
**University of Washington
Center for Continuing Education in Rehabilitation (CCER)**

**Washington Division of Vocational
Rehabilitation Services
and
State Rehabilitation Council
Comprehensive Statewide Needs Assessment
Phase II Report**

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Introduction

This is the second in a series of three reports that summarize the activities that comprise the Washington Division of Vocational Rehabilitation (DVR) Comprehensive Statewide Needs Assessment (CSNA). The second phase of the Washington DVR CSNA addresses the Rehabilitation Act Needs Assessment Requirements Section 101 (a)(15) by identifying the service needs of individuals with disabilities in Washington including the needs of specific sub-populations of people with disabilities served by DVR, by identifying the challenges accessing Washington DVR services by DVR customers with disabilities, and by identifying areas for improvement in the service delivery of collateral service providers.

The second phase of the Washington CSNA was designed in accordance with the VR Needs Assessment Guide (2009) published by the Rehabilitation Services Administration. Online questionnaires were used to collect information from three stakeholder groups: individuals with disabilities served by Washington DVR, Washington DVR staff who provide direct services to DVR customers, and collateral service providers who work closely with DVR staff to provide services to DVR customers. The strengths of this method of data collection are that it can be administered to groups, the turnaround is quick, and it is relatively cost effective. The limitations of this method of data collection are that completed surveys might have missing data, open-ended questions possibly result in vague answers, and data analysis can be time consuming for open-ended response options. The particular strength of the methodology used in the Washington DVR CSNA is the triangulation of data from different sources.

In the second phase of the CSNA, data from DVR customers, DVR staff, and collateral service providers was triangulated to increase validity of the findings.

The information in this report is presented in three primary sections: the Washington DVR customer survey, the Washington DVR staff survey, and the collateral service provider survey. In these sections, the survey methods and results are discussed for that unique group. In the conclusion, results are compared to determine areas of agreement and divergence across the three groups.

DVR Customer Survey

Methods

Instrument. The instrument¹ used for the survey of DVR customers (see Appendix A) was developed by the Comprehensive Statewide Needs Assessment (CSNA) Steering Committee through an iterative process of generating items and refining language and content. The instrument was designed to capture participants' perceptions in three main areas: their employment-related service needs; their experiences in accessing DVR services; and their recommendations, if any, for improving DVR services. Participants were also asked to provide specific demographic information for the purpose of describing the sample group.

Participants. Participants for the DVR customer survey included individuals who met the following criteria:

- had been determined eligible for DVR services but had not completed an individualized plan for employment,
- had completed an individualized plan for employment and were receiving vocational rehabilitation services through DVR,
- had a case with DVR which was closed and were determined rehabilitated,
- had a case with DVR that was closed for other reasons, and

¹ Two slightly different versions of the instrument were designed to capture the perceptions of both former and current DVR customers. The only difference between the two instruments was in the verb tense of

- had an email address on file with DVR.

This set of criteria was intended to result in maximum variation in responses (i.e., by age, disability type, case status) and to provide an opportunity for as many DVR customers as possible to contribute to the CSNA. