XV.

**Table XV.** Counties with African American Population between 2% and 7%: 2010

| County | Total Population | African American Population | % African American |
|---|---|---|---|
| Ashtabula | 101,497 | 3,586 | 3.5 |
| Athens | 64,757 | 1,774 | 2.7 |
| Belmont | 70,400 | 2,834 | 4.0 |
| Champaign | 40,097 | 892 | 2.2 |
| Columbiana | 107,841 | 2,405 | 2.2 |
| Delaware | 174,214 | 5,837 | 3.4 |
| Fairfield | 146,156 | 8,702 | 6.0 |
| Fayette | 29,030 | 586 | 2.0 |
| Gallia | 30,934 | 812 | 2.6 |
| Jefferson | 69,709 | 3,879 | 5.6 |
| Lake | 230,041 | 7,306 | 3.2 |
| Lawrence | 62,450 | 1,278 | 2.1 |
| Licking | 166,492 | 5,701 | 3.4 |
| Madison | 43,435 | 2,862 | 6.6 |
| Marion | 66,501 | 3,807 | 5.7 |
| Morgan | 15,054 | 432 | 2.9 |
| Muskingum | 86,074 | 3,256 | 3.78 |
| Noble | 14,645 | 368 | 2.5 |
| Pickaway | 55,698 | 1,881 | 3.4 |
| Portage | 161,419 | 6,687 | 4.1 |
| Ross | 78,604 | 4,840 | 6.2 |
| Sandusky | 60,944 | 1,712 | 2.8 |
| Scioto | 79,499 | 2,129 | 2.7 |
| Seneca | 56,745 | 1,305 | 2.3 |
| Union | 52,300 | 1,231 | 2.4 |
| Warren | 212,693 | 6,940 | 3.3 |
| Wood | 125,488 | 3,022 | 2.4 |

## The Hispanic Population

The total Hispanic population in Ohio is 357,893. The population in eight counties in Ohio is greater than 5% Hispanic. These counties and the percent of the total population that is Hispanic are indicated in Table XVI.

**Table XVI.** Counties with Hispanic Population Greater than 5%: 2010

| County | Total Population | Hispanic Population | % Hispanic |
|---|---|---|---|
| Defiance | 39,037 | 3,409 | 8.7 |
| Fulton | 42,698 | 3,341 | 7.8 |
| Henry | 28,215 | 1,860 | 6.6 |
| Huron | 59,626 | 3,333 | 5.6 |
| Lorain | 301,356 | 25,290 | 8.4 |
| Lucas | 441,815 | 29,974 | 6.1 |
| Putnam | 34,499 | 1,890 | 5.5 |
| Sandusky | 60,944 | 5,435 | 8.9 |

There are 13 counties in Ohio in which the Hispanic population is between 3% and 5% of the total population. These counties include Ashtabula (3.4%), Butler (4%), Cuyahoga (4.8%), Erie (3.4%), Franklin (4.8%), Hancock (4.5%), Lake (3.4%), Mahoning (4.7%), Ottawa (4.2%), Paulding (4.3%), Seneca (4.5%), Williams (3.7%) and Wood (4.5%).

The counties with the largest number of Hispanics are indicated in Table XVII.

**Table XVII.** Counties with the Largest Number of Hispanic Individuals: 2010

| County | Total Population | Hispanic Population | % Hispanic |
|---|---|---|---|
| Butler | 368,130 | 14,670 | 3.99 |
| Cuyahoga | 1,280,122 | 61,270 | 4.79 |
| Franklin | 1,163,414 | 55,718 | 4.79 |
| Hamilton | 802,374 | 20,607 | 2.57 |
| Lorain | 301,356 | 25,290 | 8.39 |
| Lucas | 441,815 | 26,974 | 6.11 |
| Mahoning | 238,823 | 11,136 | 4.66 |
| Montgomery | 535,153 | 12,177 | 2.28 |

## Need for Vocational Rehabilitation Services among Minorities

**African Americans and Need for VR Services**. ACS data (as cited in Houtenville & Ruiz, 2011) indicate that 13.3% of Ohio's population experiences a disability at any particular point in time. ACS estimates the prevalence of disability for African Americans at 15.5%. The total number of African Americans with disabilities in Ohio is estimated to be 218,656. In 2010, other estimates indicate that 15.8% or 34,548 African Americans with disabilities may be seeking employment at any particular point in time. RSC served 2,947 African American in 2011. Thus RSC is serving approximately 8.5% of African Americans who could benefit from services.

Applying the 15.5% estimate of the number of African Americans experiencing disabilities to the population estimates in Table XVIII provides a snapshot of the number of African American individuals who are likely to experience disabilities in specific Ohio counties.

**Table XVIII.** Estimates of Disability in Counties where the African American Population is More than 7%: 2010

| County | African American Population | Estimate of Individuals with Disabilities |
|---|---|---|
| Allen | 12,639 | 1,959 |
| Butler | 26,972 | 4,181 |
| Clark | 12,128 | 1,880 |
| Cuyahoga | 380,198 | 58,931 |
| Erie | 6,644 | 1,030 |
| Franklin | 247,225 | 38,320 |
| Greene | 11,681 | 1,811 |
| Hamilton | 208,952 | 32,388 |
| Lorain | 25,799 | 3,999 |
| Lucas | 83,926 | 13,009 |
| Mahoning | 37,433 | 5,802 |
| Montgomery | 111,870 | 17,340 |
| Richland | 11,709 | 1,815 |
| Stark | 28,537 | 4,423 |
| Summit | 78,120 | 12,109 |
| Trumbull | 17.417 | 2,700 |

**Hispanics and Need for VR Services.** In 2010, 3.1% of Ohio's population (or 357,632 individuals) were Hispanic/Latino. Estimates indicate that 10.2% of Hispanics experience disabilities. This translates into 36,478 individuals. Other estimates indicate that 15.8% of Hispanics or 6,446 individuals of Hispanic origin with disabilities may be seeking employment at any specific point in time. In 2011, RSC served 132 Hispanics/Latinos. Thus RSC is serving approximately 2.3% of Hispanics who could benefit from services.

Applying the estimate of the number of Hispanic individuals likely to experience disabilities to the population estimates in Table XIX provides a snapshot of the number of Hispanic individuals who are likely to experience a disability in specific Ohio counties.

**Table XIX.** Estimates of Hispanic Individuals with Disabilities in Selected Ohio Counties

| County | Hispanic Population | Estimate of Individuals with Disabilities |
|---|---|---|
| Butler | 14,670 | 1,496 |
| Cuyahoga | 61,270 | 6,250 |
| Defiance | 3,409 | 348 |
| Franklin | 55,718 | 5,683 |
| Fulton | 3,341 | 341 |
| Hamilton | 20,607 | 2,102 |
| Henry | 1,860 | 190 |
| Huron | 3,333 | 340 |
| Lorain | 25,290 | 2,580 |
| Lucas | 26,974 | 3,057 |
| Montgomery | 12,177 | 1,242 |
| Putnam | 34,499 | 3,519 |
| Sandusky | 5,435 | 554 |

The number of individuals with disabilities of various races can also be represented in graphic format. Figure 5 indicates the percent of individuals of various races who experienced specific disabilities in Ohio in 2010.

**Figure 5.** Percent of individuals with disabilities in Ohio in 2010 by race/ethnicity (N=1,506,324)

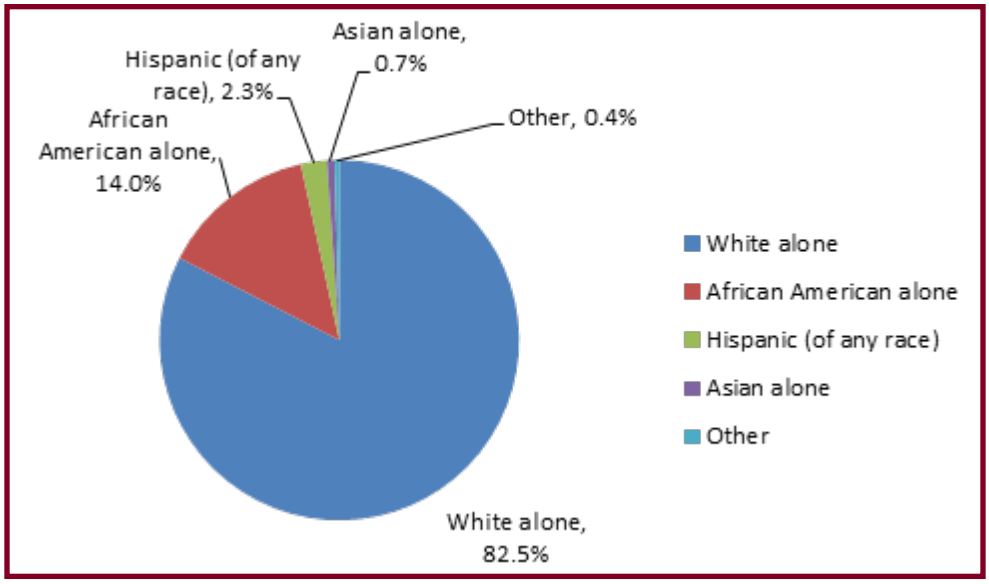
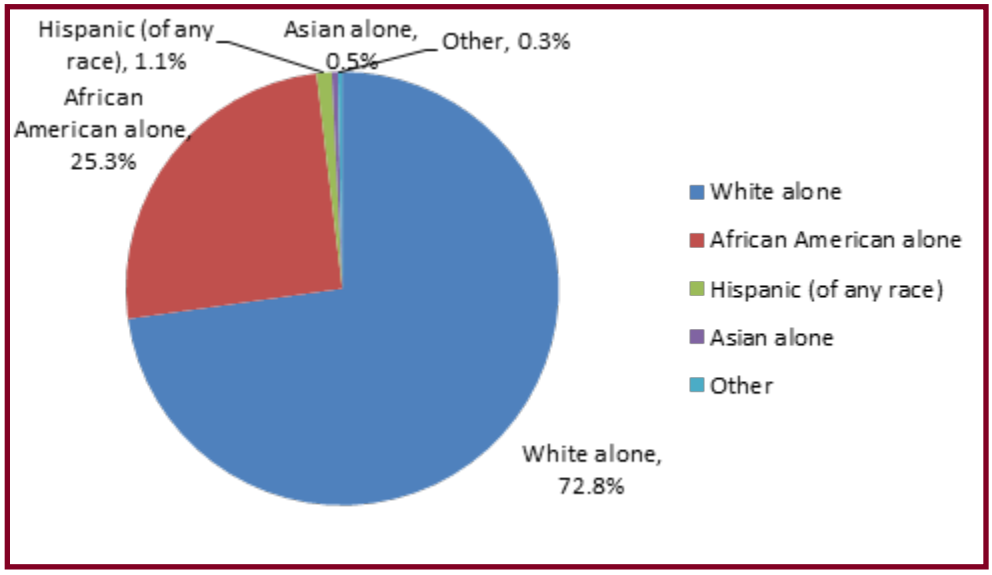



Figure 6 indicates the number of individuals with disabilities of various races served by RSC in 2011.

**Figure 6.** Percent of individuals with disabilities served by RSC in 2011 by race/ethnicity (N=11,652)



## Age and Disabilities in Ohio

In 2010, almost one quarter of the population in Ohio was under 18 years of age (U.S. Census, 2010) and there were 1,743,816 youth in Ohio between the ages of 14 and 24. Estimates indicate that 6.4% of these individuals experience a disability (U.S. Census, 2010). This represents 111,604 individuals. According to RSC, 29.4% of the number of individuals served in 2011 were between the ages of 14 and 24.

Similarly, 14.1% of the population was 65 and over in 2010. Census data indicate that there are 2,287,424 individuals in Ohio over age 60. Census data suggest that more than one-third (37.1%) experience a disability (848,634 individuals). According to RSC, 6.9% of the individuals served in 2011 were 60 or older.

Furthermore, the Ohio Department of Aging indicates that by 2020 individuals 60 and older will represent 23.2% of the total population in Ohio and that almost 350,000 older Ohioans will experience severe disabilities and need formal, long-term services and supports. According to 2010 service statistics, RSC provided services for 806 individuals (.09%) over age 60 and 3,426 individuals (3.1%) between 14 and 24. Age data for Ohio counties are summarized in Table XX and Appendices D and E.

**Table XX.** Needs Related to Age in 2010: Disabilities in Ohio

| Age Range | Total Population | With Disabilities | Number Served | Gap in Services |
|---|---|---|---|---|
| 60 and > | 2,287,424 | 848,634 | 806 | 847,828 |
| 14-24 | 1,743,816 | 111,604 | 3,426 | 108,178 |

The number of individuals with disabilities of various ages is represented in graphic format in Figure 7. These data should be considered in light of the fact that many in these age categories are not actively seeking employment. ACS identifies the percentage of those actively seeking employment from 20 to 64 years of age.

**Figure 7.** Percent of individuals with disabilities in Ohio in 2010 by age (N=1,577,986)

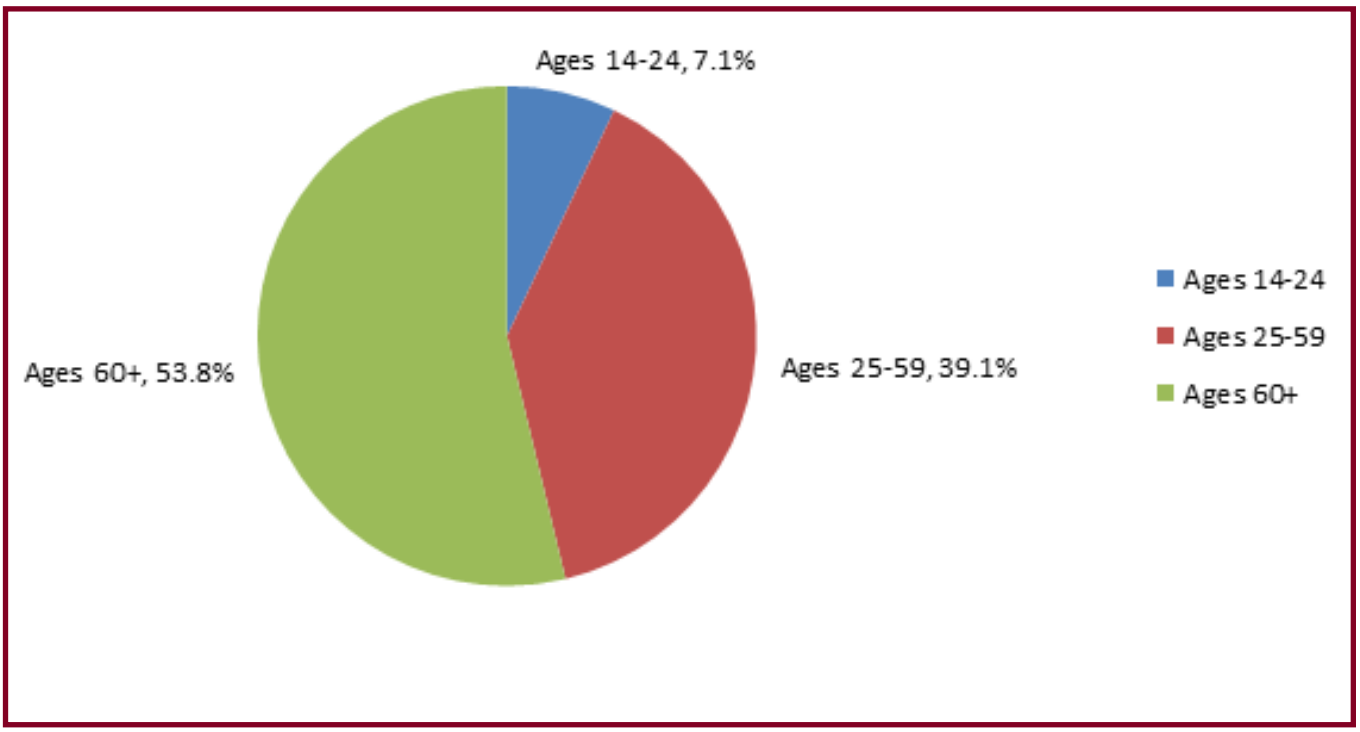
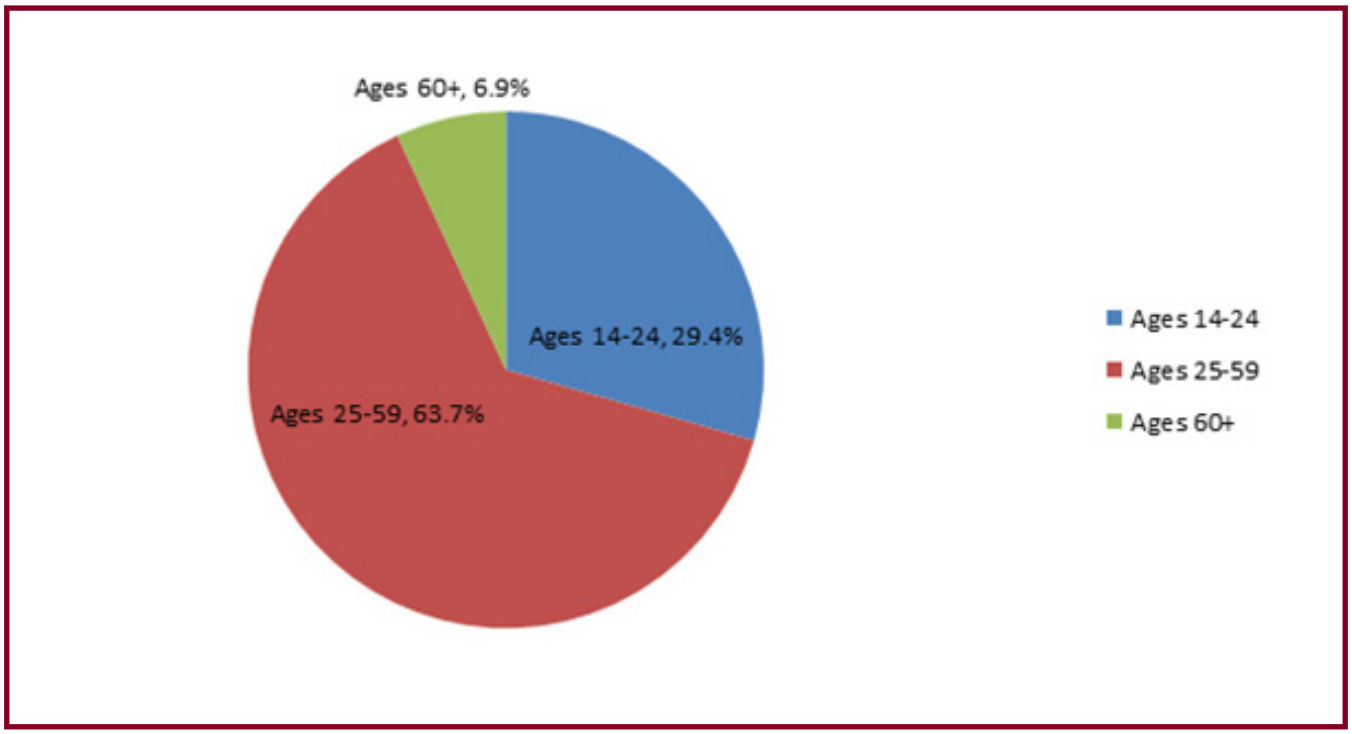


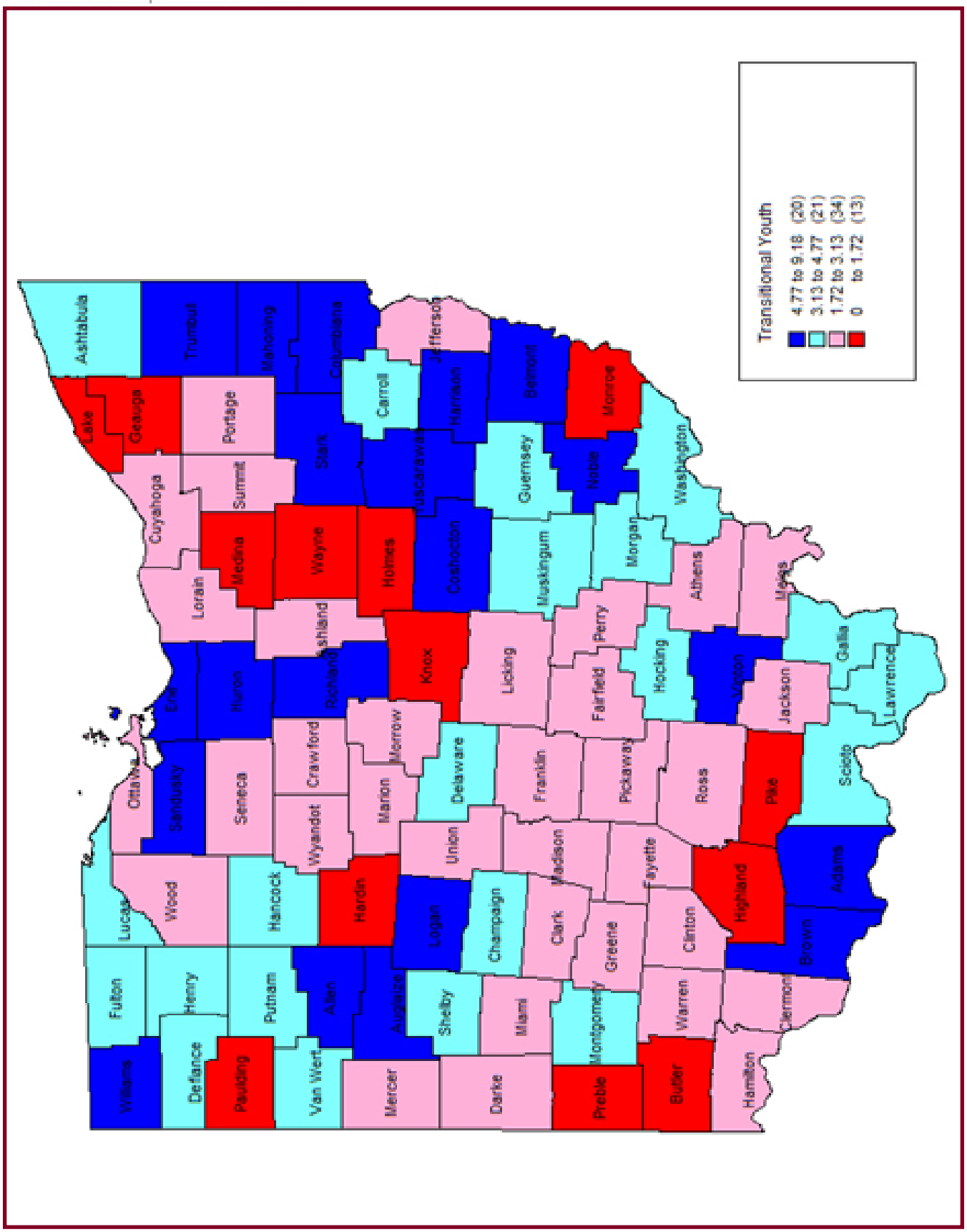
Figure 8 indicates the number of individuals with disabilities of various ages served by RSC in 2011.

**Figure 8.** Percent of individuals with disabilities served by RSC in 2011 by age (N=11,645)




**Maps of County Age Data**. Figures 9 and 10 are maps that group Ohio counties into categories relative to gaps in services related to the age of consumers. Figure 9 groups counties in terms of need for services versus actual number of youth aged 14 to 24 served by RSC. Red and pink shading imply greater gaps at the county level between number in need and number served. Figure 10 provides the same information at the county level for individuals aged 60 and older.

**Figure 9.** Service Rates as Compared to Projected Need for Youth Ages 14 – 24 (represented as percents)



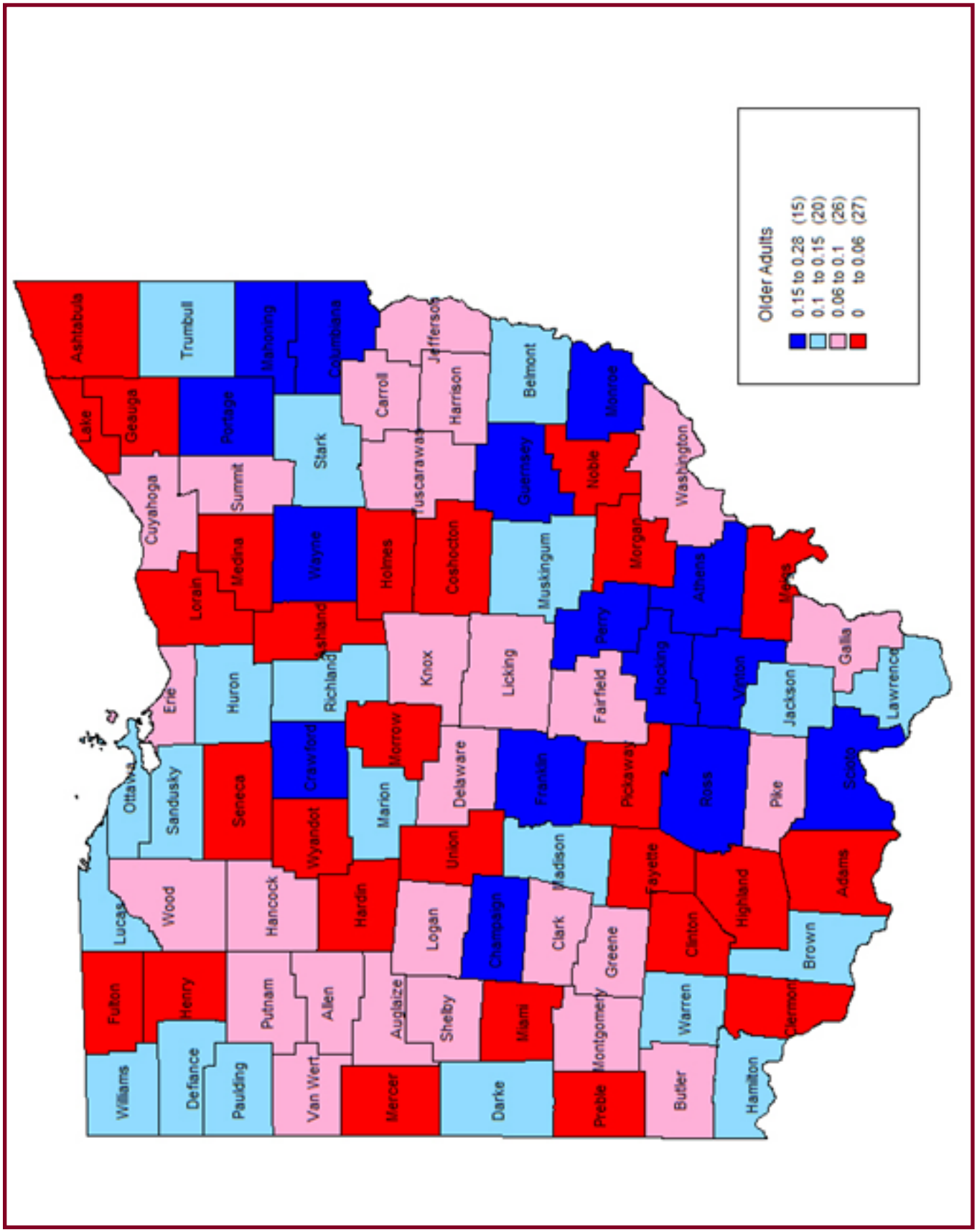



**Figure 10.** Service Rates as Compared to Projected Need for Adults Age 60 and Older (represented as percents)

## Findings

Data indicate that there are significant needs for VR services among African-Americans and individuals of Hispanic origin with disabilities. Similarly, data suggest additional need among older Ohioans and transitional age youth.

Other more specific findings are indicated below.

1. In 2011, RSC provided VR services to 11,652 individuals; 2,947 or 25.3% were African Americans and 132 or 1.1% were Hispanics/Latinos.

2. ACS estimates the prevalence of disability for African Americans at 15.5%. The total number of African Americans with disabilities in Ohio is estimated to be 218,656. In 2010, other estimates indicate that 15.8% or 34,548 African Americans with disabilities may be seeking employment at any particular point in time. RSC served 2,947 African American in 2011. Thus RSC is serving approximately 8.5% of African Americans who could benefit from services.

3. More than nine (9) out of every 10 (92.2%) African Americans reside in the following Ohio counties: Allen, Butler, Clark, Cuyahoga, Erie, Franklin, Greene, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Stark, Summit and Trumbull.

4. Estimates indicate that 10.2% of Hispanics experience disabilities. This translates into 36,478 individuals. Other estimates indicate that 15.8% of Hispanics or 6,446 individuals of Hispanic origin with disabilities may be seeking employment at any specific point in time. In 2011, RSC served 132 Hispanics/Latinos. Thus RSC is serving approximately 2.3% of Hispanics who could benefit from services. There would appear to be strategic value in enhancing services to the Hispanic population in Ohio.

5. Almost two-thirds of Ohio's Hispanic population (227,842 individuals) resides in the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning and Montgomery.

6. There is also a concentration of individuals of Hispanic origin in northwest Ohio. Approximately 101,141 individuals of Hispanic origin (or 28.3% of the total Hispanic population) reside in the following counties: Defiance, Fulton, Henry, Huron, Lorain, Lucas, Putnam and Sandusky.

7. There are 1,743,816 youth in Ohio between the ages of 14 and 24. Estimates suggest that 111,604 may experience a disability. RSC served 3,416 individuals between 14 and 24 (transition age youth) in 2010.

8. There are 2,287,424 individuals in Ohio over age 60. Estimates suggest that 848,634 may experience a disability. RSC served 806 individuals over age 60. Thus there appear to be opportunities to serve the older adult population in most Ohio counties.

# IV. Prevalence and Penetration Rates: Projections of Unmet Need

Projections of the number of Ohioans experiencing various categories of disability are a key tool for addressing the needs assessment questions defined previously (see "Introduction"). The purpose of developing such projections is to determine with as much accuracy as possible, the number of individuals in each county in Ohio likely to experience a disability consistent with the categories of disability served by RSC. Such projections will allow planners to review information for counties in Ohio and make resource allocation decisions based on reasonable estimates of the need for services.

## Limitations of the Data

The findings summarized in this section of the CSNA are intended as estimates of the magnitude of need in any individual county in Ohio. The precision of these estimates is not sufficient to address questions about the actual numbers of individuals likely to experience specific disabilities. Rather, the estimates are used to categorize counties into one of four categories: highest need; high need; moderately high need; and lower need[1]. It is important to point out that data reviewed in this section of the CSNA indicate that there are unmet needs in all counties in Ohio.

## Methods for Developing Prevalence Estimates

The Rehabilitation Services Administration (RSA) manual (Shell, 2009) suggests two approaches to developing "disability population estimates" or prevalence estimates. As noted earlier, prevalence refers to the total number of estimated cases present in a specific population and location at a particular point in time (Green & Kreuter, 1991). According to the RSA manual, the simplest method of developing prevalence estimates involves multiplying population figures by a coefficient derived from a national or other reputable source.

1 Ohio counties are grouped into these categories of need on maps of Ohio later in this section.

A variation of this approach involves the use of ACS data as the basis for estimating prevalence rates. The second method of estimating prevalence involves developing a "multivariate estimation using the rates of one population and applying them to the population structure of another population" (Shell, 2009, p. B-1).

After careful review, the CSNA Advisory Team elected to use the first approach. Based on past experience, the CSNA Advisory Team rejected the use of ACS data as a means of developing prevalence estimates. This approach was rejected because the disability categories available from the U.S. Census did not match the disability categories used by RSC and data were not available at the county level. Specifically, ACS provided estimates for Public Use Microdata Areas (PUMAs) which are statistical, geographic areas based on populations of more than or equal to 65,000 (a total of 39 of Ohio's 88 counties).

Thus, the OSU Research Team initiated the process of identifying reasonable coefficients representing the prevalence of specific disability types from a variety of sources. Estimates of prevalence from the ACS were considered when there was a close match with RSC categories of disability. While no formal crosswalk was developed relating RSC disability categories to ACS or other researchers' definitions of disability, OSU Research Team members reviewed various definitions to assure the closest match possible with RSC categories.

Several types of data were reviewed to identify appropriate prevalence estimates. The RSA manual (Shell, 2009) contained references to a number of reputable sources for prevalence estimates. When possible, these estimates were adopted. Secondary sources included research published in a variety of academic journals (i.e., *Journal of the American Medical Association*). Finally, the OSU Research Team reviewed reports produced by national agencies (i.e., Center for Disease Control, National Institute of Mental Health). Formal review of this literature is beyond the scope of this document. Further information relevant to this literature can be obtained from the Center for Learning Excellence or the Nisonger Center at Ohio State University.

## Prevalence of Disabilities

The literature that was consulted to develop prevalence estimates is summarized in Table XXI and the paragraphs below.

**Table XXI.** Estimated Prevalence for Specific Types of Disabilities

| Disability Type | Current Prevalence Estimate | Source |
|---|---|---|
| Visual Impairment | 2.1% | American Community Survey (as cited in Houtenville & Ruiz, 2011) |
| Hearing Impairment | 2.2% | American Community Survey (as cited in Houtenville & Ruiz, 2011) |
| Communicative Impairment | 1.2% | Survey of Income and Program Participation (Steinmetz, 2006) |
| Physical Impairment | 5.2% | American Community Survey (as cited in Houtenville & Ruiz, 2011) |
| Psychosocial Impairment | 5.5% | Substance and Mental Health Services Administration, (2008) |
| Cognitive Impairment | 5.2% | American Community Survey (as cited in Houtenville & Ruizy, 2011) |

**Visual Impairment**. Steinmetz (2006) defines visual impairment as a severe visual disability where an individual is unable to see words and letters. Steinmetz reports that .8% of the population 15 and older may experience such visual impairments. Shell (2009) reports that multivariate estimates of the prevalence of blindness and visual difficulties in Ohio are .17% and 3.3%, respectively (individuals aged 18-64). Vitale, Cotch and Sperduto (2006) estimate that 6.4% of the population in the U.S. over age 12 has a visual impairment. Vitale, Cotch and Sperduto note that 83.3% of these individuals can achieve "good" acuity with correction.

The American Foundation for the Blind (2012) cites ACS data and indicates that 236,659 individuals in Ohio or 4.5% of the population experience "vision loss" (individuals reporting serious difficulty seeing even with glasses/contact lenses including those who are blind). Prevent Blindness America (2008) estimates that the prevalence of blindness is 2.8% of the U.S. population aged 40 and older. The 2010 ACS indicates that 1.7% and 2.1% of the population in the U.S. and Ohio respectively, experience a visual impairment. Individuals were classified as having a vision disability if they answered yes when asked if they had serious difficulty seeing even when wearing glasses.

**Hearing Impairment**. Steinmetz (2006) estimates that 3.5% of the population 15 and older have a hearing disability. This includes 3.1% with a non-severe hearing disability and .4% with a severe hearing disability (Steinmetz, 2006). The ACS indicates that 2% of the population in the U.S. and 2.2% of the population in Ohio experience a hearing disability. Individuals were classified as having a hearing disability if they answered yes when asked if they were deaf or had serious difficulty hearing.

**Communicative Impairment**. Steinmetz (2006) indicates that 1.2% of the population 15 and older have a speech disability. This includes .09% with a non-severe disability and .03% with a severe disability.

**Physical Impairment**. Steinmetz (2006) suggests that 1.2% of the population 15 and older uses a wheelchair or similar device. The 2010 ACS indicates that 5% of the population in the U.S. and 5.2% of the population in Ohio experience ambulatory disabilities. Individuals were classified as having an ambulatory disability if they answered yes when asked if they had serious difficulty walking or climbing steps.

**Psychosocial Impairment**. According to the Substance Abuse and Mental Health Services Administration as cited by Shell (2009), 5.5% of the population 18 and older experience a severe mental illness.

**Cognitive Impairment**. The ACS (as cited in Houtenville & Ruiz, 2011) indicated that 4.2% of the population in the U.S. and 5.2 % of the population in Ohio experienced a cognitive disability. Individuals were classified as having a cognitive disability if they answered yes when asked if they had serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition.

## Conditions of People with Disabilities

As noted in the "Introduction," the CSNA Advisory Team reviewed information about a variety of other conditions of people with disabilities including but not limited to developmental disabilities, autism, traumatic brain injury (TBI) and alcohol and drug use. The CSNA focuses on this subset of conditions of people with disabilities because these are the ones most often addressed by providers in the RSC service system. A brief review of the literature that was consulted to develop prevalence estimates for conditions of people with disabilities is summarized in Table XXII and the paragraphs below.

**Table XXII.** Estimated Prevalence for Conditions of People with Disabilities[2]

| Conditions of People with Disabilities | Current Prevalence Estimate | Source |
|---|---|---|
| Traumatic Brain Injury | .029%[3] | Traumatic Brain Injury (TBI) - Definition, Epidemiology, Pathophysiology, Medscape Reference (Dwodu, 2011) |
| Developmental Disability | 1.8% | RSA Needs Assessment Manual (Shell, 2009) |
| Autism | 1.1% | Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention (2012) |
| Use of Illicit Drugs | 8.9% | 2010 National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2011) |
| Heavy Drinkers | 6.7% | 2003 National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2004) |

**Traumatic Brain Injury (TBI).** TBI is damage to the brain caused by some type of trauma. It can cause mild to severe impacts and in some cases, significant disability. The Centers for Disease Control has tabulated the number and frequency of TBIs in the U.S. In 2003, there were approximately 538 TBIs per 100,000 population. Of these, 421 per 1,000 resulted in emergency room visits while approximately 100 per 1,000 population required hospitalizations. Table XXIII provides information about rates of TBI in the U.S. by age.

**Table XXIII.** Traumatic Brain Injury by Age in the U.S.

| Age | Number | Rate/100,000 | % |
|---|---|---|---|
| 0-4 | 235,000 | 1,188.5 | 15.0 |
| 5-14 | 213,000 | 520.5 | 13.6 |
| 15-24 | 378,000 | 917.5 | 24.2 |
| 25-44 | 326,000 | 386.7 | 20.8 |
| 45-64 | 225,000 | 327.3 | 14.4 |
| >65 | 188,000 | 524.3 | 12.0 |
| Total | 1,565,000 | 538.2 | 100.0 |

**Note:** *Adapted from the Centers for Disease Control (2003). "Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths."*

2 Trend data for these conditions are described on page 62.

3 This prevalence estimate includes moderate and severe TBI.

Dawodu (2011) states that the prevalence of TBI is not well documented. However, Dawodu indicates that the incidence of mild TBI is 131 per 100,000 individuals; moderate TBI is 15 per 100,000 population; and severe is 14 per 100,000 population. Dawodu reports that the National Institutes of Health Consensus Development Panel on Rehabilitation of Persons with TBI estimates that 2.5 to 6.5 million Americans live with TBI related disabilities.

**Developmental Disability**. Estimates suggest that two (2) individuals per 1,000 population, 18 years and older, experience intellectual disabilities (Larson, Lakin, Anderson, Kwak & Anderson, 2001 cited in Shell, 2009). Larson et al. (2001) indicate that the number of individuals with intellectual and developmental disabilities is seven (7) per 1,000 population. Shell (2009) suggests that many Developmental Disabilities Councils use the prevalence rate of 1.8% of the non-institutionalized population to estimate the rate of developmental disabilities. This estimate includes individuals younger than 18.

**Autism**. Shattuck (2006) indicates that the prevalence of autism among children aged six (6) to 11 in the U.S. has increased from 0.6 to 3.1 per 1,000 from 1984 to 2003. The Autism Developmental Disabilities Monitoring Network was established by the Centers for Disease Control to investigate the prevalence of autism in the U.S. In a report issued in 2002, the Network reported that the prevalence for ASD (Autism Spectrum Disorder) ranged from 3.3 to 10.6 per 1,000 eight year olds in 14 states that were studied (Centers for Disease Control and Prevention, 2002). The average rate per state was 6.7 per 1,000 in 2002 or 1 in 150 children. Data were available for Alabama, Arizona, Arkansas, Colorado, Georgia, Maryland, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Utah, West Virginia and Wisconsin. In 2006, the Network (Centers for Disease Control and Prevention, 2006) affirmed the prevalence rate issued in 2002. The most current CDC estimate is that autism has increased to 1.1% or one (1) in 88 (Centers for Disease Control and Prevention, 2012).

**Use of Illicit Drugs**. The National Survey on Drug Use and Health (2010) provides estimates of drug and alcohol use in the U.S. population. This survey is the primary source of information on the use of illicit drugs and alcohol available to researchers and practitioners. In 2010, 8.9% of the population 12 and older (22.6 million individuals) were estimated to have used an illicit drug in the month prior to the survey. Illicit drugs included marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants or prescription type psychotherapeutics used non-medically. It is important to point out that RSC coding is based on diagnosed substance use disorders.

**Heavy Drinking**. Heavy drinking was defined in the National Survey on Drug Use and Health (2010) as binge drinking on at least five days in the past 30 days. In 2010, an estimated 16.9 million individuals in the U.S. reported heavy drinking. This translates into 6.7% of the population 12 and older. Again, it is important to note that RSC coding is based on diagnosed substance use disorders.

## Trends over Time in Conditions of People with Disabilities

Most statistics suggest that conditions of people with disabilities have increased over time. For example, Faul, Wald and Coronado (2010) indicate that emergency department visits for traumatic brain injury (TBI) increased by 14.4% and hospitalizations increased by 19.5% from 2002 to 2006 in the U.S. Similarly, the Centers for Disease Control (2011) indicate that non-fatal, sports related TBIs in the U.S. increased from 153,375 in 2001 to 248,418 in 2009. However, deaths due to TBIs decreased from 19.3 to 17.8 per 100,000 population in the U.S. (Coronado et al., 2011). The CDC (2011) reports that developmental disabilities (DD) increased by 17.1% in the U.S. from 1997 to 2008. This report also indicates that males had twice the prevalence of any DD than females. As indicated above, rates of autism have increased dramatically from less than one (1) youth per 1,000 in the mid-1980s to one (1) in 150 youth in 2002 to the most current estimate of one (1) in 88 youth. The CDC (2011) reports a 289.5% increase in the prevalence of autism from 1997 to 2008. In the general population, rates of illicit drug use have increased slightly from 2002 for 12 to 17 year olds and individuals 26 and older (Substance Abuse and Mental Health Services Administration, 2011). Use among individuals 50 to 59 has increased dramatically over this period (Substance Abuse and Mental Health Services Administration, 2011).

## Vetting of Prevalence Rates

Members of the OSU Research Team contacted representatives with expert knowledge to vet the prevalence estimates that were identified in this phase of the needs assessment process. An e-mail was sent to at least one individual who represented the vetting organizations listed in Table XXIV. The e-mail described the purpose of the needs assessment project, prevalence and projections data, prevalence estimates and sources of prevalence estimates. Representatives of vetting organizations were asked if the prevalence estimate seemed reasonable based on knowledge of the population in question and if specific prevalence estimates could reasonably be applied to Ohio's population. In some cases, a prevalence estimate that was originally identified was changed based on recommendations provided by vetting organizations.

**Table XXIV.** Organizations that Vetted Prevalence Estimates

| Disability Type | Prevalence Estimate | Vetting Organizations |
|---|---|---|
| Visual Impairment | 2.1% | Prevent Blindness Ohio<br>National Federation of the Blind Ohio<br>American Council of the Blind Ohio<br>Vision and Vocational Services |
| Hearing Impairment | 2.2% | Alliance of the Community Centers for the Deaf<br>Columbus Speech and Hearing |
| Communicative Impairment | 1.2% | Columbus Speech and Hearing<br>Leadership Excellence in Neurodevelopmental and Related Disabilities (LEND) Program, Nisonger Center, Speech and Language Pathology Faculty |
| Physical Impairment | 5.2% | Representatives from the School of Allied Medical Professions, Ohio State University |
| Psychosocial Impairment | 5.5% | Ohio Department of Mental Health<br>Ohio Association of County Behavioral Health Authorities<br>Ohio Council of Behavioral Health and Family Service Providers |
| Cognitive Impairment | 5.2% | Vetted by the organizations that responded to Psychosocial Disability, TBI, DD, Autism, Illicit Drug Use and Heavy Drinking |
| Traumatic Brain Injury | .029% | Representative from the Department of Physical Medicine & Rehabilitation, The Ohio State University |
| Developmental Disability | 1.8% | Ohio Association of County Boards of Developmental Disabilities<br>Nisonger Autism Child Behavior Support Program, The Ohio State University |
| Autism | 0.7% | Ohio Center for Autism and Low Incidence (OCALI)<br>Nisonger Center Autism Child Behavior Support Program, The Ohio State University |
| Use of Illicit Drugs | 8.9% | Ohio Association of County Behavioral Health Authorities<br>Ohio Department of Alcohol and Drug Addiction Services |
| Heavy Drinkers | 6.7% | Ohio Association of County Behavioral Health Authorities<br>Ohio Department of Alcohol and Drug Addiction Services |

## Methods and Procedures

The prevalence rates indicated above were reviewed by the CSNA Advisory Team, selected state agencies and/or other advocacy organizations to assure that reasonable estimates were available to support calculations of unmet need in Ohio. In subsequent steps, members of the OSU Research Team applied the prevalence estimates in Tables XX and XXI to population figures for Ohio. This provided an estimate of the number of individuals experiencing specific disabilities. Next, members of the OSU Research Team obtained estimates of the number of individuals likely to be served by RSC in any given year. These figures provided a basis for calculating the

"penetration rate" of services for a specific disability. Penetration rate refers to the number of individuals with a specific disability likely to be served as a percentage of the total number who could potentially be served. The total number who could potentially be served refers to estimates of individuals with disabilities looking for work. It should be noted that the number of individuals looking for work is impacted by many factors. The formula for calculating penetration rate is:

- **A x B = C**

  A = Estimated population. (Projected population 15 and older was obtained from the Ohio Department of Development and based on 2010 census data.)

  B = Prevalence rate for a specific disability.

  C = Estimated number of people who potentially experience a particular disability.

- **C x D = E**

  D = Estimated % of people with disabilities not working. Estimated % of people with disabilities not working was obtained by subtracting the employment rate from 100%.

  E = Estimated number of people with disabilities not working.

- **E x F = G**

  F = Estimated % seeking employment. (U.S. Bureau of Labor Statistics estimates suggest that 15.8% of people with disabilities who are not working are seeking employment at any particular point in time.)

  G = Estimated number of people with disabilities seeking employment.

- **Number served by RSC/G x 100 = Penetration rate**

## Findings

**Findings Related to Penetration Rates**. The maps (see Figures 11-16) that follow indicate penetration rates for 2013 for the six major RSC categories of disability. The data upon which these maps were based are tabled in Appendix F. As noted above, counties are classified in one of four categories: highest need; high need; moderately high need; and lower need. The darker blue shading on the maps represents lowest implied need. The lighter blue represents the next level of need. Pink and red represent higher implied need. Numbers in parentheses in the map keys are the number of counties that fall into a specific category. These categories were created using the "natural break function" inherent in the mapping software (MapInfo Professional, 2000) that was used to create these maps. The natural break function creates ranges according to an algorithm that uses the average of each range to categorize individual counties.

This ensures that the average of each category is as close as possible to the values in that category. In this case, the natural break function assures prevalence rates for counties in a particular category are similar. The ranges do not overlap. A review of penetration rate data suggest that there is likely to be significant unmet need in Ohio counties in coming years. Projections suggest that in 2013, the overwhelming majority of counties will fall below a penetration rate of 15.0% for all disability categories (79 for visual impairments; 79 for hearing impairments; 80 for physical impairments; 70 for psychosocial impairments; 85 for communicative impairments; 79 for cognitive impairments). This means that 85% of need across all disability categories in Ohio will not be met if conditions remain unchanged.

Review of the penetration maps indicated that sixteen (16) counties had low penetration rates for three or more disability categories. These counties included Butler, Clinton, Gallia, Geauga, Hardin, Highland, Holmes, Lake, Meigs, Monroe, Morgan, Pickaway, Preble, Union, Warren and Wyandot. Geauga and Highland Counties had lowest penetration rates for all six (6) disability categories and Butler, Holmes, Lake and Warren Counties had the lowest penetration rates for five (5) of the six (6) disability categories. More detail regarding these data are summarized in Appendix F.

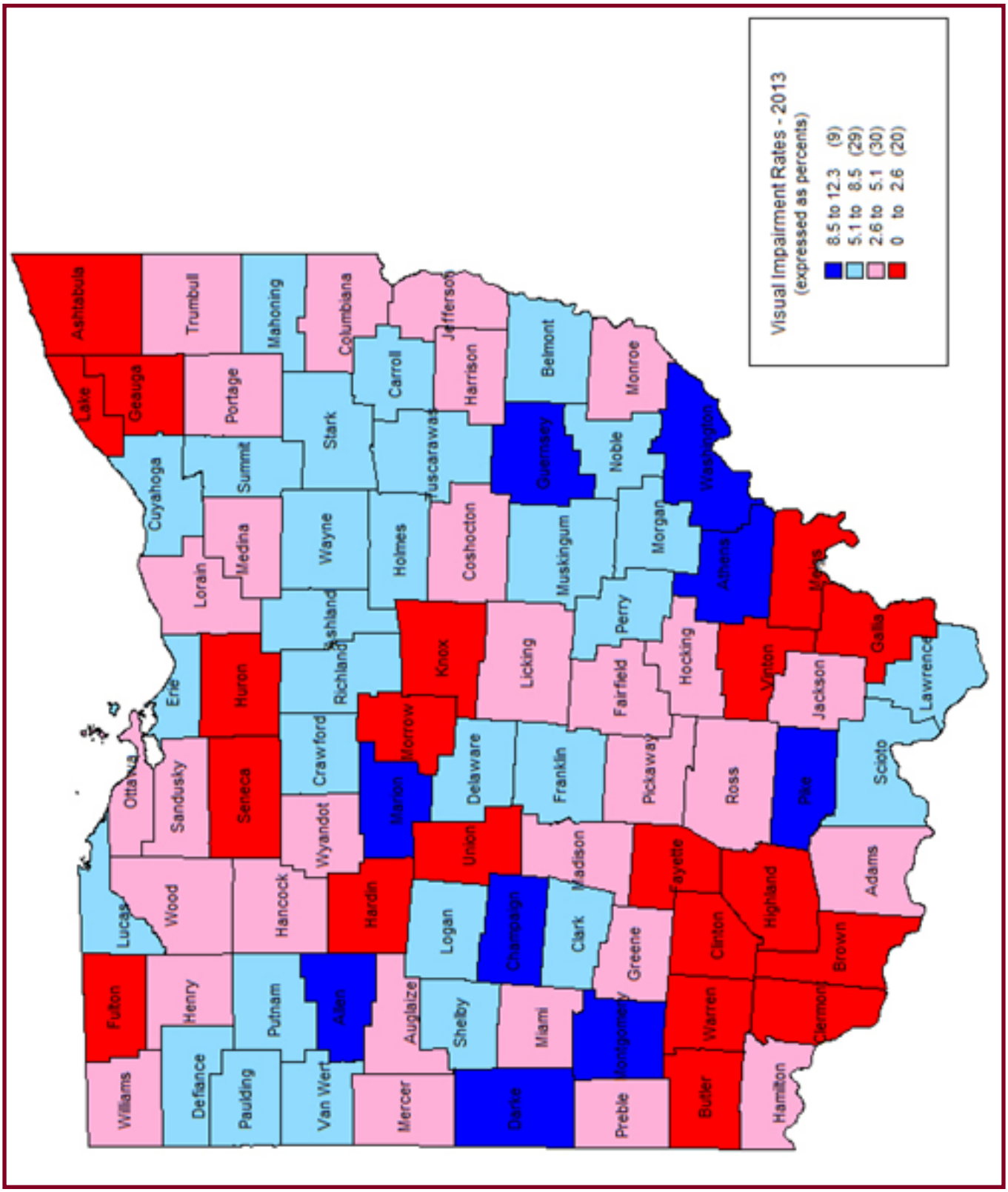



**Figure 11.** 2013 Penetration Rates for Visual Impairment

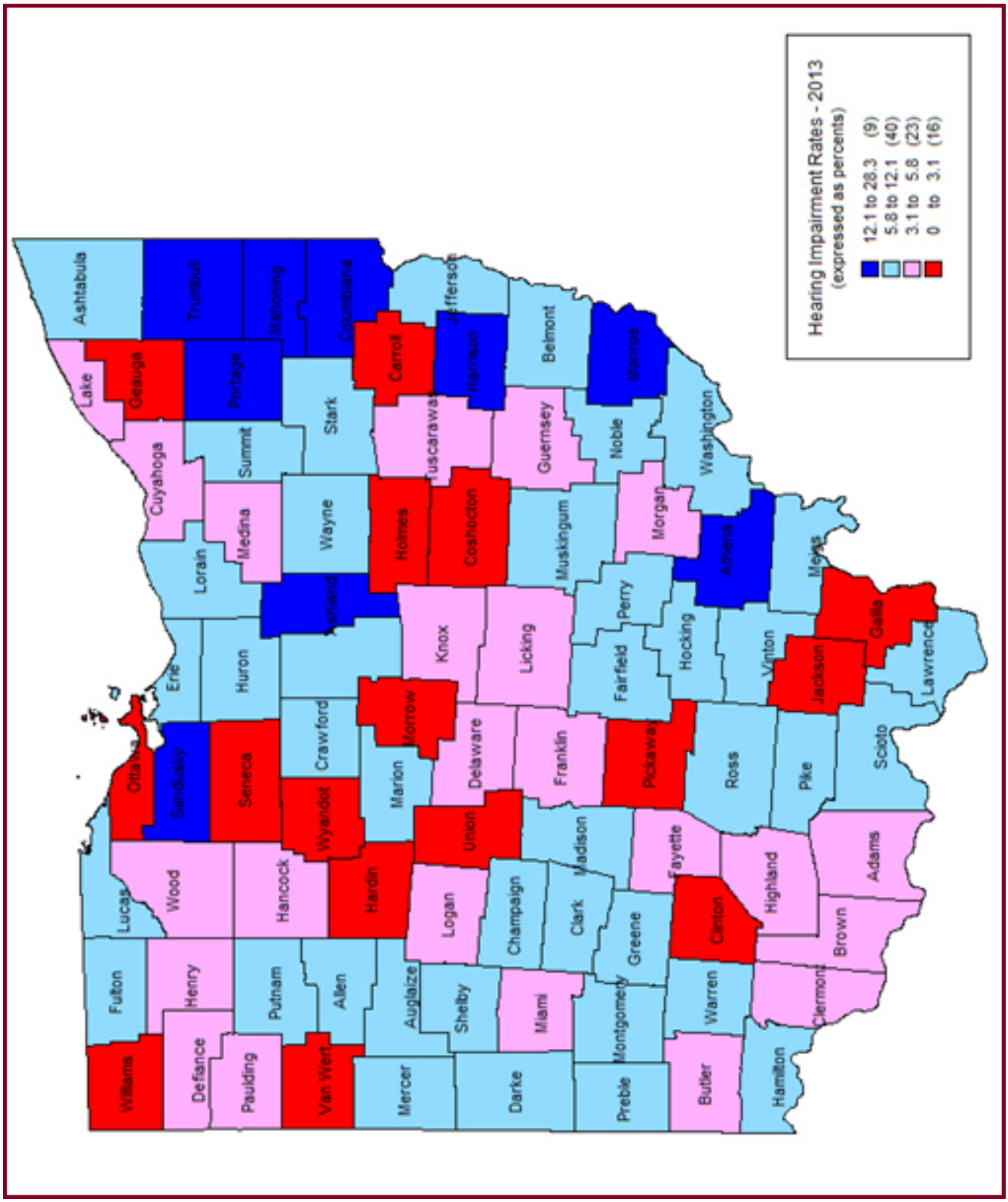



**Figure 12.** 2013 Penetration Rates for Hearing Impairment

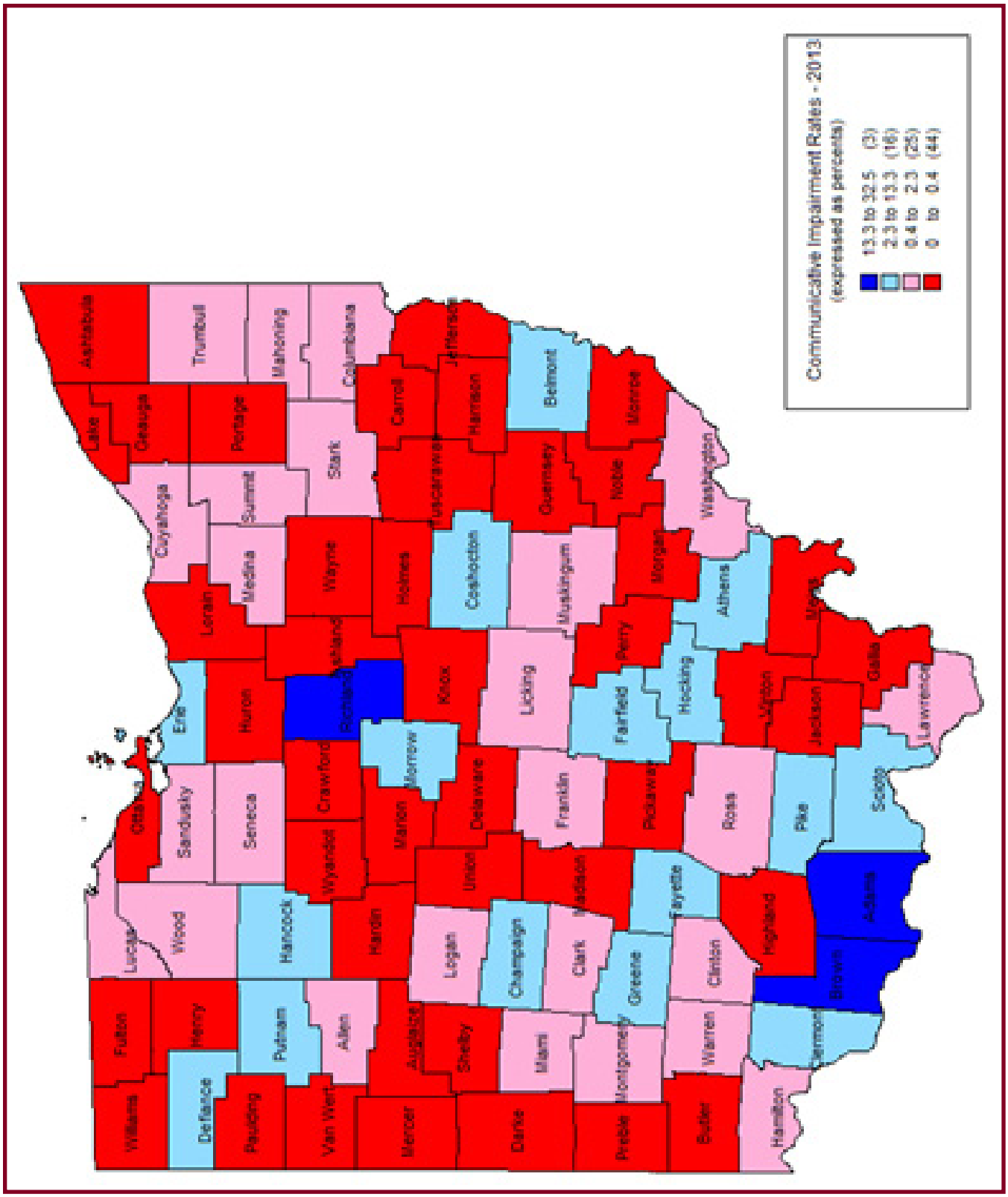



**Figure 13.** 2013 Penetration Rates for Communicative Impairment

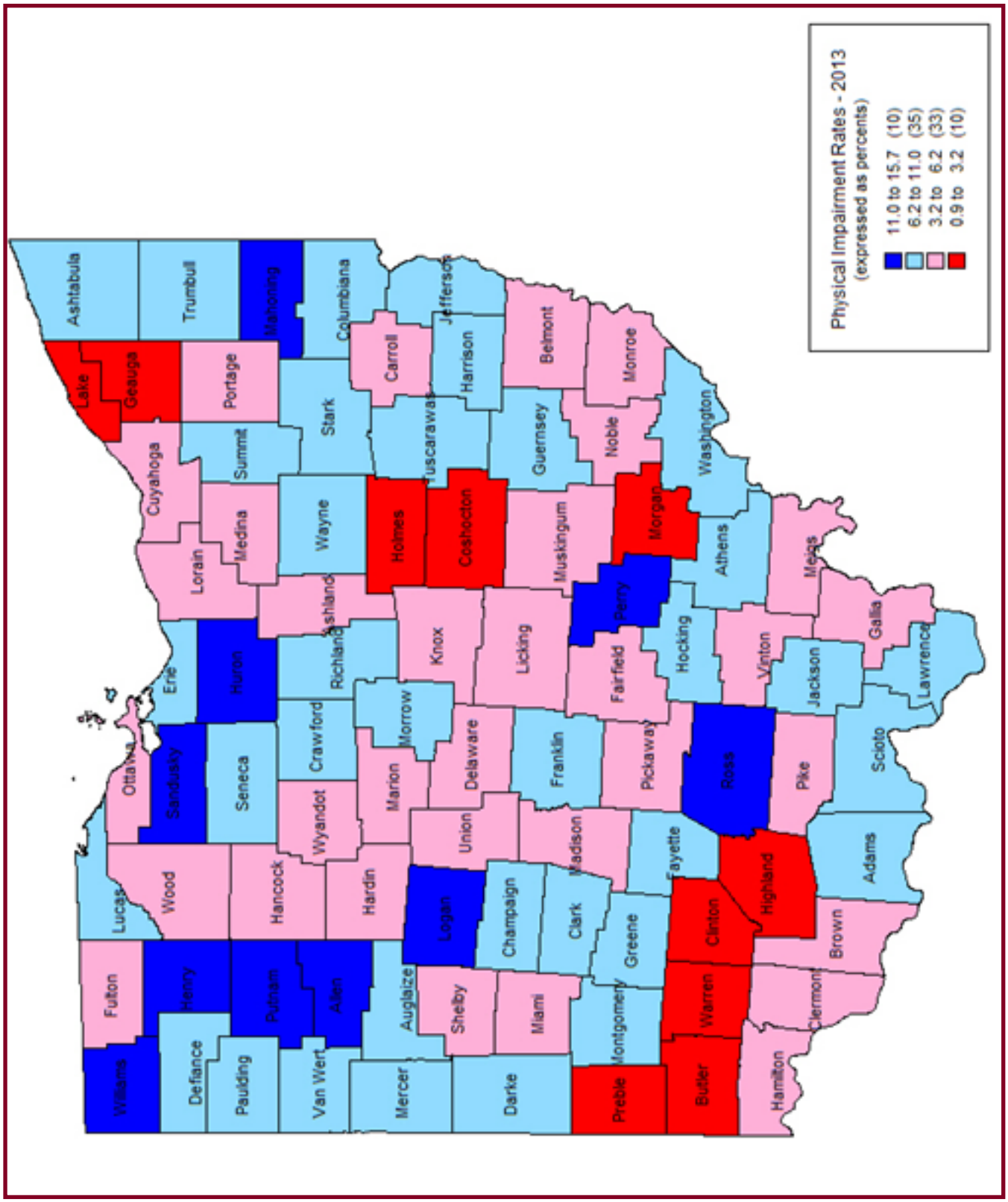



**Figure 14.** 2013 Penetration Rates for Physical Impairment

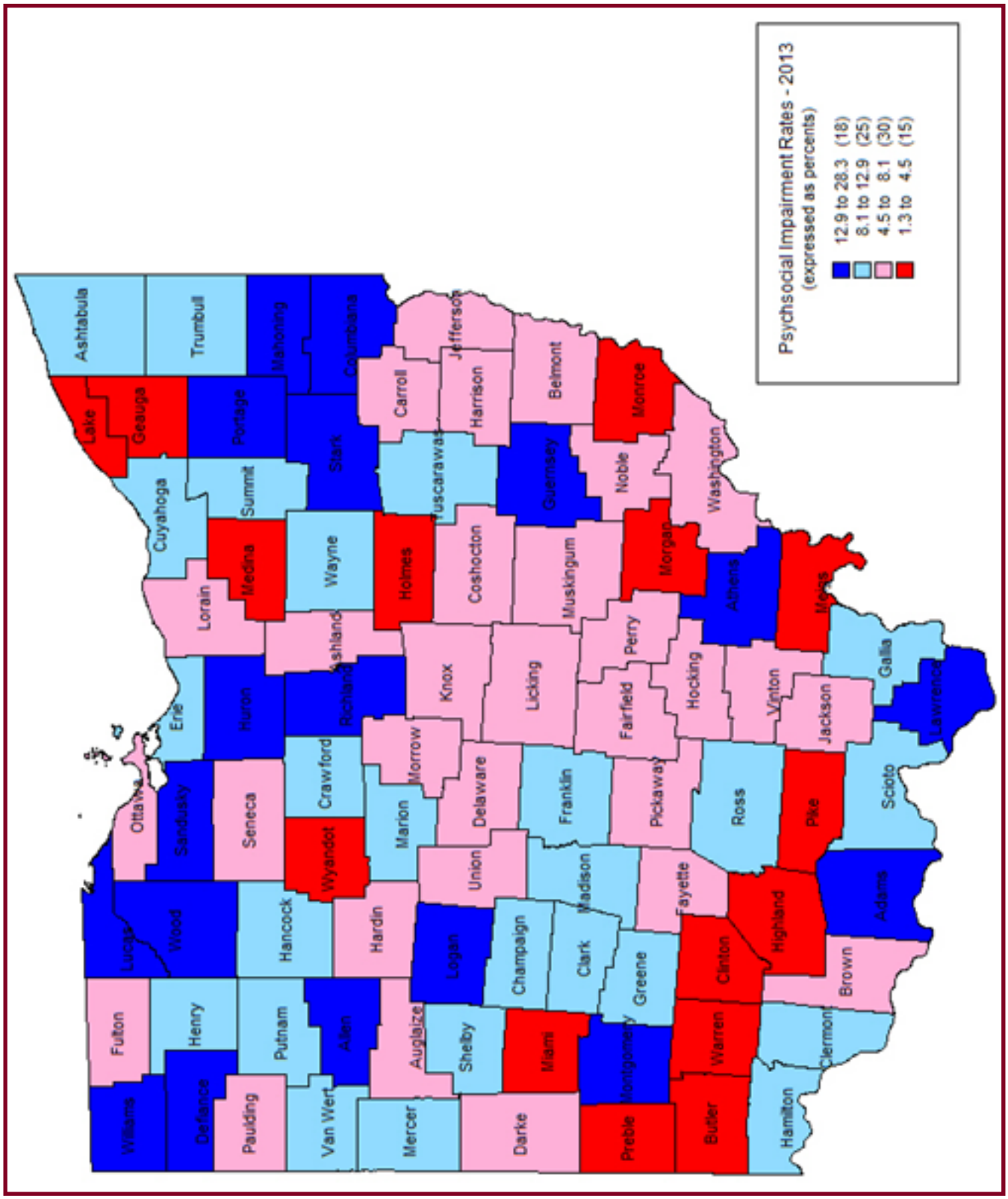



**Figure 15.** 2013 Penetration Rates for Psychosocial Impairment

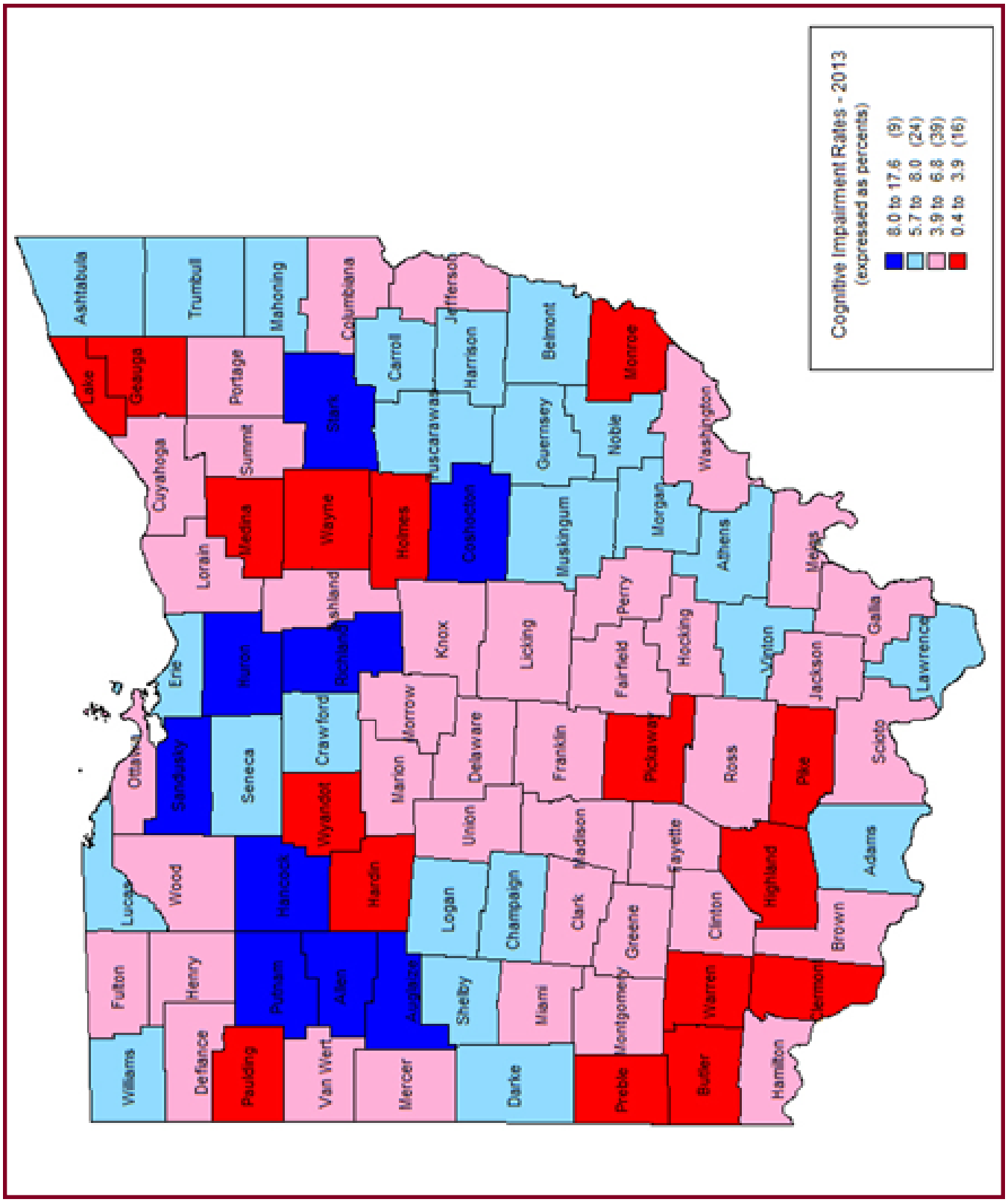



**Figure 16.** 2013 Penetration Rates for Cognitive Impairment

**Findings Related to Volume of Service Delivered and Outcomes.** Questions arose as to the relationship between location and volume of services and employment outcomes. The OSU Research Team explored this question through a multi-variate, correlational analysis. The number of authorized Community Rehabilitation Partners (CRPs), number of authorized Vocational Rehabilitation Public & Private Partnerships (VR Public & Private Partnerships), presence of a VR counselor embedded in the community and location of an RSC office in the community represented a variable referred to as "volume of services." "Penetration rate" reflected the number of individuals served a percentage of the total number who could benefit from RSC services. Correlational analyses for each category of disability were based on the hypothesis that volume of service would be associated with higher penetration rates. However, results indicated no relationship between volume of services available and penetration rates (values for r ranged from .01 to .26).

Other more specific findings are indicated below.

1. RSC is currently serving a small percentage of individuals with disabilities as compared to the estimated need.

2. Table XXV indicates counties with the five highest and the five lowest penetration rates for each disability category.

**Table XXV.** Counties with Highest and Lowest Penetration Rates

| Disability Category | Counties with Highest Penetration Rates | Counties with Lowest Penetration Rates |
|---|---|---|
| Visual Impairments | Marion, Athens, Darke, Washington and Allen | Fayette, Hardin, Vinton, Seneca and Ashtabula |
| Hearing Impairments | Columbiana, Portage, Sandusky, Mahoning and Monroe | Clinton, Gallia, Holmes, Morrow and Ottawa |
| Communicative Impairments | Coshocton, Morrow, Richland, Brown and Adams | Ashland, Ashtabula, Auglaize, Butler and Carroll |
| Physical Impairments | Logan, Williams, Sandusky, Putnam and Huron | Highland, Preble, Morgan, Coshocton and Geauga |
| Psychosocial Impairments | Huron, Lucas, Williams, Allen and Logan | Morgan, Pike, Highland, Holmes and Butler |
| Cognitive Impairments | Richland, Huron, Coshocton, Allen and Sandusky | Preble, Highland, Pike, Lake and Geauga |

3. Sixteen (16) counties had low penetration rates for three or more disability categories. These counties included Butler, Clinton, Gallia, Geauga, Hardin, Highland, Holmes, Lake, Meigs, Monroe, Morgan, Pickaway, Preble, Union, Warren and Wyandot.

4. Geauga and Highland Counties had the lowest penetration rates for all six (6) disability categories and Butler, Holmes, Lake and Warren Counties had lowest penetration rates for five (5) of the six (6) disability categories.

5. Volume of services available to consumers appeared to have no measurable relationship to penetration rates.

**Findings Related to Conditions of People with Disabilities**. A review was conducted of several other conditions of people with disabilities including but not limited to developmental disabilities, autism, traumatic brain injury and/or alcohol and other drug use. As noted above, the CSNA focuses on this subset of conditions of people with disabilities because these are the ones most often addressed by providers in the RSC service system. Prevalence estimates for these conditions in Ohio counties are indicated in Appendix G.

Other more specific findings are indicated below.

1. Estimated prevalence of disabilities in the general population in Ohio ranges from 1.2% for communicative impairments to 5.5% for psychosocial disabilities.

2. Estimates indicate that there are more than 200,000 individuals ages 15 and over in the general population in Ohio who are impacted by developmental disabilities, autism, traumatic brain injury, alcohol abuse and/or drug use.

3. There have been significant increases in the number of individuals impacted by autism over the last decade. For example, the rate increased from .6 to 3.1 per 1,000 from 1984 to 2003. The most current CDC estimate is that autism has increased to 1.1% or one (1) in 88 youth (Centers for Disease Control and Prevention, 2012). In general, other conditions of people with diabilities also appear to be increasing.

4. There is significant potential for alcohol and drug use to impact people with disabilities.

**Findings Related to County by County Analysis**. Table XXVI indicates counties in Ohio and situations where particular counties fall into the lowest category of penetration rates for specific disability categories. An "X" in columns one through six indicates that a particular county fell into the lowest penetration range for a specific category of disability. Again, a penetration rate indicates the number of individuals who are likely to receive services out of the total number who could be served. It is important to remember that penetration rates are projections for 2013. These data are also represented on the maps presented previously. Counties not represented in Table XXVI did not fall into the lowest category of penetration rates for any disability category.

**Table XXVI.** Ohio Counties that Fall into the Lowest Category of Penetration Rates for Specific Disability Categories

| County | Total | Visual | Hearing | Communicative | Physical | Psycho-Social | Cognitive |
|---|---|---|---|---|---|---|---|
| Ashland | 1 | | | X | | | |
| Ashtabula | 2 | X | | X | | | |
| Auglaize | 1 | | | X | | | |
| Brown | 1 | X | | | | | |
| Butler | 5 | X | | X | X | X | X |
| Carroll | 2 | | X | X | | | |
| Clermont | 2 | X | | | | | X |
| Clinton | 4 | X | X | | X | X | |
| Coshocton | 2 | | X | | X | | |
| Crawford | 1 | | | X | | | |
| Darke | 1 | | | X | | | |
| Delaware | 1 | | | X | | | |
| Fayette | 1 | X | | | | | |
| Fulton | 2 | X | | X | | | |
| Gallia | 3 | X | X | X | | | |
| Geauga | 6 | X | X | X | X | X | X |
| Guernsey | 1 | | | X | | | |
| Hardin | 4 | X | X | X | | | X |
| Harrison | 1 | | | X | | | |
| Henry | 1 | | | X | | | |
| Highland | 5 | X | | X | X | X | X |

**Table XXVI.**

Ohio Counties that Fall into the Lowest Category of Penetration Rates for Specific Disability Categories

| County | Total | Visual | Hearing | Communicative | Physical | Psycho-Social | Cognitive |
|---|---|---|---|---|---|---|---|
| Holmes | 5 | | X | X | X | X | X |
| Huron | 2 | X | | X | | | |
| Jackson | 2 | | X | X | | | |
| Jefferson | 1 | | | X | | | |
| Knox | 2 | X | | X | | | |
| Lake | 5 | X | | X | X | X | X |
| Lorain | 1 | | | X | | | |
| Madison | 1 | | | X | | | |
| Marion | 1 | | | X | | | |
| Medina | 2 | | | | | X | X |
| Meigs | 3 | X | | X | | X | |
| Mercer | 1 | | | X | | | |
| Miami | 1 | | | | | X | |
| Monroe | 3 | | | X | | X | X |
| Morgan | 3 | | | X | X | X | |
| Morrow | 2 | X | X | | | | |
| Noble | 1 | | | X | | | |
| Ottawa | 2 | | X | X | | | |
| Paulding | 2 | | | X | | | X |
| Perry | 1 | | | X | | | |
| Pickaway | 3 | | X | X | | | X |
| Pike | 2 | | | | | X | X |
| Portage | 1 | | | X | | | |
| Preble | 4 | | | X | X | X | X |
| Seneca | 2 | X | X | | | | |
| Shelby | 1 | | | X | | | |
| Tuscarawas | 1 | | | X | | | |
| Union | 3 | X | X | X | | | |
| Van Wert | 2 | | X | X | | | |
| Vinton | 2 | X | | X | | | |
| Warren | 4 | X | | | X | X | |
| Wayne | 2 | | | X | | | X |
| Williams | 2 | | X | X | | | |
| Wyandot | 4 | | X | X | | X | X |

Table XXVII isolates those counties likely to fall into the lowest range of penetration rates for three or more disability categories in 2013.

**Table XXVII.** Counties that Fall into the Lowest Range of Penetration Rates for Three or More Disability Categories

| County | Number of times in the lowest range | Disability Categories |
|---|---|---|
| Butler | 5 | Cognitive Impairments, Physical Impairments, Psychosocial Impairments, Communicative Impairments, Visual Impairments |
| Clinton | 4 | Hearing Impairments, Physical Impairments, Psychosocial Impairments, Visual Impairments |
| Gallia | 3 | Hearing Impairments, Communicative Impairments, Visual Impairments |
| Geauga | 6 | All |
| Hardin | 4 | Cognitive Impairments, Hearing Impairments, Communicative Impairments, Visual Impairments |
| Highland | 5 | Cognitive Impairments, Physical Impairments, Psychosocial Impairments, Communicative Impairments, Visual Impairments |
| Holmes | 5 | Cognitive Impairments, Hearing Impairments, Physical Impairments, Psychosocial Impairments, Communicative Impairments |
| Lake | 5 | Cognitive Impairments, Physical Impairments, Psychosocial Impairments, Communicative Impairments, Visual Impairments |
| Meigs | 3 | Psychosocial Impairments, Communicative Impairments, Visual Impairments |
| Monroe | 3 | Cognitive Impairments, Psychosocial Impairments, Communicative Impairments |
| Morgan | 3 | Physical Impairments, Psychosocial Impairments, Communicative Impairments |
| Pickaway | 3 | Cognitive Impairments, Hearing Impairments, Communicative Impairments |
| Preble | 4 | Cognitive Impairments, Physical Impairments, Psychosocial Impairments, Communicative Impairments |
| Union | 3 | Hearing Impairments, Communicative Impairments, Visual Impairments |
| Warren | 4 | Cognitive Impairments, Physical Impairments, Psychosocial Impairments, Visual Impairments |
| Wyandot | 4 | Cognitive Impairments, Hearing Impairments, Psychosocial Impairments, Communicative Impairments |

Table XXVIII links services to need in the counties indicated in Table XXVIII.

**Table XXVIII.** Counties with Lowest Penetration Rates (for Three or More Disability Categories) and Corresponding Services

| County | Summary of Services |
|---|---|
| Butler | Counselor embedded in the community and 13 authorized services for cognitive impairments, 3 for communicative impairments, 7 for hearing impairments, 16 for physical impairments, 14 for psychosocial impairments, 14 for visual impairments. Lowest penetration rate for all of the disability categories except hearing impairments. |
| Clinton | Counselor embedded in the community and 6 authorized services for cognitive impairments, none for communicative impairments, 2 for hearing impairments, 3 for physical impairments, 3 for psychosocial impairments, 3 for visual impairments. Lowest penetration rate for all of the disability categories except cognitive impairments and visual impairments. |
| Gallia | 5 authorized services for cognitive impairments, none for communicative impairments, none for hearing impairments, 3 for physical impairments, 3 for psychosocial impairments, 1 for visual impairments. Lowest penetration rate for hearing impairments, communicative impairments, visual impairments. |
| Geauga | 7 authorized services for cognitive impairments, 1 for communicative impairments, 2 for hearing impairments, 5 for physical impairments, 7 for psychosocial impairments, 7 for visual impairments. Lowest penetration rate for all of the disability categories. |
| Hardin | Counselor embedded in the community and 4 authorized services for cognitive impairments, 2 for communicative impairments, 2 for hearing impairments, 2 for physical impairments, 4 for psychosocial impairments, 5 for visual impairments. Lowest penetration rate for all of the disability categories except psychosocial impairments and physical impairments. |
| Highland | 3 authorized services for cognitive impairments, 1 for communicative impairments, 1 for hearing impairments, 2 for physical impairments, 4 for psychosocial impairments, 5 for visual impairments. Lowest penetration rate for all of the disability categories except for hearing impairment. |
| Holmes | 5 authorized services for cognitive impairments, 1 for communicative impairments, 1 for hearing impairments, 3 for physical impairments, 4 for psychosocial impairments, 4 for visual impairments. Lowest penetration rate for all of the disability categories except visual impairments. |
| Lake | Counselor embedded in the community and 8 authorized services for cognitive impairments, 1 for communicative impairments, 4 for hearing impairments, 10 for physical impairments, 10 for psychosocial impairments, 10 for visual impairments. Lowest penetration rate for all of the disability categories except hearing impairments. |

**Table XXVIII.** Counties with Lowest Penetration Rates (for Three or More Disability Categories) and Corresponding Services (continued)

| County | Summary of Services |
|---|---|
| Meigs | 3 authorized services for cognitive impairments, 1 for communicative impairments, 1 for hearing impairments, 2 for physical impairments, 3 for psychosocial impairments, 5 for visual impairments. Lowest penetration rate for psychosocial impairments, communicative impairments, visual impairments. |
| Monroe | 2 authorized services for cognitive impairments, none for communicative impairments, 1 for hearing impairments, 1 for physical impairments, 1 for psychosocial impairments, 4 for visual impairments. Lowest penetration rate for cognitive impairments, psychosocial impairments, communicative impairments. |
| Morgan | 6 authorized services for cognitive impairments, none for communicative impairments, 4 for hearing impairments, 2 for physical impairments, 3 for psychosocial impairments, 3 for visual impairments. Lowest penetration rate for physical impairments, psychosocial impairments, communicative impairments. |
| Pickaway | 4 authorized services for cognitive impairments, 1 for communicative impairments, 1 for hearing impairments, 7 for physical impairments, 9 for psychosocial impairments, 5 for visual impairments. Lowest penetration rate for cognitive impairments, hearing impairments, communicative impairments. |
| Preble | 5 authorized services for cognitive impairments, 1 for communicative impairments, 2 for hearing impairments, 3 for physical impairments, 5 for psychosocial impairments, 4 for visual impairments. Lowest penetration rate for all of the disability categories except for visual and hearing impairments. |
| Union | 6 authorized services for cognitive impairments, 2 for communicative impairments, 4 for hearing impairments, 4 for physical impairments, 10 for psychosocial impairments, 4 for visual impairments. Lowest penetration rate for hearing impairments, psychosocial impairments, communicative impairments, visual impairments. |
| Warren | Counselor embedded in the community and 10 authorized services for cognitive impairments, 4 for communicative impairments, 4 for hearing impairments, 12 for physical impairments, 13 for psychosocial impairments, 6 for visual impairments. Lowest penetration rate for all of the disability categories except hearing impairments and communicative impairments. |
| Wyandot | 5 authorized services for cognitive impairments, 1 for communicative impairments, 1 for hearing impairments, 4 for physical impairments, 3 for psychosocial impairments, 3 for visual impairments. Lowest penetration rate for all of the disability categories except visual impairments and physical impairments. |

Other more specific findings are indicated below.

1. Long term efforts should be directed toward increasing the penetration rates in all Ohio counties for all categories of disabilities.

2. In the short term, efforts should be directed toward enhancing services in the counties indicated in Tables XXVII and XXVIII. Such enhancements might include increasing the number of services available to the residents of these counties and/or enhancing the effectiveness of the services provided in these counties.

3. Service provision in counties other than those indicated in Tables XXVII and XXVIII should be maintained.

# V. Relative Proportionality: Comparisons of Needs to Service Provision

Generating information to support resource distribution policy development was a primary objective of the CSNA. In response to this objective, the CSNA Advisory Team considered the "balance" of investment of resources across the state. One mechanism for investigating the balance of investment was referred to as "relative proportionality." Relative proportionality was thought of as one means to assess the discrepancy between needs for services and number of individuals served.

## Methods

**Relative Proportionality for Ohio for Six Disability Categories.** The concept of relative proportionality can best be explained with reference to Table XXIX. The first column in Table XXIX indicates RSC's six primary categories of disability. The second column provides estimates of the number of individuals with each disability seeking employment. These estimates are calculated using the population projections referenced in Section IV.

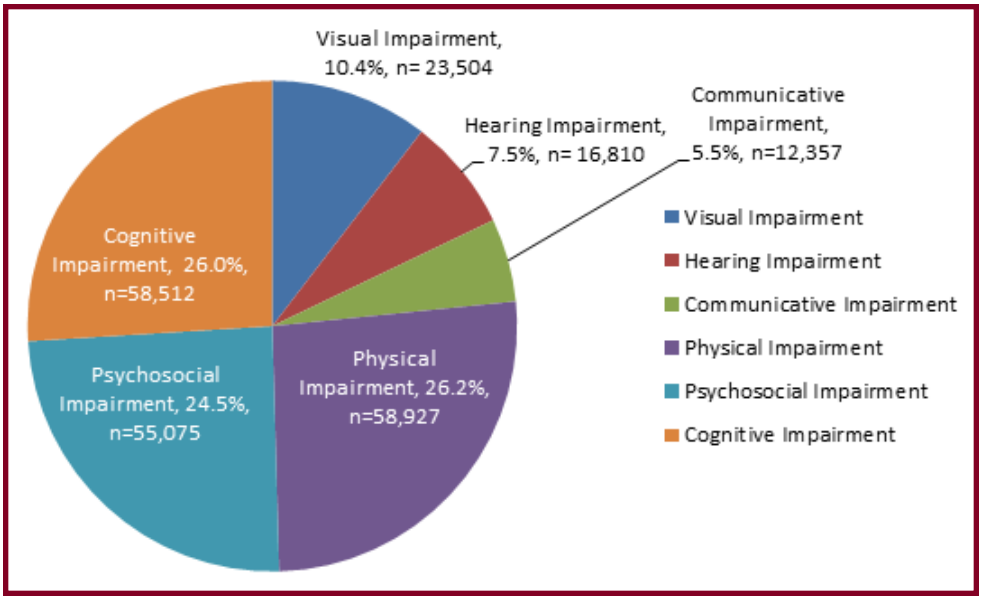
**Table XXIX.** Relative Proportionality for Ohio: 2013

| Impairment Category | Seeking Employment | Proportion of Total Seeking Employment | Served by RSC | Proportion of Total Served | Percentage Point Difference |
|---|---|---|---|---|---|
| Visual Impairment | 23,504 | 10.4% | 1,236 | 8.2% | -2.3 |
| Hearing Impairment | 16,810 | 7.5% | 1,079 | 7.1% | -0.4 |
| Communicative Impairment | 12,357 | 5.5% | 161 | 1.1% | -4.4 |
| Physical Impairment | 58,927 | 26.2% | 3,732 | 24.6% | -1.6 |
| Psychosocial Impairment | 55,075 | 24.5% | 5,327 | 35.1% | 10.7 |
| Cognitive Impairment | 58,512 | 26.0% | 3,625 | 23.9% | -2.1 |
| **Total** | **225,185** | **100.0%** | **15,160** | **100.0%** | **NA** |

The third column is the number of individuals with a particular disability seeking employment as a proportion of the total number of individuals with all types of disabilities

seeking employment. These figures are illustrated in the pie chart in Figure 17. For example, the number of individuals with visual impairments seeking employment as a proportion of the total number of individuals with all types of disabilities equals 10.4%. This is calculated by dividing 23,504 by 225,185.

**Figure 17.** Estimated proportion of Ohioans with disabilities seeking employment in 2013 (N = 225,185)




The fourth column in Table XXIX provides the actual number of individuals with each type of disability served by RSC. The fifth column is the number of individuals with a particular disability served by RSC as a proportion of the total number of individuals with all types of disabilities. These figures are illustrated in the pie chart in Figure 18. For example, the number of individuals with visual impairments served by RSC as a proportion of the total number of individuals with all types of disabilities equals 8.2%. This is calculated by dividing 1,236 by 15,160. The sixth column in Table XXIX displays the difference between the proportion served and the proportion seeking employment and is referred to as "relative proportionality." A value of zero is consistent with the idea of being "in balance."

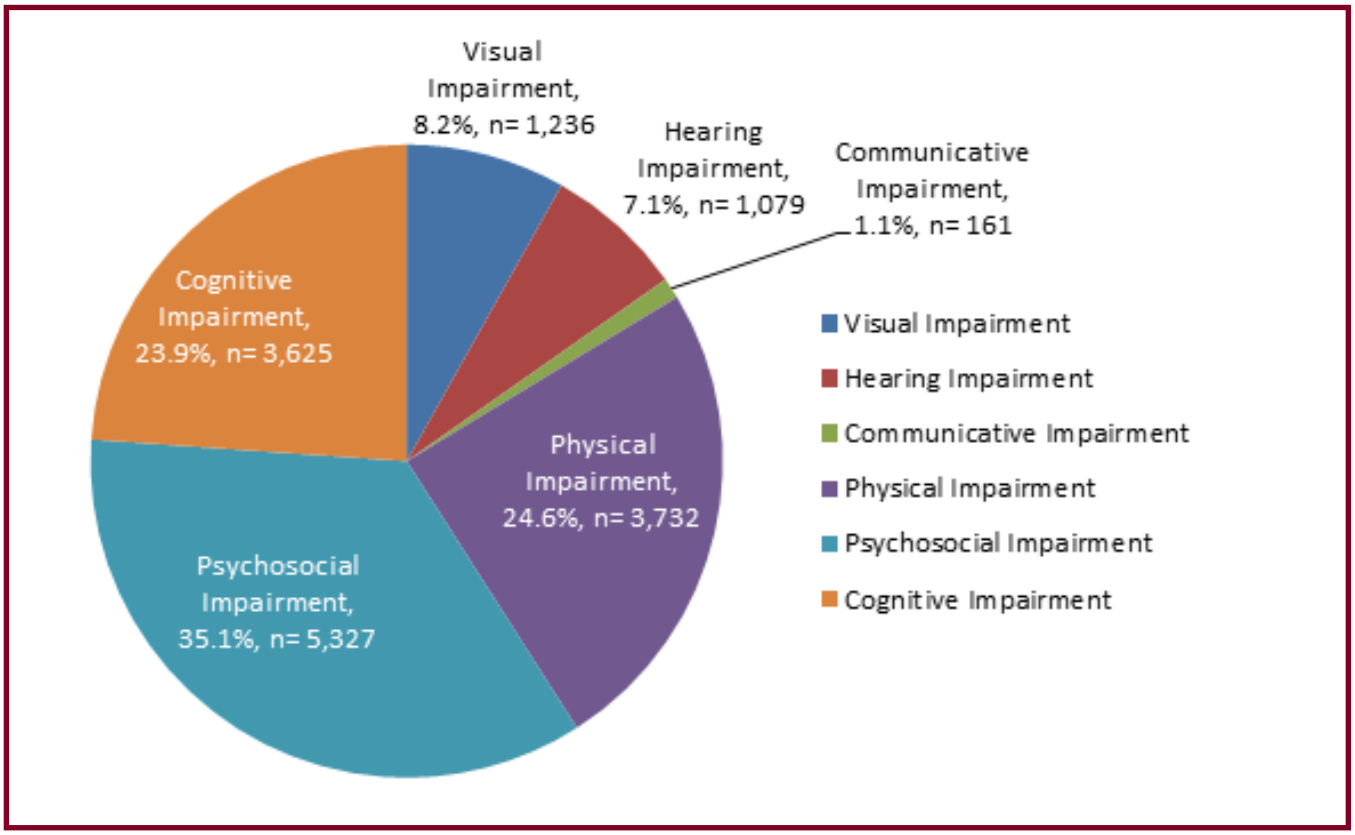



**Figure 18.** Proportion of Ohioans served by the Rehabilitation Services Commission (RSC) in FFY 2011 (N = 15,160)

**Relative Proportionality for Ohio's Counties for Six Disability Categories**. The calculations summarized above were performed for each of Ohio's 88 counties yielding relative proportionality data for each category of disability at the county level (see Table XXX for Franklin County data). These procedures enabled categorization of service delivery for each type of disability in a particular county into one of three categories. If the difference in proportion seeking employment to proportion served at the county level was between -5 and +5, service delivery in that county was considered to be "in balance." If this difference was less than -5, the volume of services delivered was considered to be out of balance in a negative direction. If this difference was more than +5, the volume of services delivered at the county level was considered to be out of balance in a positive direction.

**Table XXX.** Relative Proportionality for Franklin County – FFY 2011

| Impairment Category | Seeking Employment | Proportion of Total Seeking Employment | Served by RSC | Proportion of Total Served | Percentage Point Difference |
|---|---|---|---|---|---|
| Visual Impairment | 2,350 | 10.4% | 171 | 11.2% | 0.8 |
| Hearing Impairment | 1,680 | 7.5% | 71 | 4.7% | -2.8 |
| Communicative Impairment | 1,235 | 5.5% | 9 | 0.6% | -4.9 |
| Physical Impairment | 5,896 | 26.2% | 384 | 25.2% | -1.0 |
| Psychosocial Impairment | 5,506 | 24.5% | 575 | 37.8% | 13.3 |
| Cognitive Impairment | 5,849 | 26.0% | 312 | 20.5% | -5.5 |
| **Total** | **22,516** | **100.0%** | **1,522** | **100.0%** | **NA** |

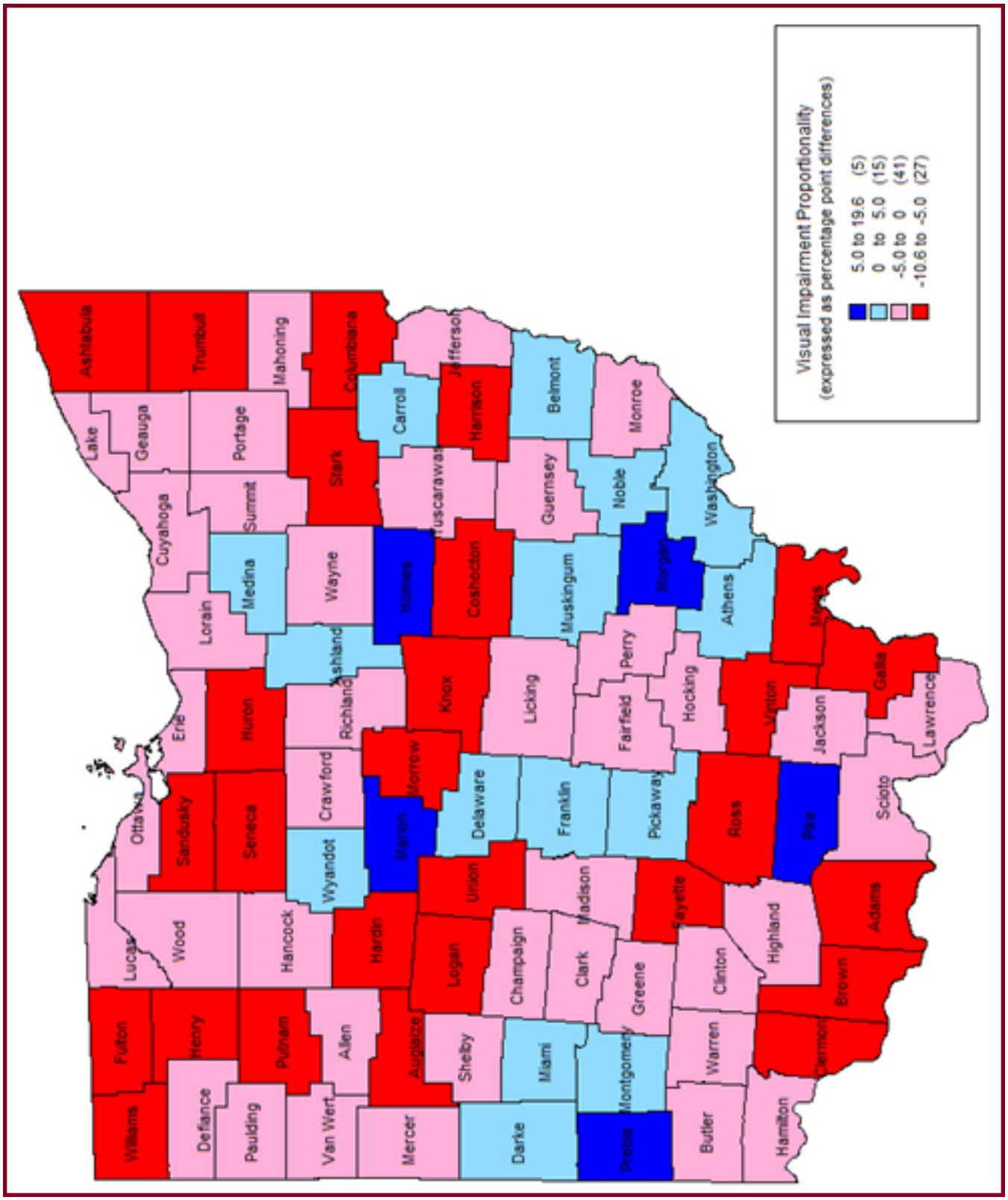
## Findings

As noted, every county in Ohio is categorized into one of the three categories noted above for each type of disability. Maps illustrating county classifications follow. The two middle categories on the maps can be collapsed to form one category. There are two primary implications of relative proportionality data. RSC might choose to enhance resources available to counties where differences in the proportion served to the proportion seeking employment in the county is negative. RSC could also choose to maintain resources available to counties where differences in the proportion seeking employment to the proportion served at the county is between -5 and +5 and in situations where relative proportionality exceeds +5. There are a variety of scenarios that might result in more balance in the system.

Other more specific findings are indicated below.

1. Twenty four (24) counties had lowest relative proportionality rates for three or more disability categories. These counties included Athens, Clermont, Clinton, Columbiana, Coshocton, Gallia, Hardin, Harrison, Henry, Highland, Holmes, Logan, Monroe, Morgan, Perry, Pike, Portage, Preble, Ross, Stark, Union, Vinton, Williams and Wood. Coshocton County had the lowest relative proportionality rates for five (5) out of six (6) disability categories while Logan County had the lowest relative proportionality rates for four (4) of the six (6) disability categories. Eight (8) counties had the lowest penetration rates (see Section IV) and the lowest relative proportionality rates for three (3) or more disability categories. These counties included Clinton, Gallia, Hardin, Highland, Holmes, Monroe, Morgan and Union. More detail regarding these data is summarized in Appendix F.

**Figure 19.** 2013 Relative Proportionality for Visual Impairment



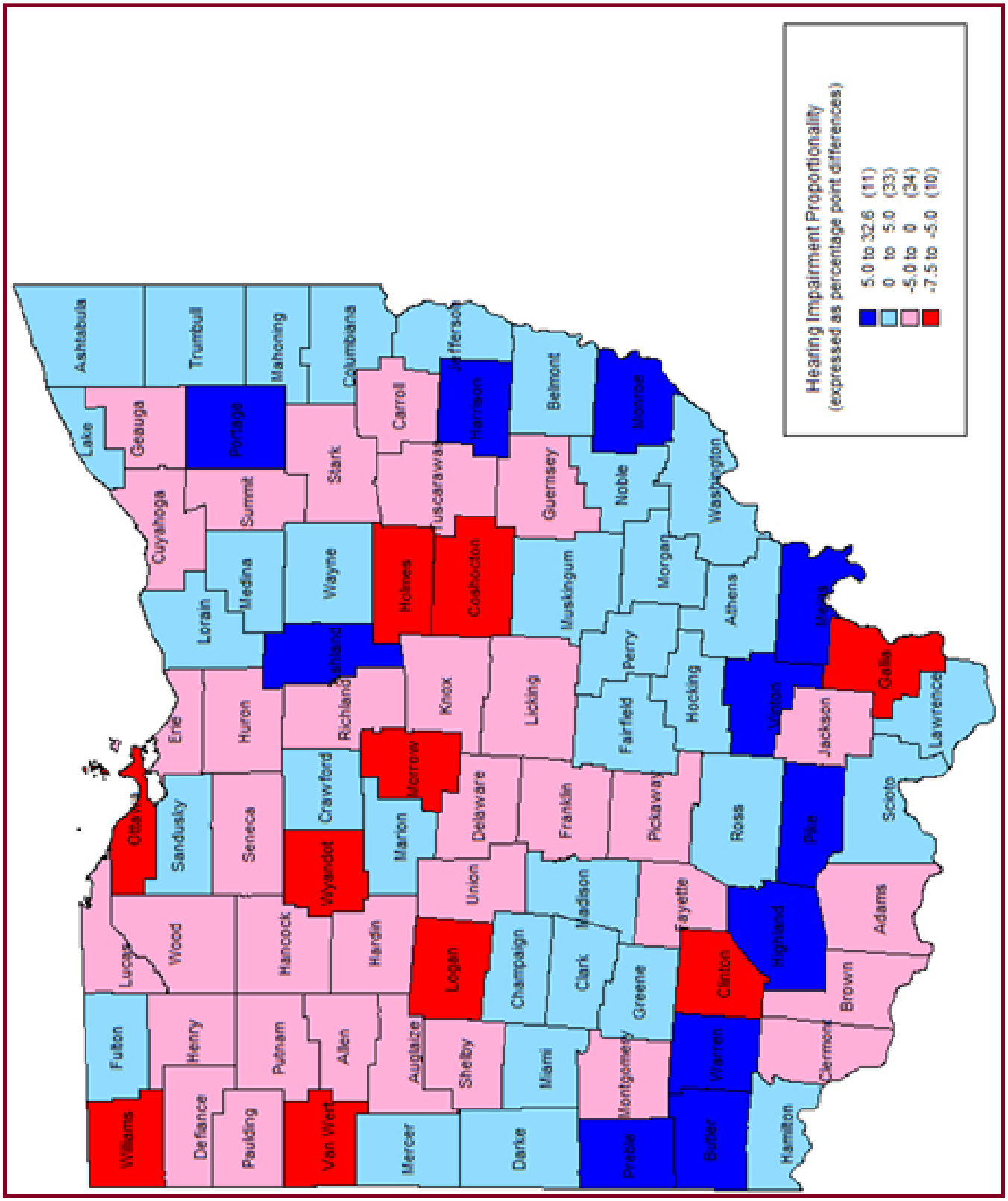



**Figure 20.** 2013 Relative Proportionality for Hearing Impairment

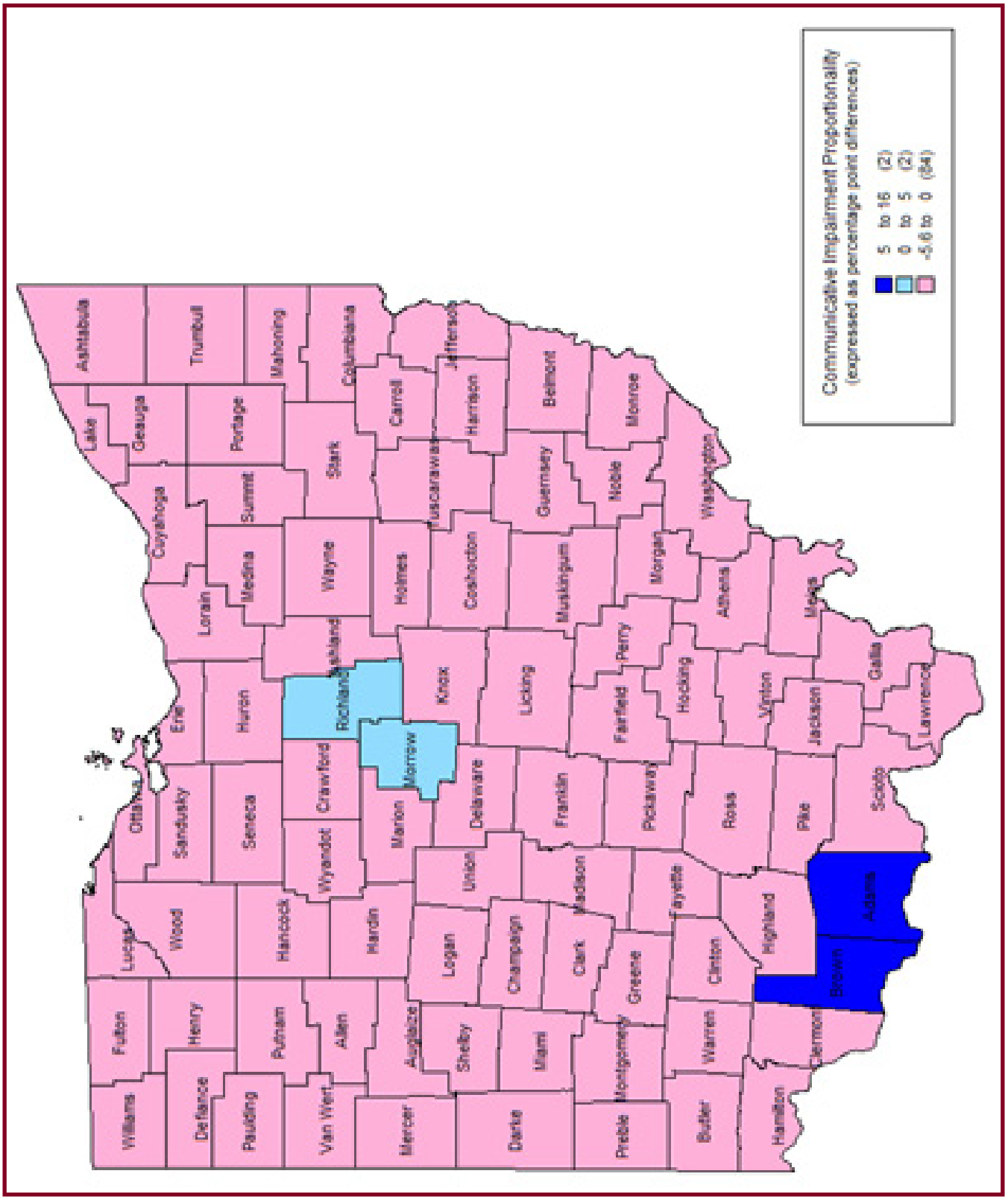



**Figure 21.** 2013 Relative Proportionality for Communicative Impairment

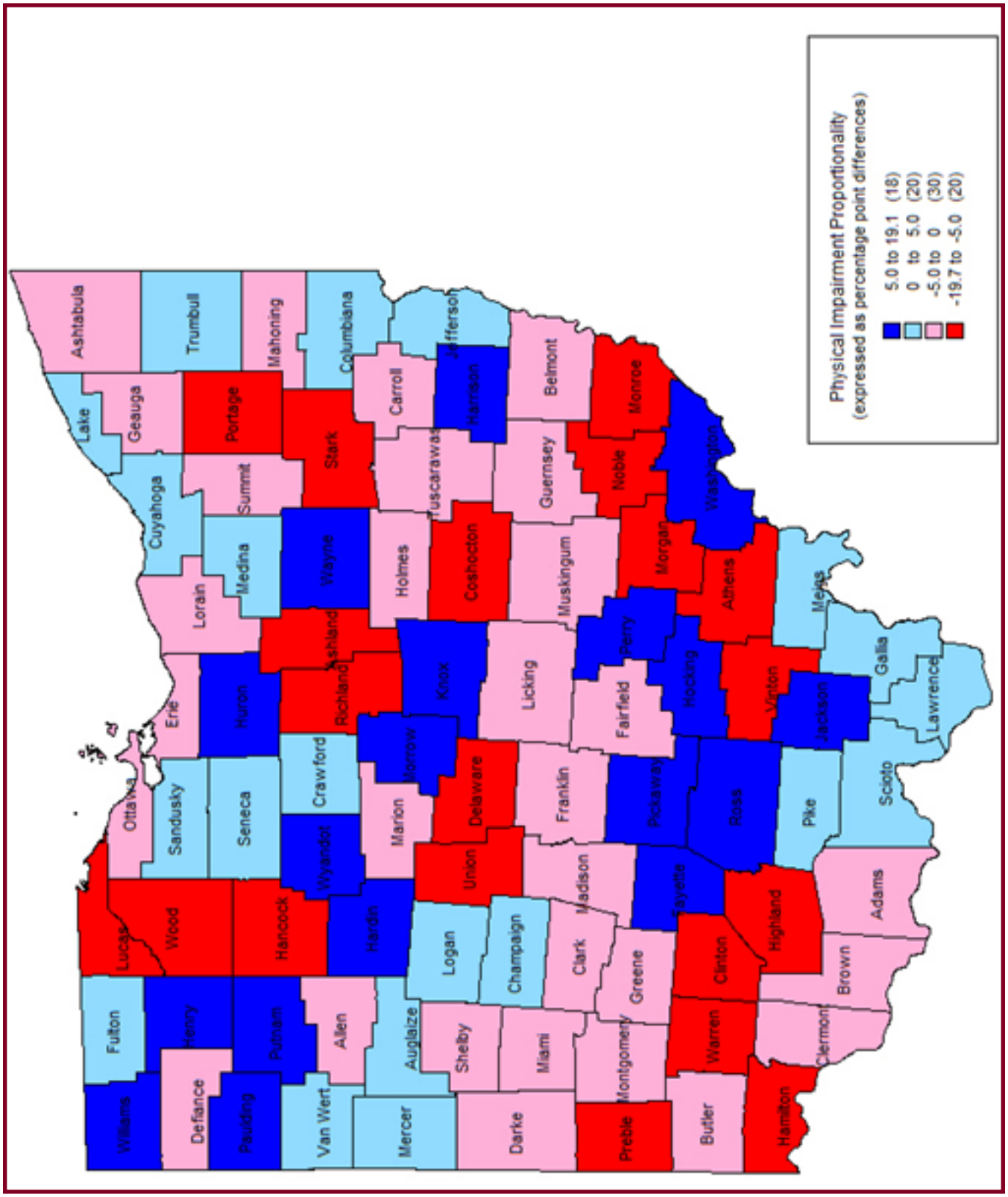



**Figure 22.** 2013 Relative Proportionality for Physical Impairment

**Figure 23.** 2013 Relative Proportionality for Psychosocial Impairment

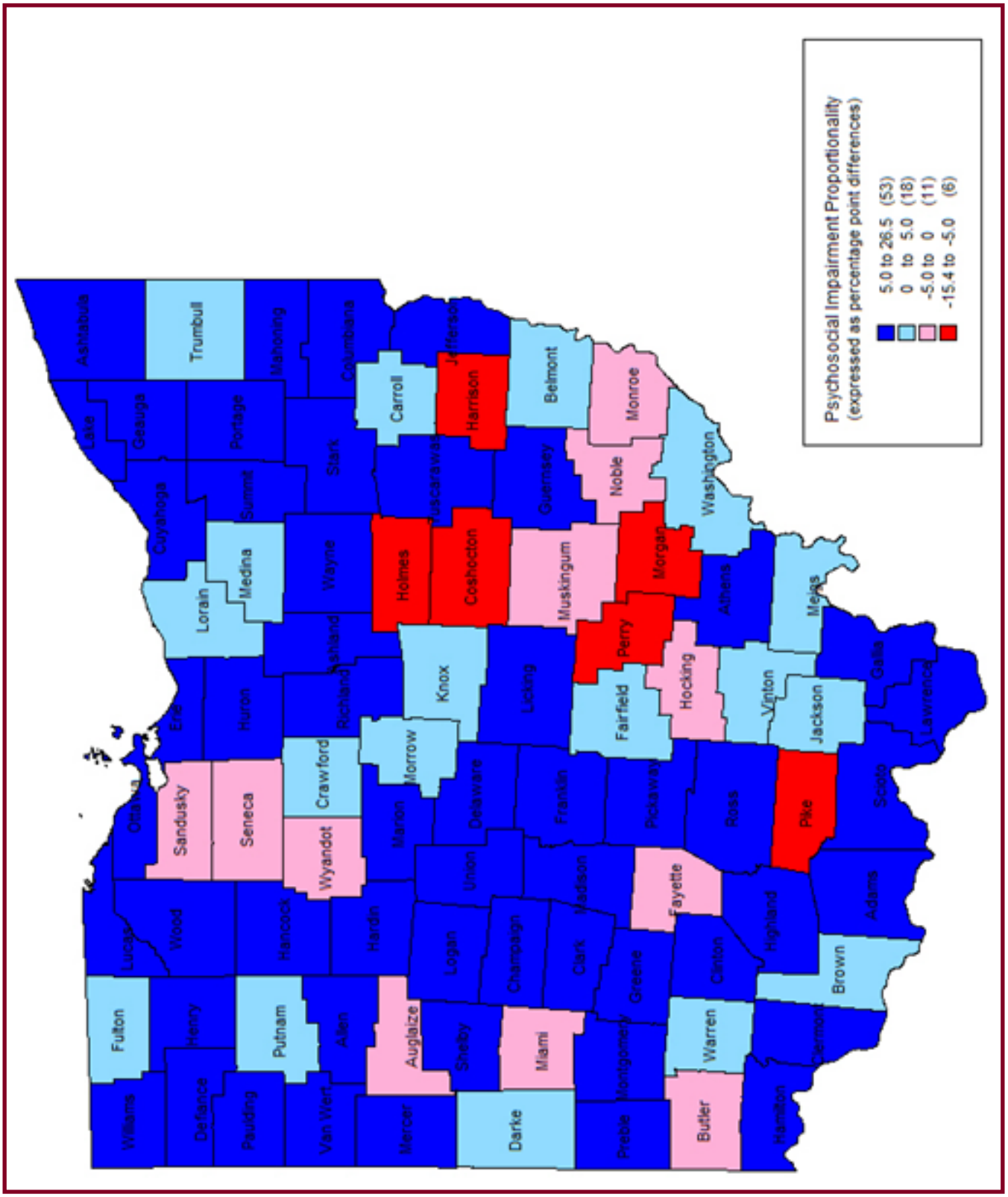
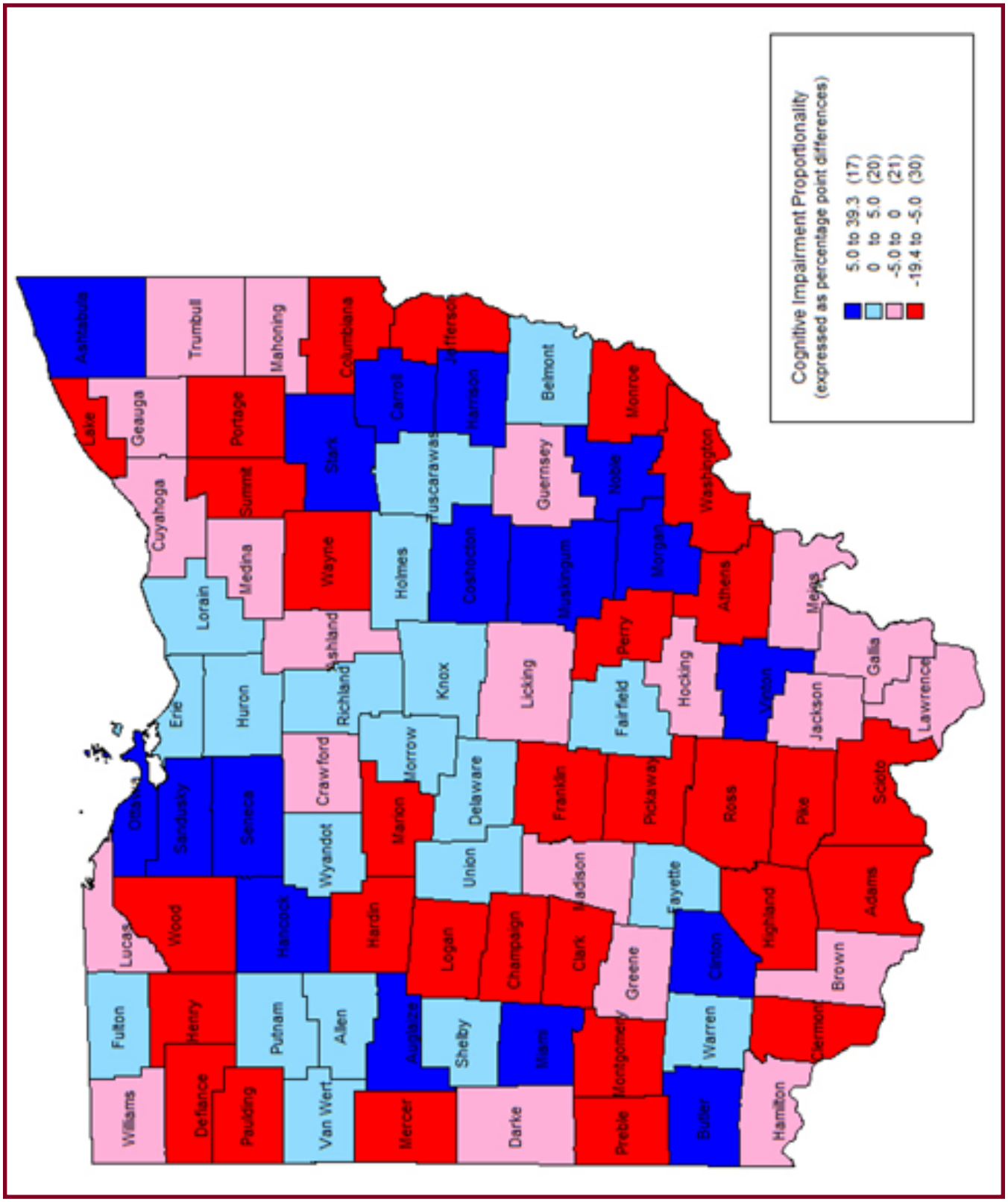


**Figure 24.** 2013 Relative Proportionality for Cognitive Impairment



2. If the difference in proportion served to the proportion seeking employment at the county level was between -5 and +5, service delivery in that county was considered to be "in balance." If this difference was less than -5, the volume of services delivered was considered to be out of balance in a negative direction. If this difference was more than +5, the volume of services delivered at the county level was considered to be out of balance in a positive direction. Counties with the largest negative and positive differences as indicated by proportionality rates are summarized in Table XXXI.

**Table XXXI.** Counties with the Largest Negative and Positive Differences

| Disability Category | Counties with the Largest Negative Difference | Counties with the Largest Positive Difference |
|---|---|---|
| Visual Impairments | Hardin, Vinton, Fayette, Huron and Ashtabula | Pike, Holmes, Preble, Morgan and Marion |
| Hearing Impairments | Gallia, Morrow, Ottawa, Clinton and Van Wert | Monroe, Preble, Highland, Warren and Ashland |
| Communicative Impairments | Hardin, Vinton, Noble, Henry and Monroe | Brown and Adams |
| Physical Impairments | Coshocton, Morgan, Preble, Noble and Hancock | Perry, Jackson, Fayette, Ross and Henry |
| Psychosocial Impairments | Morgan, Pike, Harrison, Perry and Coshocton | Wood, Logan, Gallia, Portage and Lucas |
| Cognitive Impairments | Preble, Pike, Monroe, Ross and Wayne | Coshocton, Morgan, Vinton, Hancock and Seneca |

3. All counties in Ohio except, Brown Adams, Morrow and Richland have negative proportionality rates for communicative impairments.

# VI. Information from Other Ohio State Agencies

The purpose of this endeavor was to collaborate with state agencies other than RSC to gain information about: 1) the population(s) they serve; 2) the portion of the population served by the agency that could potentially benefit from VR services; 3) the concentration of the potential RSC population per geographic area or county; and 4) the types of services that would be beneficial to potential RSC consumers currently being served by other state agencies. The state agencies that provided information were the Department of Aging (ODA), Department of Alcohol and Drug Addiction Services (ODADAS)[4], Department of Developmental Disabilities (DODD), Department of Education (ODE), Department of Mental Health (ODMH), Department of Job and Family Services (ODJFS), Department of Rehabilitation and Corrections (ODRC), Department of Veterans Services (ODVS) and Department of Youth Services (ODYS).

## Methods

RSC provided names and contact information for key personnel at each agency identified above. Typically, key personnel included at least one person with program expertise (such as a Deputy Director) and one person with knowledge of evaluation measures and data management systems. A member of the CSNA Advisory Team sent an e-mail to the designated contacts at each agency describing the purpose of the CSNA and noted that a member of the OSU Research Team would be contacting them to gather pertinent information. Next, the OSU Research Team initiated contact by sending a list of general questions to designated individuals via e-mail.

Agency contacts were asked to indicate and define the categories of disability their agency addressed, provide relevant prevalence data related to categories of disability and describe how their agency data were organized/categorized

4 The Ohio Department of Mental Health and the Department of Alcohol and Drug Addiction Services will become one new state department effective July 1, 2013, pending legislative approval. The planned merger does not impact the analyses presented in this report.

and the extent to which agency data might be analyzed to identify individuals with disabilities interested in employment. Initially, efforts were undertaken to obtain this information electronically. In January and February of 2012 members of the OSU Research Team set up face-to-face meetings with the designated contacts at each state agency to discuss the answers provided to initial questions and seek additional clarification on the way data were collected and maintained.

These meetings were also an opportunity for state agency personnel to get additional information about the RSC needs assessment process and to ask clarifying questions about the purposes and goals of the state agency data collection activity. During these conversations, key state agency personnel were asked to identify the most useful pieces of information and sources of data that could be provided to inform the RSC needs assessment. In February and March 2012, state agency personnel provided what they believed to be the most valuable information to inform the CSNA. In some instances, state agencies provided very specific information such as de-identified data for individuals served. In other cases, agencies provided aggregate, county level data. Finally, some agencies provided general reports describing the populations they served.

During this data collection activity, it became apparent that each state agency was vastly different due to the scope of work addressed and specialized populations served. In addition, the manner in which data were collected and maintained varied across agencies. Due to this variability, the OSU Research Team concentrated on compiling the following data for each of the state agencies noted above: agency name, mission of the agency, programs and services provided by the agency, current partnerships with RSC and descriptive information about data. Findings for each agency are summarized below. Actual numbers of people served by each agency are summarized in Appendix H.

## Findings: Ohio Department of Aging (ODA)

**Mission**. The mission of ODA is "To provide leadership for the delivery of services and supports that improve and promote quality of life and personal choice for older Ohioans, adults with disabilities, their families and their caregivers." ODA's ultimate outcome is to ensure Ohio is on the leading edge of innovation and responsiveness to the needs of the growing and changing older population.

**Programs and Services**. The Older Americans Act (OAA) establishes the ODA's authority to develop programs that assist older adults, especially those in greatest economic and social need. The Act

also directs particular attention to rural and minority populations. Title III of the OAA provides ODA funding to support nutrition; in-home; transportation; disease prevention and health promotion; and caregiver support programs and services. In 2010, OAA funds coupled with state and local resources provided the opportunity to serve 244,864 older Ohioans and their caregivers. Consumers access OAA and related services through Ohio's network of 12 Area Agencies on Aging (AAA), service providers (e.g., senior centers), Aging and Disability Resource Networks (ADRN) and from referrals from community organizations. Finally, the OAA supports the statewide delivery of "Healthy U," an evidence-based, chronic disease, self-management program.

The ODA also manages community-based **Medicaid-Related Programs** to provide a cost efficient, high-quality alternative to receiving services in nursing facilities. Programs include the **PASSPORT Home** and **Community Based Waiver Program**, the **Self-Directed Choices Waiver Program**, the **Program of All Inclusive Care for the Elderly (PACE)** and the **Assisted Living Waiver Program**. The **Preadmission Review Program** and **Aging and Disability Resource Networks** also overseen by ODA, ensure that individuals understand the options available to them and facilitate access to these options.

Consumers participating in these programs must: be age 60 or older; need hands-on assistance with dressing, bathing, toileting, grooming, eating or mobility; receive services for which the cost does not exceed 60 percent of the cost of nursing home care; meet financial criteria for Medicaid eligibility; and have their physicians agree to a service plan. These programs are administered locally by 13 PASSPORT Administrative Agencies (PAA). Twelve of which also serve as AAA. In 2011, PASSPORT served 41,426 consumers, Assisted Living served 4,065 consumers, Choices served 767 consumers and PACE served 904 consumers.

The **Golden Buckeye Card Program** is one of Ohio's most identifiable programs. It is the oldest and largest partnership in the country between businesses and state government to benefit older adults and people with disabilities. The program serves as a gateway to: current information on services available from the aging network to support older Ohioans and their families; timely information on the issues and changing needs of older Ohioans; and tangible savings and consumer benefits targeted to older Ohioans and Ohioans with disabilities. More than two million Ohioans are eligible for the Golden Buckeye Card, honored at 16,000 businesses statewide. All Ohioans age 60 or older, as well as adults age 18 to 59 who have disabilities as defined by Social Security, are eligible for a free Golden Buckeye Card.

The **Senior Community Service Employment Program (SCSEP)** is the only federally-sponsored employment and training program targeted specifically to low-income older individuals who want to enter or re-enter the workforce. SCSEP provides priority for services to those most in need. These individuals: are veterans (or eligible spouses of veterans); are age 65 or older; have a disability; have limited English proficiency; have low literacy skills; reside in a rural area; have low employment prospects; have failed to find employment after using services provided through the One-Stop delivery system; or are homeless or are at risk of homelessness.

According to SCSEP guidelines, disability is defined as a condition attributable to a mental or physical impairment or a combination of mental and physical impairments that results in substantial functional limitations in one or more of the following areas of major life activity: 1) self-care; 2) receptive and expressive language; 3) learning; 4) mobility; 5) self-direction; 6) capacity for independent living; 7) economic self-sufficiency; 8) cognitive functioning; and 9) emotional adjustment. Severe disability means a severe, chronic disability attributable to mental or physical impairment or a combination of mental and physical impairments that is likely to continue indefinitely and results in substantial functional limitation in three or more major life activities.

The dual goals of the program are to promote useful opportunities in community service job training and to move SCSEP participants into unsubsidized employment where appropriate. An individual is eligible for SCSEP if he or she is not employed at the time of enrollment, is age 55 or older and has an income of no more than 125 percent of the federal poverty guidelines. Program participants receive work experience at local public or non-profit agencies and are paid the higher of the federal, state or local minimum wage or the prevailing wage for similar employment for approximately 20 hours per week while in community service and other job training.

Grantees and sub-recipients must assess each SCSEP participant to determine his or her skills and employment-related needs and must develop an individual employment plan (IEP) to improve the participant's employability. The initial IEP must include an appropriate employment goal. The grantee or sub-recipient must then provide or arrange for training and other supportive services identified in participants' IEPs that are consistent with unsubsidized employment. Grantees must monitor the participant's IEP progress regularly and are required to do a reassessment for each participant at least twice during a 12-month period.

**Current Partnerships with the Rehabilitation Services Commission (RSC).** In 2012 and 2013, ODA and RSC will utilize funds to pilot Healthy U workshops with RSC consumers to assist them to better manage their chronic health conditions and pursue successful employment and independence. The ODA collaborates with the ODJFS, Office of Workforce Development to ensure all SCSEP grantees coordinate activities with Ohio's local One-Stop Career Centers (One-Stops) administered by Local Workforce Investment Boards. Senior Community Service Employment Program (SCSEP) grantees currently provide work experience, job training and supportive services described above. They also partner with local VR providers to ensure that qualified individuals have access to case management and wrap-around services. ODA has recently provided training to VR counselors regarding the availability of the SCSEP program but additional opportunities may exist for the ODA and RSC to partner to increase collaboration between local SCSEP grantees and community service host agencies where there is a shared goal to provide competitive employment for people with disabilities.

**Ohio Department of Aging (ODA) Data.** Participant (both care recipients and their caregivers) and program data for Ohio's Older Americans Act (OAA) programs is collected in the SAMS database on a participant level for consumers of registered services (e.g., Personal Care Home Delivered Meals, Case Management) and in aggregate for other services. The types of participant data collected include age, gender, race and ethnicity, poverty status, rural status and live alone. Area Agencies on Aging likely collect additional information about participants in assessments and case notes but this information is not collected consistently nor is it accessible across the state.

Demographic, assessment and care plan information for consumers participating in ODA administered community-based Medicaid related programs is collected in the PIMS database. While information on disability and health conditions is collected, it is likely in the form of case notes and may not be available consistently across the state. ODA maintains a database which contains information about Golden Buckeye Card holders and businesses. Finally, review of ODA data indicated that there were 1,972 Senior Community Services Employment program authorized positions available in Ohio in 2012. As of the second quarter of 2012, 634 individuals had been served, 56 were individuals with disabilities. As of the second quarter of 2012, no individuals with severe disabilities had been served.

## Findings: Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

**Mission**. The mission of ODADAS is to provide statewide leadership in establishing a high quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans.

**Programs and Services**. The Recovery to Work program integrates addiction and mental health treatment and VR. The five priority populations served by the Recovery to Work program include: 1) individuals addicted to opiates; 2) individuals with a mental illness and/or addiction involved with the criminal justice system; 3) youth and young adults in transition with a mental illness and/or addiction; 4) veterans with a mental illness and/or addiction; and 5) individuals with severe and persistent mental illness.

**Current Partnerships with the Rehabilitation Services Commission (RSC)**. Local Alcohol, Drug Addiction and Mental Health Boards are working with ODADAS and RSC to fund and operate 50 local Recovery to Work programs throughout Ohio. As of April 30, 2012, applications had been received from 4,348 individuals, eligibility and order of selection had been determined for 2,318 cases, plans had been approved for 1,494 individuals and employment had been obtained for 19 individuals.

**Ohio Department of Alcohol and Drug Addiction Services (ODADAS) Data**. The Multi-Agency Community Services Information System (MACSIS) is a client information system shared by ODADAS and the ODMH for claims reimbursement and to meet state and federal reporting requirements. Claims data identifies the type, number and duration of services provided and the cost of services for each client contact. Behavioral health data is collected at admission, transfer and discharge and contains a variety of socio-demographic items and fields used to report federally mandated treatment outcomes. The MACSIS information system collects information for clients whose services are paid in whole or in part by public dollars. Information for private pay clients is not included in the information system.

All clients are identified as having disabilities. Often this classification is based on self-report. The categories of disability that are used include: physically, blind or sight impaired, deaf or hard of hearing, developmentally disabled, severely mentally disabled and HIV positive or AIDS. Additional data that are collected include sex, race/ethnicity and Medicaid status. All variables are reported by either the county of residence or the type of county of residence. ODADAS

protects all sensitive health information by de-identifying all clients and even with de-identified data, in selected cases, does not provide numerical counts. For this reason, only certain metropolitan counties have data with exact counts while data for other counties are aggregated to provide further protection of client identity.

## Findings: Ohio Department of Developmental Disabilities (DODD)

**Mission**. DODD is responsible for overseeing a statewide system of supports and services for people with developmental disabilities and their families. Some of the general supports and services that DODD provides include residential support; Medicaid waivers and services; and reporting systems to ensure the health and safety of individuals with developmental disabilities.

**Programs and Services and Current Partnerships with the Rehabilitation Services Commission (RSC)**. RSC and the DODD have maintained a state level partnership for more than 20 years, providing the operational framework for the continued joint coordination of VR and employment services. The Departments share a vision of providing a comprehensive array of community support services resulting in competitive employment outcomes. Designated state-level staff meet regularly to facilitate ongoing conversation, to review and document the effectiveness of the collaboration, to provide input as to each agency's state plan and to identify opportunities for additional collaborations and partnerships.

RSC and DODD will continue to support working relationships and collaborations at the local level between RSC field offices and County Boards of Developmental Disabilities. Collaborative activities include cross training to address issues of appropriate referrals, new directives from each agency, practices in serving mutual consumers and services needed to assist eligible individuals towards competitive employment. The 2010 RSC CSNA identified individuals with developmental disabilities as an underserved population and internal reports reflect a lower rehabilitation rate for individuals with developmental disabilities than for other disability groups.

DODD has been working on an **Employment First** initiative that will promote community employment within its system. RSC plans to continue to support DODD in this effort, both at a system and individual service level. RSC and DODD also share an interest in the development and implementation of **Customized Employment** programs for individuals with disabilities. DODD is implementing Ohio's **Medicaid Infrastructure Grant (MIG)** which has funded training

and consultation for local boards and providers to develop and implement Customized Employment programs.

In addition, RSC is also a partner in the **Interagency Work Group on Autism (IWGA)**. The IWGA partnership presently includes representatives from the Office of Budget and Management, Rehabilitation Services Commission, Ohio Center for Autism and Low Incidence and the Ohio Departments of: Mental Health, Education, Job and Family Services, Health and Developmental Disabilities. The IWGA work has been guided by the recommendations of the 2003 Ohio Autism Task Force and is currently working from the 2011-12 Strategic Framework. Four areas of concentrated action focus on policy, capacity, continuity and measurement.

Finally, **Bridges to Transition** ("Bridges") is a Vocational Rehabilitation Public & Private Partnership (VRP3) between County Boards of Developmental Disabilities (CBDD) and RSC. Bridges is now the largest VR Public & Private Partnership in the state. Bridges focuses on transition aged youth ages 14 to 22, eligible for CBDD and RSC services. The overall goal of the project is to enhance career exploration options and increase employment outcomes by developing a collaborative network of services to assist students in achieving their employment goals.

**Ohio Department of Developmental Disabilities (DODD) Data**. The data provided by DODD include the average daily membership by county for developmental disabilities (DD) services. Personnel at DODD recommend looking at the entire DD population because persons who qualify for DD services and support are most likely eligible for RSC services within the MSD category. Average daily membership data is organized by county and by the following age ranges: 14-21 (transition age youth), 22-64 (working age) and 65+ (aging population).

## Findings: Ohio Department of Education (ODE)

**Mission/Orientation (Office for Exceptional Children)**. In the federal rules, "Secondary Transition" is described as focusing on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation. At age 14, students are provided with a statement of transition service needs under the applicable components of the child's individualized education program (IEP) that focus on the child's

courses of study (including vocational education programs). At age 16, a statement of needed transition services for the child, including when appropriate, a statement of the interagency responsibilities or any needed linkages should be provided. The identification of needed transition services is a way to assist students in successful transition from high school to post-high school, adult life. The Individuals with Disabilities Education Act (IDEA) mandates that the IEP team jointly plan transition activities with other agencies and service providers to ensure that the student's needs are met both during and after the student completes his or her secondary education.

**Current Partnerships with the Rehabilitation Services Commission (RSC)**. In the past, formal collaboration between ODE and RSC has met minimum requirements but the agencies are currently developing cooperative agreements to more effectively serve young adults with disabilities. RSC has traditionally worked with transition age youth two years from exit out of secondary education but has recently made it a priority to begin intervening earlier (i.e. 14 years old). RSC would like to provide support to eligible young adults at a younger age in order to increase employment outcomes.

**Ohio Department of Education (ODE) Data**. The data maintained by ODE include two important components. The first data set includes aggregate information by county regarding the number of students per grade level in grades 9-23 in each disability category. The second set of data includes the number of students per county who have "rehabilitation services" included as a related service on their IEP. It is recommended that analysis of ODE data focus on the disability categories that are more likely to be determined "first and second priority" categories based on RSC guidelines. For transition youth (age 22 or younger), the following disability classifications may meet the first and second criteria of eligibility with the appropriate documentation from education agencies: mental retardation (MR), developmentally handicapped (DH), cognitive disabilities (CD), visual (includes blindness), deafness, deaf/blindness, orthopedic, multiple disabilities and emotional disturbances (ED). Additional documentation is needed for all other disabilities such as autism, hearing impairments, other health impairments, specific learning disabilities, speech and language impairments and traumatic brain injury (TBI).

## Findings: Ohio Department of Mental Health (ODMH)

**Mission**. ODMH works to assure access to quality mental health services for Ohioans at all levels of need and life stages. Last year,

Ohio's public mental health system provided care to more than 300,000 people including 100,000 children. The Mental Health Act of 1988 guides ODMH's mission. This landmark legislation had two primary goals: to move toward community treatment rather than institutional care and to emphasize local direction rather than state control. ODMH funds, reviews and monitors community mental health programs through 50 county-level boards.

**Programs and Services**. ODMH is committed to helping consumers of mental health services locate, obtain and maintain employment. Through its Office of Community Supports and Clients Rights, ODMH supports technical assistance, consultation and training on employment to mental health provider organizations and consumer operated peer centers. ODMH provides a number of employment initiatives and programs. The **Consumer Operated Services Tool Kit on Employment and Ending Poverty** includes a non-proprietary curriculum and training materials that can be used by consumer operated organizations (COS) statewide to address issues related to the impact of poverty on the recovery of adults experiencing serious and persistent mental illness as well as to encourage consumers in obtaining employment.

**Supported Employment** (SE) is an evidence-based practice that helps people with severe and persistent mental illness identify, acquire and maintain competitive employment in their communities. SE is assertive about helping people find the work they want as soon as they express a desire to become employed. In addition, SE increases employment in competitive jobs, the number of hours worked and the amount of income earned for people with mental illnesses. The **NAMI Supported Employment Family Advocacy Project** is a collaboration between NAMI Ohio and ODMH. Program providers engage families of individuals with mental illness to advocate for, create and expand high-quality **Individual Placement and Support (IPS)** programs. Family involvement can strengthen the partnerships between providers, family members and consumers around SE services.

**Current Partnerships with the Rehabilitation Services Commission (RSC)**. In the RSC State Plan for Fiscal Year 2012, the following cooperative activities between ODMH and RSC are described. The first partnership is referred to as the Johnson & Johnson's Community Mental Health Program and Dartmouth University's Psychiatric Research Centers on Supported Employment Evidence-Based Practice. The nineteen grant sites are reporting data to Dartmouth University which indicates that the average employment rate for Ohio sites is 35%. As expected from previous research on this model, the data show that the employment rates for participants with severe mental illnesses are increasing.

A statewide workgroup co-hosted by RSC and ODMH focuses on maintaining communication, collaboration and impacting policy and procedures that may impede the two systems from providing effective and efficient services to mutual consumers and community stakeholders. During the next year, this collaboration has prioritized facilitating community partnership conversations between front-line RSC and ODMH staff for system improvements, establishing statewide benefits, education, continuing stakeholder education around RSC's order of selection policy and developing standardized resources for individual referrals. Finally, a future collaboration between RSC, ODMH, and Ohio Association of Community Behavioral Health Organizations (OACBHA) includes a new proposal for Alcohol, Drug Addiction and Mental Health (ADAMH) or Community Mental Health (CMH) Boards to participate in a Peer Support Training project that may result in employment opportunities for consumers.

**Ohio Department of Mental Health (ODMH) Data**. The Ohio Behavioral Health (OHBH) data system is currently used to collect, store and analyze data for ODMH consumers. Evaluation data reports are also available through MACSIS. The data provided by ODMH include the number of individuals per board who qualified for services under the severely mentally disabled (SMD) category for fiscal year 2010. Severely mentally disabled is a designation for those adults with severe and persistent mental illnesses who are at the greatest risk for needing services. The SMD designation has been made using four components: the receipt of SSI/SSDI for a mental impairment, diagnosis, duration of impairment and level of functioning. Data specific to the SMD category were recommended because ODMH staff believed that this is the population of consumers most likely to qualify as individuals with MSD.

The ODMH is required to report employment statistics to the federal government for each fiscal year. Currently, employment information is available for 30% of the total number of adults 18 years old and above who are served by ODMH. It is assumed that this data is representative of all ODMH consumers. Other statistics indicate that 15.4% of ODMH consumers currently have employment; 36.7% of ODMH consumers are unemployed but in the labor market; and 47.9% of ODMH consumers are unemployed and not in the labor market. In 2010, of the 8% of people who identified themselves as having a "severe psychosocial disability (SPD)," about one quarter reported that they were employed. Severe psychological disability was defined as experiencing 14 or more days of functional impairment due to mental illness.

## Findings: Ohio Department of Job and Family Services (ODJFS)

**Mission**. ODJFS offers a variety of programs and services under the broad categories of job training, unemployment, Medicaid, food assistance, cash assistance, child support, protective services, foster care and adoption and childcare. For the purposes of this needs assessment, the discussion regarding ODJFS services, programs and resources will be focused on Wagner-Peyser (Labor Exchange Services), One-Stop Services, Disability Program Navigator and Bureau of Labor Market Information.

**Programs and Services**. Wagner-Peyser (Labor Exchange Services) is a federally funded program to provide labor exchange services to employers and job seekers statewide. The goal of labor exchange services is to help job seekers obtain meaningful employment opportunities and to assist employers in obtaining skilled and productive employees. Services for job seekers include job placement, resume preparation, testing, job-seeking skills workshops, computer-based job matching and labor market information. Services for employers include assistance in listing and filling job vacancies including basic screening and referral of qualified job seekers. Job seekers and employers may find services through Ohio Means Jobs or the statewide network of One-Stop Centers.

**One-Stop Centers** in all 88 Ohio counties provide services to local businesses and employed or unemployed job seekers. One-Stop Centers work with county agencies and other partners to deliver a variety of employment and training services to meet the needs of local customers. Business customers can expect services such as job posting, pre-screening, employee assessments, opportunities for job fairs, various training options, layoff aversion and rapid response and mass recruitment. Job seeking customers can expect services such as access to resource rooms, job-related workshops, supportive services, individual training accounts and other activities that match job seekers to employment. Specific services available in a One-Stop are designed to meet local needs.

The **Disability Program Navigator** initiative promotes comprehensive services and work incentive information for Social Security Administration (SSA) beneficiaries and other people with disabilities through the One Stop system. The Initiative focuses on developing new and ongoing partnerships to achieve seamless, comprehensive and integrated access to services and creating systemic change and expanding the workforce development system's capacity to serve customers with disabilities and potential employers.

Finally, the following resources from the Bureau of Labor Market Information may inform the types of employment training and education VR counselors provide. On the **OhioMeansJobs** website (https://ohiomeansjobs.com/omj/), Ohioans are able to view the Wanted Analytic reports which provide real-time information regarding online job postings throughout the state. The link, http://ohiolmi.com/asp/Career/JobTool.asp, provides access to the Career Exploration Tool which allows visitors to search for high employment prospect occupations. Visitors can view career videos, summaries of specific occupations, job postings and training opportunities. The link, http://ohiolmi.com/asp/SB/SkillsBank.htm, is another useful tool to explore employment by occupation and industry.

**Current Partnerships with the Rehabilitation Services Commission (RSC).** In January, 2012, RSC renewed and enhanced the utilization of the Wage Record Data Sharing Agreement with ODJFS. This data sharing partnership allows RSC to generate program revenue through the Social Security Ticket to Work Program, as well as support the VR program in conducting Wage Record employment verification requests which assist in identifying and verifying successful employment outcomes of VR consumers. RSC has also been working with staff from OhioMeansJobs to plan training for VR counselors about how to obtain labor market information for their region of the state.

**Ohio Department of Job and Family Services (ODJFS) Data.** ODJFS provided aggregate data from FY 2010 regarding consumers of the Workforce Investment Act (WIA) and Wagner-Peyser programs. Data that are available include the following variables within the 20 designated ODJFS geographical areas: total participants, types of services, race, education level, age, disability status, veteran status, single parent, low income, TANF, homeless, basic skills deficient and gender. Staff noted some limitations to the data regarding services provided to individuals with disabilities. Specifically, disability data are collected using a simple yes or no checkbox and the consumer has to self-disclose any disabling conditions. There are several cautions that should be taken when evaluating these data. For example, a person with a disability may not self-disclose due to fear of being discounted for employment services and supports. This means the number represented in ODJFS data may not reflect the true number of people with disabilities who receive services.

ODJFS staff believed that the number of people with disabilities served is an underrepresentation of the actual number served. Currently, ODJFS does not track specific information about the types of disabling conditions experienced by clients, the severity of such

conditions and work limitations caused by disabilities. This means that there is currently no way to designate potential populations with MSD or SD. Finally, staff noted that they are potentially underserving various populations because WIA programs are not entitlement programs and suitability is determined at the local level. Much of the programming is reliant on available funding.

## Findings: Ohio Department of Rehabilitation and Corrections (ODRC)

**Mission**. Offender Workforce Development is designed to enhance the employability of individuals with a criminal history. Offender Workforce Development works with departmental staff and correctional institutions within the ODRC to prepare offenders for employment and the job search process. Administrators work to develop collaborative partnerships across the state to facilitate community linkages for released offenders seeking to obtain and maintain sustainable employment. Staff also provide training, education and technical assistance to community action organizations, One-Stops, job developers and other state agencies who work with "second chance job seekers."

**Current Partnerships with the Rehabilitation Services Commission (RSC)**. In RSC's State Plan for Fiscal Year 2012, RSC stated that they would be working to expand cooperative agreements. In particular, an agreement with the ODRC will be pursued.

**Ohio Department of Rehabilitation and Corrections (ODRC) Data**. The ODRC conducts extensive assessments for offenders at intake and their data system includes the following variables related to disabilities: MR-DD, wheelchair user, hard of hearing/deaf, mobility impaired, speech impaired, vision impaired, periodic non-chronic care, routine follow-up care, frequent intensive care, constant skilled care, not on mental health (MH) caseload, serious mental illness (SMI), non-SMI and general MH caseload. The offender's county of conviction is a reasonable proxy for where an offender is likely to return after incarceration.

An analysis of such data could provide information about locations where additional ODRC services are needed for this subpopulation. The ODRC maintains separate service-based databases in the areas of mental health, recovery services, medical conditions and educational needs. It is important to note that the ODRC will be implementing a new assessment tool in the future (ORAS) which assesses offenders' level of needs in the area of employment. Results of these assessments could potentially provide valuable opportunities

for the agencies to discuss future collaborations and service delivery models for offenders with disabilities who are in need of VR services. The wealth of data collected in the ODRC database provides ample opportunities for RSC to have further discussions about future interagency and/or data-sharing agreements.

## Findings: Ohio Department of Veterans Services (ODVS) and Chalmers P Wylie Ambulatory Care Center

**Mission**. ODVS is the state agency that provides support to veterans and their families. Specifically, ODVS is responsible for operational oversight of the 88 County Veterans Services Offices. The ODVS also monitors federal money that comes to Ohio from the U.S. Department of Veterans Affairs. Some of the services that the U.S. Department of Veterans Affairs provides include health care and benefits. Health care services include hospitals, community clinics, community living centers, domiciliary support, readjustment counseling centers and various other facilities. Major benefits that are provided through ODVS/VA include veterans' compensation, veterans' pension, survivors' benefits, rehabilitation and employment assistance, education assistance, home loan guaranties and life insurance coverage.

Chalmers P Wylie Ambulatory Care Center's **Compensated Work Therapy (CWT)** is the Veterans Administration's (VA's) VR program and is designed to assist veterans experiencing homelessness and/or severe mental illness in obtaining and maintaining employment. Services offered through this program include vocational counseling, transitional work experiences (temporary job placements that normally do not exceed six months) and Supported Employment (an intensive program to help veterans with severe employment barriers to remain employed).

**Programs and Services**. The services provided within the **Compensated Work Therapy (CWT)** program are highly aligned with the services provided by RSC. The primary audience for the CWT program includes Veterans who are experiencing homelessness and/or severe mental illness.

**Ohio Department of Veterans' Services (ODVS) Data**. Key personnel from ODVS described the agency's ability to identify veterans with disabilities in Ohio as largely dependent on the Veterans' Administration's (VA's) ability to connect them to compensation and pension. VA disability compensation is awarded to veterans who have a disability as a result of their military service. Disability pension

is awarded to veterans who are under a certain income threshold and are disabled due to a non-military or non-service related condition. In 2010, there were 92,262 disability compensation recipients in Ohio, 15,711 disability pension recipients and 111,973 veterans with disabilities receiving benefits.

## Findings: Ohio Department of Youth Services (ODYS)

**Mission**. ODYS is the juvenile corrections system for Ohio. ODYS is statutorily mandated to confine felony offenders ages 10 to 21 who have been adjudicated and committed by one of Ohio's 88 county juvenile courts. During their stay with ODYS, youth are engaged in programming that is designed to address their criminological and behavioral needs. Each of the four ODYS facilities also operates a year-round school that offers general curriculum as well as vocational opportunities.

**Programs and Services**. ODYS provides an aftercare program with a focus on employment and education. The program is funded through the Workforce Investment Act (WIA). Local providers begin working with older youth from their counties in the institution to teach life and employment skills and to offer job coaching through a mentoring relationship. The coaching relationship continues after the youth is released onto parole with job placement services and continued support. In addition, ODYS is committed to providing vocational training and education to youth with disabilities. Specifically, ODYS creates a Regional Accounting and Community Engagement Report that describes youth's education and employment status when they are eligible for parole.

**Current Partnerships with the Rehabilitation Services Commission (RSC)**. In the RSC State Plan for Fiscal Year 2012, RSC stated that during FFY 2011, the agency would be working to expand cooperative agreements. In particular, an agreement with ODYS will be pursued. ODYS personnel indicated an interest in discussing how they could partner with RSC to provide additional vocational services to the youth they serve.

**Ohio Department of Youth Services (ODYS) Data**. The Juvenile Justice Case Management System is the primary data system ODYS uses to collect, organize and analyze data. Additionally, the Parole Division of ODYS uses the RITS system for capturing pertinent information. The data provided for the purposes of the RSC needs assessment includes de-identified individual level information specific to the population of incarcerated youth who may be eligible for and benefit from RSC

services. The data fields provided include: grade level, disability diagnosis, ODYS educational facility, graduation date, graduation type, county of residence, committing county, parole office, planned release date and career goal.

One minor limitation of the data provided is that youth do not necessarily go back to their community of residence upon parole. This might present challenges in coordinating RSC services to youth upon their re-entry into the community. Another limitation is that the average stay in an ODYS facility for incarcerated youth is less than 12 months; therefore RSC and ODYS would need to coordinate ongoing data analyses to capture the most current picture of youth who may need RSC services. The data that are provided also encompass youth who may not necessarily be eligible for RSC services according to the RSC eligibility and order of selection guidelines. For example, the most common disability diagnoses of incarcerated youth include specific learning disability, emotional disturbance, cognitive disability and other health impaired (minor). According to the Education Disability Classifications for RSC eligibility, youth who are diagnosed with a specific learning disability or other health impairments are less likely to be considered to meet the criteria for MSD or SD.

**Key Findings**. The following state agencies provided disability data that may be useful for purposes of this needs assessment. ODA can serve 1,972 individuals in the "Senior Community Service Employment Program." These are individuals with a variety of unspecified disabilities. ODADAS served 112,927 individuals in state fiscal year 2011 and 2012 that might benefit from RSC services. Similarly, the DODD served a total of 55,078 individuals with developmental disabilities. Many of these individuals would be considered as individuals with cognitive impairments in the RSC classification system. ODMH served 186,075 Ohioans in state fiscal year 2010 with severe mental illnesses while the ODYS provided services to 269 youth with disabilities. ODVS served 104,982 individuals through disability compensation or disability pensions.

ODE reported that local education agencies served transition age youth with the following disabilities:

- 47,395 youth with specific learning disabilities
- 13,264 youth with cognitive disabilities
- 8,498 youth with emotional disturbances
- 5,120 youth with multiple disabilities
- 4,574 youth with autism
- 1,190 youth with hearing impairments
- 1,069 youth with traumatic brain injury
- 983 youth with speech and language impairments
- 931 youth with orthopedic impairments
- 866 youth with visual impairments
- 601 youth with other major health impairments
- 140 youth with deafness/blindness

ODJFS provided services to 471,560 individuals:

- 397,852 were individuals with "other disabilities"
- 61,148 were aged
- 962 were individuals with blindness
- 598 were "otherwise incapacitated"

Most of the figures cited above were for 2010 or 2011. Finally, the process of collecting data from other state agencies suggested that procedures and systems might be adapted to promote data sharing. Further analysis should be considered to determine how consistency might be enhanced across stage agency data sets.

# VII. Perceptions of Consumers Regarding Closures without an Employment Outcome

The purpose of conducting this interview was to understand factors related to why cases were closed before consumers gained employment, why they were not able to maintain employment for at least 90 days or why consumers exited VR programs without employment before receiving VR services. This interview was conducted to assist RSC staff in their efforts to assess the quality of services provided to Ohioans with disabilities.

## Methods

The OSU Research Team reviewed the Café Conversations (2011) as a source of secondary data to gather information about factors related to closures without employment outcomes. The Café Conversations were a series of focus group discussions that were held across Ohio in 2009 and 2010. These focus groups provided a forum for Ohioans with disabilities, family members, educators, service providers and community leaders to share insights regarding the current service delivery model and provide suggestions for improving services in the future. More specifically, the OSU Research Team used the Café Conversations to assist in the design of the interview for this data collection activity (see Appendix I).

Potential interviewees were selected randomly by project staff from a list prepared by RSC. In order to participate, individuals must have experienced closures without an employment outcome after July 1, 2011. Members of the OSU Research Team met with the Consumer Advisory Committee (CAC) on January 14, 2012, and described the purpose of the interview project, provided training on the interview protocol and recruited volunteers to conduct the interviews.

Six CAC members agreed to conduct interviews. Interviewers signed "confidentiality agreements" prior to conducting interviews. CAC members who agreed to conduct interviews had access to phones at a local RSC office. Interviewers received survey materials and began interviewing on January 25, 2012. Designated calling hours for the survey were 8:00 a.m. until 5:00 p.m. unless an interviewee scheduled an alternative time. In order to encourage more candid feedback,

interviews were conducted in spaces that offered some privacy to the interviewer and interviewee. RSC sent a one page description of the project to local RSC offices in case an interviewee called to inquire about the interview.

Each CAC member who volunteered to conduct interviews was given a list of ten names with phone numbers based on the random sample selected from the list generated by RSC. When interviewers called interviewees, they followed several formal steps. First, the interviewer asked to speak to the potential interviewee. Interviewers were instructed not to identify what organization they represented until they had formally initiated the interview. This was to protect the confidentiality of the interviewee. Similarly, interviewers were instructed not to leave messages but to continue trying to reach potential interviewees if they were not available. Interviewees tried to contact potential interviewees three times.

If interviewers were not able to schedule an interview after trying three times, the interviewer tried to contact the next individual on her/his call list. If the interviewee was available, the interviewer asked her/him if this was a good time to talk. If not, the interviewer scheduled the interview for a more convenient time. Interviewers provided contact information for RSC if interviewees expressed an interest in receiving services at a future point in time.

## Sample

Thirty (30) individuals completed the interview. These individuals were treated as key informants for the purposes of analyzing data. Table XXXII indicates the length of time respondents recalled receiving services.

**Table XXXII.** Time Receiving Services

| Time | # | % |
|---|---|---|
| Less than 1 year | 14 | 46.7 |
| 1 to 2 years | 7 | 23.3 |
| More than 3 years | 4 | 13.3 |
| 2 to 3 years | 1 | 3.3 |
| Did not remember | 4 | 13.3 |
| **Total** | **30** | **100** |

## Findings

Respondents received a variety of different services (see Table XXXIII). As would be expected, most respondents reported receiving assessment (86.7%) and job placement services (70%). Of the 30 respondents, 56.7% reported receiving transportation services, 43.3% training and 40% guidance and counseling. About a third of the respondents indicated that they received information and referral services.

**Table XXXIII.** Types of Services Received

| Type of Service | Received | | Did Not Receive | |
|---|---|---|---|---|
| | # | % | # | % |
| Assessment | 26 | 86.7 | 4 | 13.3 |
| Diagnosis/Treatment | 7 | 23.3 | 23 | 76.7 |
| Guidance/Counseling | 12 | 40.0 | 18 | 60.0 |
| Training | 13 | 43.3 | 17 | 56.7 |
| Job Search/Placement | 21 | 70.0 | 9 | 30.0 |
| Transportation | 17 | 56.7 | 13 | 43.3 |
| Maintenance | 5 | 16.7 | 25 | 83.3 |
| Rehabilitation Technology | 5 | 16.7 | 25 | 83.3 |
| Personal Assistance | 5 | 16.7 | 25 | 83.3 |
| Technical Assistance | 3 | 10.0 | 27 | 90.0 |
| Information and Referral | 10 | 33.3 | 20.0 | 66.7 |

All but eight respondents indicated that they had specific job goals when they received services from RSC providers. Job goals or desired jobs included cashier, construction, customer service, detail work on cars, heavy equipment operator, office work, small engine repair, carpentry and warehouse work.

Almost one quarter of respondents (23.3% or seven respondents) had been placed in a job before their case was closed. The reasons why respondents said they did not keep their jobs are indicated in Table XXXIV. For example, respondents did not have transportation, needed services that were not available, felt that they did not receive the right services and indicated that the RSC office was too far away.

**Table XXXIV.** Self-Reported Reasons Respondents did not Keep Jobs

| Reason | # | % |
|---|---|---|
| Didn't get the right services | 1 | 11.1 |
| Needed more training | 2 | 22.2 |
| RSC counselor didn't like me | 0 | 0.00 |
| Needed services not available where I live | 1 | 11.1 |
| RSC office too far away | 1 | 11.1 |
| People at job didn't like me | 2 | 22.2 |
| Didn't have transportation | 2 | 22.2 |
| **Total** | **9** | **100** |

**Note:** *Respondents could identify more than one response.*

The reasons respondents gave for not being placed in a job are indicated in Table XXXV. The reason most often provided was that the consumer "Didn't have the right skills for available jobs" (17.0%), followed by "Didn't have the right services to prepare me" (12.8%) and "No jobs for which I had skills" (14.9%). Issues related to providing training and services to prepare consumers for jobs appears to have contributed to consumers not being placed in jobs. Only one consumer indicated that she/he did not want to work.

**Table XXXV.** Self-Reported Reasons Respondents were not Placed in Jobs

| Reason | # | % |
|---|---|---|
| No jobs available in my community | 6 | 12.8 |
| No jobs in my community I wanted | 6 | 12.8 |
| No jobs for which I had skills | 7 | 14.9 |
| I didn't want to go to work | 1 | 2.1 |
| Didn't get the right services to prepare me | 6 | 12.8 |
| Didn't have right skills for available jobs | 8 | 17.0 |
| RSC counselor didn't like me | 4 | 8.5 |
| Needed services not available where I live | 3 | 6.4 |
| RSC office too far away | 3 | 6.4 |
| Didn't have transportation | 3 | 6.4 |
| **Total** | **47** | **100** |

**Note:** *Respondents could identify more than one response.*

There was no clear pattern in perceptions of most helpful or least helpful services. All services were noted as helpful by at least one respondent. Four respondents (13.3%) felt that assessment was the most helpful service and five (16.7%) felt that job placement services were most helpful.

Respondents noted a variety of reasons why their cases were closed as indicated in Table XXXVI.

**Table XXXVI.** Self-Reported Reasons Why Case Closed

| Reason | # | % |
|---|---|---|
| Personal Decision | 12 | 40.0 |
| Did not Answer | 6 | 20.0 |
| Health Reasons | 5 | 16.7 |
| RSC Issues | 4 | 13.3 |
| Family Issues | 1 | 3.3 |
| Approved for SSDI | 1 | 3.3 |
| Job Ended | 1 | 3.3 |
| **Total** | **30** | **100** |

**Note:** *RSC issues included lack of contact with a new counselor; received letter from BSVI indicating no contact; took too much time; and not achieving any goals.*

As part of the process of assessing quality of services, respondents were asked how their individual cases were handled. Table XXXVII provides summary information for a number of critical issues related to client progress in obtaining employment. The majority of respondents agreed that their services were solely focused on employment but 38.9% disagreed and 5.6% strongly disagreed that their counselor evaluated whether goals were feasible.

**Table XXXVII.** Responses to Questions about How Case was Handled (#/%)

| Activity | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Counselor evaluated whether goals were feasible | 1 (5.6) | 7 (38.9%) | 4 (22.2%) | 5 (27.8%) | 1 (5.6%) |
| Received support needed to reach each milestone in my plan | 2 (11.1%) | 4 (22.2%) | 1 (5.6%) | 9 (50.0%) | 2 (11.1%) |
| Had to wait long time to receive services after IPE was developed | 2 (11.1%) | 10 (55.6%) | 1 (5.6%) | 5 (27.8%) | 0 (0.0%) |
| Solely focused on employment with my counselor | 0 (0.0%) | 0 (0.0%) | 4 (22.2%) | 10 (55.6%) | 4 (22.2%) |

Finally, respondents were asked to respond to three open ended questions. The first open-ended question required respondents to identify the "biggest reason why you had difficulty getting or keeping a job?" Consumers identified a variety of reasons including: not being able to read or write; not liking my counselor; not looking for a job; status of the economy; medical or mental issues; inadequate time with counselor; insurance restrictions; no jobs; lack of education or skills; lack of transportation; family issues; disability discrimination; and not keeping appointments. Medical and/or mental health issues (mentioned seven times) and family issues (mentioned four times) were identified by multiple respondents. Responses to the second open ended question required respondents to identify a second reason why they were unable to get or keep a job. Responses to this question mirrored responses summarized above.

The final open-ended question required respondents to consider services RSC could provide or how RSC could address the reasons why respondents had difficulty getting or keeping jobs. As with other open-ended questions, there were a variety of suggestions and few clear priorities. Suggestions for improving services included: posting jobs for individuals with disabilities; increasing outreach to businesses and contact with clients; "speeding up" service delivery; letting people keep their health care services when they become employed; more socialization services; providing services for a longer period of time; accommodating all types of learning styles; increasing marketing efforts; more flexible service delivery hours; training to help consumers understand specific jobs; support and encouragement; and hiring counselors with the skills to provide services for specific categories of disability. The high quality of services provided by RSC was mentioned nine times. For example, consumers noted that providers did everything possible to provide assistance.

In summary, it appeared that a number of obstacles impacted clients in their efforts to seek and retain employment. Twelve (12) out of the 30 respondents (40%) agreed or strongly agreed with this perspective when asked about their own cases. Other data supported this contention. Many respondents noted that jobs were not available in their communities. The most frequently cited reasons that consumers did not get employment were that they did not have the skills needed for the jobs that were available or they did not get the services they needed to gain employment. Only one consumer indicated that she/he did not want to work. This suggests that RSC might consider increasing the types of services and/or training available to consumers to prepare them for employment opportunities aligned with employment opportunities available within their communities.

# VIII. Perceptions of System Level Key Informants

The purpose of this needs assessment activity was to gather information from people who were considered to be experts in the field of VR regarding unmet needs. Respondents consisted of individuals who were judged to have in-depth knowledge of the rehabilitation needs of individuals with disabilities and of the rehabilitation services system.

## Methods

The CSNA Advisory Team created a series of questions that were designed to gain insight from individuals with expert knowledge (see Appendix J). The initial part of the interview requested background information about the key informant such as job title, type of organization and number of years in the field. Broad, open-ended questions were asked to solicit feedback regarding the performance of the VR system in meeting the needs of consumers, employers and community rehabilitation providers. Additionally, key informants were asked to discuss RSC's ability to be culturally responsive. Finally, additional questions were asked regarding the recommendations key informants would provide to RSC.

The CSNA Advisory Team identified a list of 44 key informants from a variety of state and local agencies who had extensive experience with RSC programs and services. In addition to key informants from the majority of the state agencies that serve persons with disabilities, respondents represented large and small Community Rehabilitation Programs (CRPs), disability providers at universities, county boards of developmental disabilities (DD), independent consultants and RSC commissioners. The interview questions were sent in an e-mail on February 14, 2012, and respondents were asked to complete an electronic interview or identify someone else within their organization who could respond to the interview questions. An e-mail reminder was sent to non-respondents during the weeks of February 27 and March 12.

## Sample

Twenty-four (24) key informants completed the interview, a response rate of 54.5%. One respondent indicated that

she/he did not have adequate experience with RSC to respond. Respondents represented various organizations such as three (3) state agencies; six (6) community rehabilitation providers; three (3) county boards of developmental disabilities and 12 other agencies including local education agencies, independent consultants with extensive experience with RSC and advocacy organizations and associations. Occupational classifications for key informants are indicated in Table XXXVIII.

**Table XXXVIII.** Occupational Classification of Key Informants

| Occupational Classification | # | % |
|---|---|---|
| Administrator/ Director | 15 | 62.5 |
| Other (Consultant, advocate) | 8 | 33.3 |
| Counselor/ Direct Service | 1 | 4.2 |
| Administrative Support | 0 | 0.0 |
| **Total** | **24** | **100** |

The majority of the respondents had more than 16 years of experience in the field and four (4) respondents had between 11 and 15 years of experience. None of the respondents had less than three (3) years of experience. Findings are presented in terms of themes that were expressed by respondents and are organized by question. Responses qualified as themes if multiple respondents expressed similar opinions.

## Findings

### What is the Rehabilitation Services Commission (RSC) doing well?

Three themes emerged from respondents' comments: 1) expanding partnerships; 2) supporting quality and dedicated staff; and 3) serving consumers with MSD. For example, respondents felt that RSC is developing relationships with partners to accomplish their mission and they should continue to do so. Respondents also noted that many individuals who were underserved are now receiving VR services due to new partnerships. With respect to the second theme, respondents indicated that RSC counselors and supervisors have worked through many changes but continue to serve consumers. Also, RSC staff members have been open to input from community rehabilitation providers (CRPs) and have committed to working collaboratively with local and state agencies. Finally, respondents felt that RSC has worked with individuals with disabilities historically thought to be too severe to benefit from VR services and have done well in addressing the needs of individuals with MSD.

**What are the three most important things the Rehabilitation Services Commission (RSC) can do to enhance employment outcomes?** Four themes emerged based on analysis of responses to this question. First, respondents suggested initiating several of the following programmatic activities: vocational assessment, job search and training, follow-up, work adjustment, skills training and placement services. This theme included developing core initiatives that are sustainable; addressing very basic social and pre-employment skills; creating a long-term vision for enhancement of school to work services for transition age youth; investing more resources in the area of customized employment; specifying service provision possibilities in school and employment; and/or expanding services provided by VR providers.

Second, respondents felt that RSC should model specific behaviors such as establishing clear benchmarks; establishing performance criteria for providers; partnering with providers who meet standards for success; and/or increasing the focus on statewide services. Third, respondents felt that RSC should establish regular communications with employers regarding needs and expectations of individuals they hire; evaluate the local, current job market; and/or evaluate consumers based on previous points of contact when determining vocational goals. Finally, respondents said that RSC should provide more support to counselors in the field and ensure that caseloads are manageable.

**What are the three most important things the Rehabilitation Services Commission (RSC) can do to provide culturally competent services?** Three themes emerged based on analysis of responses to this question. First, respondents felt that RSC should hire more people with disabilities. Second, respondents indicated that RSC should enhance training opportunities available to staff and vendors. This might involve training counselors to focus on specialties (i.e. disability type, age, poverty and educational related issues, etc.), placing training materials on the internet, involving consumers in training to share experiences, cross-training personnel from other service delivery systems and/or providing local/regional trainings to identify issues unique to specific locations. Third, respondents suggested that RSC alter service delivery procedures. For example, RSC might explore a consumer directed service model; position RSC staff in larger urban areas; provide services to youth with DD at a younger age; increase opportunities for adults with DD in competitive community employment; engage in more outreach; make home visits; and/or involve interpreters more to give input during meetings.

**What are the three most important things the Rehabilitation Services Commission (RSC) can do to meet needs of employers?** Several themes emerged based on analysis of responses to this question. First, respondents indicated that RSC should enhance existing programming or develop new initiatives to engage employers. For example, RSC might better use subsidized employment programs (i.e., on the job training or job site work experience), strengthen the Business Leadership Network (BLN), expand the time available for coaching, use volunteers in the private sector to make employment matches and/or focus training on development of computer and other technology skills. Second, respondents suggested that RSC expand their efforts to engage employers by aggressively marketing RSC services, provide disability awareness training to employers, establish a single point of contact for employers and/or educate employers about the benefits of hiring people with disabilities. Third, respondents felt that RSC should enhance communications with employers and the community. For example, communications efforts might be directed toward public understanding that people with disabilities are generally productive employees. RSC might also target large groups of employers through professional organizations (i.e., *Business First*).

**What are the three most important things the Rehabilitation Services Commission (RSC) can do to meet needs of vocational rehabilitation (VR) providers?** Again, several themes emerged based on analysis of responses to this question. Respondents placed significant emphasis on ease of communications, collaborative relationships and integrated services teams. For example, respondents expressed the desire for more collaborative decision making. Second, respondents suggested that the development of clear performance measures and access to quality improvement processes would be useful to service providers. Access to up-to-date evaluative data was also considered a useful product. Third, training (i.e., how to serve individuals with MSD; how to provide supported employment training that allows providers to become certified) was viewed as a useful service RSC could offer to service providers. Fourth, respondents felt that RSC should stress individualized services, person centered planning and should monitor partners to ensure they understand and accommodate consumers. Respondents also noted that some services might be administered statewide.

**Top recommendations for the Rehabilitation Services Commission (RSC) and other comments**. Respondents strongly recommended that RSC enhance relationships with the business community. Some respondents suggested expanding services to accommodate transition age youth and individuals with DD. Respondents also

felt that more collaborative decision making might enhance state and local partnerships. Finally, respondents noted that significant effort should be directed to securing available funding for services. Some respondents felt that commissioners should play a more prominent role in RSC policy, ensuring the "institutional memory" of the organization. Comments focused on ensuring consistency and enhancing preparation for significant policy changes. Finally, it should be noted that many respondents highlighted positive experiences. Respondents said they enjoyed working with RSC and that RSC is effective.

**Key Findings**. The findings below were singled out as having particular significance for planning and policy development:

1. Local providers desire communication with RSC.

2. Providers and partners recommended that training opportunities available to providers, vendors and employers be increased.

# IX. Perceptions of Consumers Regarding Quality of Services

The purpose of this survey was to gather information about consumers' perceptions regarding the quality of VR services and service needs. This survey was also designed to provide consumers with the ability to comment on services that might potentially enhance their success in employment settings. Specifically, respondents were asked to identify the usefulness of services they received, services they had not received but that might provide benefits and barriers to successfully accessing services. Respondents were also asked to consider opportunities to improve current services.

## Methods

A list of 6,000 consumers with a service "start date" and an Individualized Plan for Employment (IPE) written as of July 1, 2011, were generated by RSC. A random sample of 600 potential respondents was selected from this list. In late February 2012, an invitation and link to the survey were sent to 120 individuals who had provided e-mail addresses to RSC. A letter containing the same invitation, a hard copy of the survey (see Appendix K) and a return envelope with appropriate postage were sent to the remainder of the individuals (480) on the list of potential respondents. A notice encouraging individuals who had not responded to complete the survey was sent via e-mail and the U.S. mail approximately two weeks later. Responses were received from 143 respondents (a 23.8% response rate). Thirty-one (31) responses were received via e-mail and 112 responses were returned via the U.S. mail.

## Sample

Most respondents (28.7%) were between the ages of 14 and 22 or 43 and 52 (27.3%). Smaller percentages of respondents reported that they were between 23 and 32 (5.6%), 33 and 42 (11.9%), 53 and 59 (15.4%) or over age 60 (7.7%). These individuals self-selected into one of several disability categories as indicated in Table XXXIX. Almost one quarter of respondents (20.3%), indicated that they had physical impairments followed by visual impairments (16.1%).

**Table XXXIX.** Types of Disabilities Identified by Respondents

| Primary Disability | # | % |
|---|---|---|
| Did Not Answer | 33 | 23.1 |
| Physical Impairments | 29 | 20.3 |
| Visual Impairment | 23 | 16.1 |
| Mental Health | 17 | 11.9 |
| Developmental Disability | 16 | 11.2 |
| Cognitive Impairment | 10 | 7.0 |
| Autism | 6 | 4.2 |
| Brain Injury | 4 | 2.8 |
| Hearing Impairment | 3 | 2.1 |
| Speech Impairment | 2 | 1.4 |
| **Total** | **143** | **100%** |

Most respondents indicated that they were "White," (72.7%) or "African American" (30%). Three respondents (2.1%) said they were "American Indian." None of the respondents said that they were "Hispanic." Almost three quarters (71.3%) indicated that they were unemployed while 9.1% said they were employed full-time. A small number of respondents (14.7%) said they were employed part-time. Most respondents who were employed, reported making less than $12.99 per hour.

## Findings

**Use of Vocational Rehabilitation Services**. The most frequently used services were assessment; job search, placement and support; training; and guidance and counseling. Services that respondents thought might be helpful included information and referral and technical assistance (see Table XL).

**Table XL.** Number and Percent of Consumers Who Used Vocational Rehabilitation Services (#/%)

| Type of Service | Used this Service | Not Used but Might be Helpful |
|---|---|---|
| Assessment | 85/59.4% | 28/19.6% |
| Diagnosis & Treatment | 35/24.5% | 19/13.3% |
| Guidance & Counseling | 72/50.3% | 26/18.2% |
| Training | 80/55.9% | 24/16.8% |
| Job Search, Placement & Support | 86/60.1% | 29/20.3% |
| Transportation | 53/37.1% | 27/18.9% |
| Maintenance | 14/9.8% | 37/25.9% |
| Rehabilitation Technology | 31/21.7% | 31/21.7% |
| Personal Assistance | 14/9.8% | 33/23.1% |
| Technical Assistance | 17/11.9% | 41/28.7% |
| Information & Referral | 38/26.6% | 48/33.6% |

**Helpfulness of Vocational Rehabilitation Services.** As indicated in Table XLI, most services were judged to be very or somewhat helpful. Transportation and rehabilitation technology were judged to be "very helpful" by the subset of respondents who used such services. About one-fifth of users (20.9%) judged assessment to be "not at all helpful."

**Table XLI.** Number and Percent of Consumers Judging Helpfulness of Vocational Rehabilitation Services (#/%)

| Type of Service | Very Helpful | Somewhat Helpful | Not at all Helpful |
|---|---|---|---|
| Assessment (n=94) | 41/43.6% | 29/30.9% | 19/20.2% |
| Diagnosis & Treatment (n=47) | 27/57.4% | 10/21.3% | 6/12.8% |
| Guidance & Counseling (n=79) | 34/43.0% | 33/41.8% | 7/8.9% |
| Training (n=91) | 54/59.3% | 24/26.4% | 8/8.8% |
| Job Search, Placement & Support (n=97) | 45/46.4% | 33/34.0% | 13/13.4% |
| Transportation (n=63) | 43/68.3% | 10/15.9% | 3/4.8% |
| Maintenance (n=24) | 12/50.0% | 4/16.7% | 3/16.7% |
| Rehabilitation Technology (n=41) | 27/65.9% | 6/14.6% | 4/9.8% |
| Personal Assistance (n=27) | 14/51.9% | 7/25.9% | 3/11.1% |
| Technical Assistance (n=31) | 12/38.7% | 12/38.7% | 4/12.9% |
| Information & Referral (n=61) | 30/49.2% | 19/31.1% | 6/9.8% |

**Major Barriers to Accessing Services**. The most frequently noted barriers (see Table XLII) reflected difficulty in the ability to connect to services ("No VRP3s close to where I live" and "Trouble reaching my counselor").

**Table XLII.** Major Barriers to Accessing Services

| Barrier | # | % |
|---|---|---|
| No services close to where I live | 19 | 9.9 |
| Trouble reaching my counselor | 23 | 12.0 |
| Disagreed with counselor about needs | 15 | 7.8 |
| Not ready to go to work | 7 | 3.6 |
| No services that met my needs | 14 | 7.3 |
| Service providers couldn't meet needs | 18 | 9.4 |
| Do not have reliable transportation | 14 | 7.3 |
| Personal life is not stable | 7 | 3.6 |
| Haven't had any problems | 75 | 39.1 |
| **Total** | **192** | **100** |

**Key Findings**. The findings below were singled out as having particular significance for planning and policy development:

1. In general, consumers who were surveyed felt services were helpful and of high quality.

2. The four most frequently used services included assessment; guidance and counseling; training; and job search, placement and support. Training was judged to be particularly helpful by consumers.

# X. Perceptions of Supervisors Regarding Unmet Needs and Quality of Supported Employment Services

Supervisors of rehabilitation services in Ohio counties were surveyed in order to understand perceptions of unmet needs. This survey was conducted to gain insight regarding the extent to which VR counselors in Ohio were able to refer consumers to high quality, long-term, supported employment programs. "Supported employment" meant competitive work in integrated work settings, or employment in integrated work settings in which individuals are working, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability and who, because of the nature and severity of their disability, need intensive supported employment services (Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 355).

Integrated employment services are services provided in a community setting and involve paid employment of the participant. Specifically, integrated employment includes competitive employment, individual supported employment, group supported employment and self-employment supports (Sulewski, Butterworth & Gilmore, 2008). For the purposes of this survey, integrated employment and supported employment are interchangeable terms.

Specific information collected through this survey (See Appendix L) included: 1) the length of time supported employment services are available to clients; 2) the types, number of programs and slots available in Ohio counties; 3) amount of perceived need; and 4) perceptions of quality of services.

## Methods and Procedures

Rehabilitation Services Commission (RSC) staff identified individuals who served as supervisors of VR counselors in Ohio's 88 counties. Three individuals were nominated per county or geographic area since some supervisors were responsible for multiple counties. Nominees were

designated as first, second and third alternatives. These individuals were notified of the RSC's desire to collect information regarding the extent to which VR counselors were able to refer consumers to high quality, long-term, supported employment programs. An invitation to participate in the survey was delivered to first alternatives in mid-December 2011. The invitation included a link to a brief survey. Supervisors were instructed to complete the survey by December 20, 2011, and were sent an e-mail reminder to complete the survey prior to the deadline. On January 5, 2012, second alternatives representing counties where the first alternative had not responded were invited to complete the survey using the same procedures indicated above. Finally, third alternatives were contacted on January 13 and invited to complete the survey. Staff from RSC contacted supervisors in counties that had not responded during the week of January 17.

## Sample Characteristics

As indicated in Table XLIII, supervisors tended to have three or more years of experience in their jobs. Approximately three in ten (27.3%) had more than 10 years of experience while 13.6% had less than one year of experience.

**Table XLIII.** Length of Time in Current Job

| Response | Number | Percent |
|---|---|---|
| Less than 1 year | 12 | 13.6 |
| 1 to 3 years | 19 | 21.6 |
| 3 to 10 years | 33 | 37.5 |
| 10-15 years | 12 | 13.6 |
| 15 or more years | 12 | 13.6 |
| **Total** | **88** | **100.0** |

Supervisors also had significant experience in the VR field (see Table XLIV). Almost two-thirds (62.5%), had more than ten years of experience. About one in five (19.3%), had less than one year of experience.

**Table XLIV.** Length of Time in Vocational Rehabilitation Field

| Response | Number | Percent |
|---|---|---|
| Less than 1 year | 17 | 19.3 |
| 1 to 3 years | 8 | 9.1 |
| 3 to 10 years | 8 | 9.1 |
| 10-15 years | 13 | 14.8 |
| 15 or more years | 42 | 47.7 |
| **Total** | **88** | **100.0** |

## Findings

Supervisors in 15 of Ohio's 88 counties indicated that supported employment services were not typically available. These counties included Auglaize, Crawford, Darke, Geauga, Guernsey, Harrison, Holmes, Knox, Monroe, Morgan, Morrow, Noble, Perry, Pike and Vinton. Table XLV identifies counties where need was judged to exceed service capacity or where need somewhat exceeded service capacity.

**Table XLV.** Counties Where Supervisor Judged Need to Exceed or Somewhat Exceed Service Capacity

| Disability | Need Judged to Somewhat Exceed Service Capacity | Need Judged to Exceed Service Capacity |
|---|---|---|
| Visual Impairment | Ashland, Athens, Brown, Clermont, Columbiana, Cuyahoga, Franklin, Hardin, Highland, Lawrence, Mahoning, Muskingum, Ottawa, Pike, Preble, Richland, Ross, Seneca and Van Wert | Ashtabula, Belmont, Butler, Fayette, Gallia, Hamilton, Licking, Mercer, Miami, Scioto and Shelby |
| Hearing Impairment | Ashland, Athens, Brown, Butler, Clinton, Columbiana, Fulton, Gallia, Hardin, Highland, Lawrence, Logan, Mahoning, Mercer, Montgomery, Muskingum, Ottawa, Pike, Putnam, Richland, Ross, Seneca and Van Wert | Belmont, Fayette, Hamilton, Licking, Miami, Scioto, Shelby and Wood |
| Communicative Impairment | Adams, Ashland, Athens, Brown, Butler, Champaign, Clinton, Columbiana, Fayette, Franklin, Hardin, Highland, Lawrence, Logan, Muskingum, Ottawa, Paulding, Pike, Ross, Stark, Trumbull and Van Wert | Belmont, Gallia, Hamilton, Licking, Mercer, Montgomery, Scioto and Shelby |
| Physical Impairment | Adams, Ashland, Athens, Brown, Butler, Carroll, Champaign, Clinton, Fayette, Hardin, Highland, Lawrence, Licking, Logan, Muskingum, Paulding, Pike, Preble, Ross, Scioto, Seneca, Stark, Trumbull, Van Wert and Wayne | Belmont, Franklin, Hamilton, Madison, Mercer, Miami, Montgomery and Shelby |
| Psychosocial Impairment | Athens, Butler, Champaign, Clinton, Cuyahoga, Defiance, Delaware, Erie, Fayette, Greene, Hardin, Licking, Logan, Madison, Mercer, Muskingum, Pike, Richland, Sandusky, Scioto, Stark, Tuscarawas, Union, Van Wert and Warren | Belmont, Fairfield, Franklin, Gallia, Hamilton, Hancock, Henry, Lake, Lawrence, Lorain, Miami, Montgomery, Paulding, Shelby, Wayne and Williams |
| Cognitive Impairment | Adams, Ashland, Brown, Butler, Champaign, Clark, Clinton, Fayette, Greene, Hardin, Licking, Logan, Medina, Mercer, Muskingum, Pike, Richland, Ross, Scioto, Stark, Van Wert and Warren | Belmont, Franklin, Gallia, Hamilton, Hancock, Lawrence, Madison, Miami, Montgomery and Shelby |
| Traumatic Brain Injury | Adams, Athens, Brown, Clermont, Fayette, Highland, Lawrence, Licking, Medina, Mercer, Montgomery, Paulding, Pike, Preble, Stark, Trumbull, Tuscarawas and Van Wert | Ashland, Belmont, Butler, Champaign, Clark, Cuyahoga, Franklin, Gallia, Hamilton, Hancock, Hardin, Logan, Lucas, Madison, Mahoning, Miami, Muskingum, Ottawa, Richland, Sandusky, Scioto and Shelby |
| Developmental Disabilities | Clark, Clinton, Columbiana, Fayette, Franklin, Jefferson, Lawrence, Licking, Mercer, Montgomery, Muskingum, Ottawa, Paulding, Pike, Scioto, Stark and Van Wert | Belmont, Gallia, Hamilton, Shelby and Williams |

**Table XLV.** Counties Where Supervisor Judged Need to Exceed or Somewhat Exceed Service Capacity (continued)

| Disability | Need Judged to Somewhat Exceed Service Capacity | Need Judged to Exceed Service Capacity |
|---|---|---|
| Autism | Brown, Carroll, Champaign, Clark, Clinton, Cuyahoga, Delaware, Fayette, Hardin, Jefferson, Licking, Logan, Medina, Mercer, Miami, Montgomery, Muskingum, Pike, Sandusky, Scioto, Seneca, Trumbull, Tuscarawas and Wayne | Belmont, Butler, Franklin, Gallia, Greene, Hamilton, Lawrence, Paulding, Shelby and Van Wert |
| Alcohol and Drug Use | Athens, Carroll, Clinton, Columbiana, Defiance, Delaware, Erie, Fayette, Franklin, Greene, Hardin, Highland, Jefferson, Mercer, Montgomery, Muskingum, Ottawa, Pike, Sandusky, Stark, Tuscarawas, Union, Vinton and Wayne | Belmont, Butler, Champaign, Clark, Fairfield, Gallia, Hamilton, Hancock, Henry, Lawrence, Licking, Logan, Lorain, Madison, Miami, Paulding, Scioto, Shelby and Williams |

Perceptions indicated that services for psychosocial impairments (16 counties), TBI (22 counties) and alcohol and drug use (19 counties) were most critical in terms of the number of counties where need exceeded service capacity.

# XI. Employers' Perspectives: Ohio Business Leadership Network

There were three primary purposes for collecting survey data from representatives of the Ohio Business Leadership Network (OHBLN). The OHBLN is an affiliate of the U.S. Business Leadership Network (USBLN®). The USBLN is a national organization that promotes the business imperative to include people with disabilities in the workforce using a business to business model (U.S. Business Leadership Network, n.d.). According to RSC, OHBLN companies represent 3,568,287 employees, $608.7 billion of stock valuation and $956.6 billion of annual sales. RSC desired to understand current hiring practices relative to individuals with disabilities. RSC personnel also desired information related to awareness of the services they provide. Finally, RSC sought information related to barriers to employment for individuals with disabilities.

## Methodology

The survey was created by members of the OSU Research Team in January 2012 (see Appendix M). An online version of the survey was pilot tested in early February and sent to the 21 members of the Ohio Business Leadership Network on February 17. In early March, RSC suggested that the survey be distributed to Community Action Team (CAT) Leaders. According to RSC, a Community Action Team is a group of employers, community organizations, people with disabilities, etc. focused on educating and marketing VR services to the community.

## Sample

Twelve (12) members of the Ohio Business Leadership Network (57.1% response rate) and one (1) representative associated with a Community Action Team completed the survey. It should be noted that this is not a representative sample of businesses. The employers surveyed are actively involved with organizations or networks related to the employment of people with disabilities. The Advisory Team discussed potential future studies involving employers who typically conduct business with RSC as well as businesses that do not have an existing relationship with

RSC. Respondents were primarily human resources personnel (5 respondents) or managers (5 respondents). Approximately two-thirds (61.5%) of respondents had been in their current jobs four (4) to ten (10) years. All responders indicated that their company's diversity plan/policies included targeted recruitment and retention of qualified employees with disabilities. Similarly, all of the respondents indicated that the businesses they represented currently employed individuals with disabilities. Table XLVI indicates the counties where respondents' businesses were located.

**Table XLVI.** Location of Respondents' Businesses

| County | Number of Businesses |
|---|---|
| Franklin | 5 |
| Lucas | 3 |
| Hancock | 2 |
| Ross | 2 |
| Jefferson | 1 |
| **Total** | **13** |

## Findings

**Internal Issues Impeding Employment of People with Disabilities.** Most of the respondents (76.9% or 10 out of 13) indicated that there were no major barriers within their companies that impeded employment of people with disabilities. Three respondents (23.1%) indicated that they were unfamiliar with hiring practices associated with employment of people with disabilities and that fear of increased costs was a concern.

**External Issues Impeding Employment of People with Disabilities.** Most respondents (69.2%) indicated that there were no external issues that impeded employment of people with disabilities. Two respondents (15.4%) indicated that community organizations not working effectively with businesses was an external issue. One respondent indicated that business downsizing, lack of funds for accommodative technology/architecture, public relations (ramifications if employee should be terminated) and finding people who "fit" well in the business environment were external barriers.

**Qualities and Essential Skills**. In order to compete for jobs, respondents suggested that relevant work experience and basic reading and math skills were most important (10 out of 13 nominations). Nine (9) out of 13 respondents (69.2%) cited minimum education requirements while eight (8) out of 13 respondents (61.5%) nominated communication and problem solving skills. Basic computer skills were nominated by six (6) out of 13 respondents (46.2%). The ability to engage in physical labor and forklift experience were also noted.

**Recruitment of People with Disabilities**. Respondents indicated that the best way for candidates with disabilities to access special recruitment activities was to partner with community organizations (4 out of 13 responses/30.8%) followed by involving and supporting key personnel to enhance outreach to hire people with disabilities (3 out of 13 responses/23.1%). Other responses included using on-line application procedures, informing Bureau of Vocational Rehabilitation (BVR) counselors of interest in working for a particular company and partnering with RSC.

Seven (7) out of the 13 respondents (53.8%) indicated that RSC worked with them or an applicant to secure or retain employment. Almost half of respondents (6 out of 13/46.2%) felt that including "disability as a valued diversity initiative in the workplace" would be helpful in recruiting and retaining qualified employees with disabilities. More than two-thirds (5 out of 13/38.5%) of respondents thought that handling the accommodation process with "dignity and respect for all employees" would be helpful. Respondents noted that having meetings between top RSC officials and senior business leadership and directing employers to key contacts might be useful approaches to recruiting and retaining qualified employees with disabilities.

**Awareness and Quality of RSC Services**. The majority of respondents (84.6%) were aware that RSC worked with individuals with disabilities to help prepare them to be job ready and find employment and that RSC assisted employers in finding and retaining employees with disabilities. Again, the majority of respondents (at least 69.2%) were aware of the following services provided by RSC: Work Opportunity Tax Credit, VR services, disability awareness training, ADA training and/or identification of potential accommodations/support. More than half of respondents (7 out of 13/53.8%) indicated that RSC was either somewhat helpful or very helpful in finding people with disabilities who might be employees. Similarly, 53.8% of respondents (7 out of 13) indicated that RSC was either somewhat helpful or very helpful in supporting people with disabilities who were employed in their

companies. Almost one-third of respondents (30.8%) indicated that they had not requested assistance from RSC.

**Change in Hiring Practices**. Slightly more than one-third of respondents (5 out of 13/38.5%) indicated that if hiring people with disabilities attracted customers with disabilities and their stakeholders to the company's products and services that would prompt them to consider people with disabilities as a market segment. Similarly, 30.8% of respondents (4 out of 13) indicated that validated research by experts confirming the premise that success in the "people with disabilities" (PWD) market would be rewarded with higher market capitalization for publicly traded companies and higher appraised value for private companies would prompt them to consider people with disabilities as a market segment.

Finally, 23.1% of respondents (3 out of 13) felt that loyalty of people with disabilities and family members and friends because of hiring practices would prompt them to consider people with disabilities as a market segment. About one-third of respondents (4 out of 13/30.8%) indicated recognition of PWD as a market segment would prompt their companies to establish a network or other similar internal diversity initiatives to assist employees in making their entry into their company comfortable and seamless. When asked the most important thing that RSC could do to support people with disabilities who are employed in their company, respondents noted the following:

- Being available as needed
- Continuing to provide top-notch services
- Having a dedicated VR counselor to help with job trials
- Continuing to send them qualified people with disabilities
- Providing follow-up with senior leadership on successes and disappointments

Similarly, when asked the most important thing that RSC could do to promote retention of employees with disabilities, respondents noted the following:

- Training regarding available supports
- Providing employers with contact names
- Training regarding requirements for federal employment

- Providing education tools for new managers and supervisors
- Providing education related to the hiring process to human resources personnel
- Developing streamlined processes so human resources personnel don't have to involve numerous agencies

**Key Findings**. Three findings were singled out as having particular significance for planning and policy development:

1. Respondents felt that their companies do not have internal issues and/or were not aware of external issues that impeded employment of individuals with disabilities.
2. Relevant work experience and basic reading and math skills are sought by employers as essential qualities that would ensure that individuals with disabilities could compete for positions. Communication and problem solving skills were also identified as important skills.
3. Educating and creating partnerships with employers were identified as potential approaches to increasing employment opportunities for individuals with disabilities.

# XII. Recommendations

The data summarized above and in more detail in the following report suggested several formal recommendations. Recommendations were developed as a prelude to and support for formal planning activities. The recommendations are provided in red and are accompanied by a brief explanation of the data which support the recommendation.

1. **Focus efforts to access available federal funding to provide services to individuals with disabilities.** Data indicated that funding for RSC has declined significantly in the recent past. From 2007 to 2011, total match funding decreased from $32 million to $27.4 million, which also resulted in a loss in federal funding that was not matched. This loss in funding corresponded to decreased service provision. Approximately 7,500 individuals with disabilities achieved employment outcomes in 2009 compared to 3,373 in 2011. Given the level of unmet need, RSC should continue efforts to enhance efficiency, increase partnerships and access non-traditional financial, matching resources.

**Data Sources:**

- **Figure 3.** Number of referrals, applicants and eligibility determinations from 2007 to 2011. (Section II. Background Information: Secondary Data Review)
- **Table XIII.** Funding Trends: 2007-2011 (Section II. Background Information: Secondary Data Review)
- **Figure 4.** Funding trends from 2007 through 2011. (Section II. Background Information: Secondary Data Review)

2. **Formalize efforts to understand processes and procedures used in counties that demonstrate effective methods for conducting outreach and addressing the employment needs of individuals with disabilities.** Special efforts should be directed toward understanding opportunities and "best practices" for outreach (i.e., the service rate) and outcomes (i.e., the rehabilitation or success rate). It is important to note that data contained in this report reflect service rates and do not reflect outcomes of services delivered. This indicates that in many cases significant numbers of individuals may not be served. If conditions remain unchanged, the overwhelming majority of counties will fall below a penetration rate of 15% in 2013 for all disability categories (79 counties for visual impairments; 79 for hearing impairments; 80 for physical impairments; 70 for psychosocial impairments; 85 for communicative impairments; 79 for cognitive impairments). These data suggest that there are many opportunities to address unmet need among individuals with disabilities in Ohio across all disability categories and across all counties. However, data also indicated that some counties have been relatively more successful than others in serving larger numbers of individuals with disabilities.

**Data Sources:**

- **Appendix F.** Penetration Rate Projections (Served and Waitlist) and Aggregate Data Related to County Need
- **Figures 11-16.** 2013 Penetration Rate Maps. (Section IV. Prevalence and Penetration Rates: Projections of Unmet Need)

3. **Direct efforts toward establishing better alignment of the distribution of resources across counties in Ohio.** Deployment of counseling staff should correspond to changes designed to promote more balance across the system. Data indicated significant discrepancies in the "balance" (proportionality) of services provided across counties in Ohio. Counties with high positive differences and high negative differences can be thought of as out of balance. There are no clear patterns in terms of which counties fall into which categories (see maps to identify which counties fall into specific categories). However, serving more individuals in counties with low relative proportionality may increase the balance in the system.

**Data Sources:**

- **Table XXIX.** Relative Proportionality for Ohio: 2013 (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)
- **Figure 17.** Estimated proportion of Ohioans with disabilities seeking employment in 2013. (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)
- **Figure 18.** Proportion of Ohioans served by the Rehabilitation Services Commission (RSC) in FFY 2011. (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)
- **Figures 19-24.** 2013 Relative Proportionality Maps. (Section V: Relative Proportionality: Comparisons of Needs to Service Provision)

4. **Expand VR services to transition age youth through partnership agreements with Ohio Department of Education (ODE) and by encouraging VR counselors to work closely with local education agencies.** There are 1,743,816 youth in Ohio between the ages of 14 and 24 and estimates suggest that 111,604 may experience disabilities. Additional data from ODE indicated that a total of 14,767 transition age youth with disabilities had an identified need for rehabilitation counseling as a related service on their Individual Education Plan (IEP). In 2010, RSC served 3,416 individuals between 14 and 24 years of age. The discrepancies between the identified need for VR as part of the IEP and the number of transition age youth served by RSC indicate opportunities for expansion of services.

**Data Sources:**

- **Table XX.** Needs Related to Age in 2010: Disabilities in Ohio (Section III. Race, Age, Disabilities and Employment Status in Ohio)
- **Appendix E.** Projected Gap in Services for Transitional Age Youth
- **Appendix H.** Other State Data - Ohio Department of Education (ODE)

5. **Explore the utilization of a resource investment system in which outcome achievement data is utilized to make decisions about the investment of resources.** Multi-variate, correlational analysis indicated no measurable relationship between availability of services and penetration rates. Values for r ranged from .01 to .26 for all disability categories. It is uncertain whether current measures of volume of service delivered are optimal to support planning related to resource allocation. Findings related to this recommendation should be investigated in more detail.

**Data Sources:**

- **Appendix C.** Ohio Rehabilitation Services Commission (RSC) Vocational Rehabilitation Public & Private Partnerships (VRP3) and Community Rehabilitation Programs (CRPs) Data by County and Disability for Federal Fiscal Year 2011.
- **Figure 5.** Percent of individuals with disabilities in Ohio by race/ethnicity (N=1,506,324).
- **Figure 6.** Percent of individuals with disabilities served by RSC in 2011 by race/ethnicity (N=11,652).
- **Figure 7.** Percent of individuals with disabilities in Ohio in 2010 by age (N=1,577,986).
- **Figure 8.** Percent of individuals with disabilities served by RSC in 2011 by age (N=11,645).

6. **Expand VR services to older adults through RSC's partnership with the Ohio Department of Aging (ODA).** Current population figures indicate that there are 2,287,424 individuals in Ohio over age 60. Estimates suggest that 848,634 may experience disabilities. RSC served 806 individuals over age 60 in 2011. By 2020, Ohio's age 60+ populations is projected to reach 2,822,000 and represent 23.2% of the state's population (Mehdizadeh, 2010). By 2020, Ohio will have approximately 348,000 individuals with severe disabilities who will need formal long-term services and supports (Mehdizadeh, 2010). Thus, there would appear to be opportunities to serve older adults in most, if not all Ohio counties. Efforts should be directed toward "outreach" to the older adult population. In addition, a formal partnership should be pursued with ODA to identify and provide services to older adults. It should be noted that RSC has recently entered into an agreement with

ODA to provide Chronic Disease Self-Management training programs to mutually eligible Ohioans. The opportunities to continue and expand upon this partnership should be explored in formal planning activities.

**Data Sources:**

- **Table XX.** Needs Related to Age in 2010: Disabilities in Ohio (Section III. Race, Age, Disabilities and Employment Status in Ohio)
- **Appendix D.** Projected Gap in Services for Older Adults (Age 60+)
- **Figure 7.** Percent of individuals with disabilities in Ohio in 2010 by age (N=1,577,986).
- **Figure 8.** Percent of individuals with disabilities served by RSC in 2011 by age (N=11,645).

7. **Develop a formal plan to share current methods for collecting and disseminating data with stakeholder groups.** Availability and organization of data within RSC and other state agencies presented challenges to the CSNA. Efforts to enhance the consistency in which all state agencies define and collect data related to disabilities is likely to promote enhanced inter-system agreements and efficiency in service delivery models for individuals with disabilities. For example, current RSC practices, dictated by federal guidelines, provide for the collection of data related to six primary categories of disability including visual impairments, hearing impairments, communicative impairments, physical impairments, psychosocial impairments and cognitive impairments. Currently, data related to other types of diagnostic categories are considered as causes related to the six primary disability categories. For purposes of this CSNA project, conditions of people with disabilities include but are not limited to: traumatic brain injury, developmental disabilities, autism and substance use disorders. In addition, other state agencies use a variety of approaches for capturing data related to disabilities. It is understood that RSC is required to comply with disability and impairment classification systems established by the Rehabilitation Services Administration (RSA). Similarly, other state agencies must follow the requirements associated with other federal programs that they administer.

**Data Sources:**

- **Appendix H.** Other State Data
- **Section IV.** Prevalence and Penetration Rates: Projections of Unmet Need
- **Section V.** Relative Proportionality: Comparisons of Needs to Service Provision
- **Section VIII.** Perceptions of System Level Key Informants

8. **Examine the need to capture additional data related to the use of state supported services at intake and for case management services.** For example, it might be useful to ask consumers of RSC services about the extent to which they are engaged with other state agencies. This information would allow RSC to understand the extent to which consumers use services provided by other state agencies. Such data might provide a foundation for establishing partnerships with selected state agencies. These partnerships could prove to be mutually beneficial in efforts to address the needs of individuals requiring services from multiple agencies.

**Data Sources:**

- **Section VI.** Information from Other State Agencies (Data sections)

9. **Evaluate the strategic use of "supported employment" services as a method of reducing recidivism.** Recidivism refers to an individual requiring RSC services more than once while supported employment is defined as ongoing support and other appropriate services needed to support and maintain an individual with the most significant disabilities in employment. Needs assessment data prompted considerable discussion about the strategic use of "supported employment" to reduce recidivism. For example, current funds available for supported employment might be used to promote capacity building in local communities to establish and strengthen supported employment programs. This issue should be studied in more detail and policy designed to promote the use of supported employment in an attempt to reduce recidivism should be developed. Supervisors suggested that supported employment services were inadequate in many Ohio counties.

**Data Sources:**

- **Section X.** Perceptions of Supervisors Regarding Unmet Needs and Quality of Supported Employment Services

10. **Direct efforts to use labor market information to assist consumers in developing valid employment goals.** Qualitative analyses of key informant responses suggested general satisfaction with RSC services. Similar analyses of consumer responses supported this contention. Other key informant and consumer data suggest that efforts should be directed at using current labor market information to develop employment goals. Such an effort might include significant feedback from employers and workforce development agencies to assure that individuals with disabilities are properly prepared for employment and have skills consistent with employment opportunities available in local communities.

**Data Sources:**

- **Table XXXIV.** Self-Reported Reasons Respondents were not Placed in Jobs (Section VII. Perceptions of Consumers Regarding Closures without an Employment Outcome)

- **Section VIII.** Perceptions of System Level Key Informants

11. **Offer information and referral to consumers waiting for services as RSC continues efforts to eliminate the waiting list.** Data indicated that significant numbers of individuals with disabilities remain on the waiting list for services for significant periods of time. As of May 17, 2012, RSC reported that 3,486 individuals were on the waiting list as opposed to 4,586 individuals in August 2011. Since April 2011 when RSC began releasing individuals routinely from the waiting list, wait time has decreased from 418 to 382 days.

**Data Sources:**

- **Appendix F.** Penetration Rate Projections (Served and Waitlist) and Aggregate Data Related to County Need

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# Figures

# Tables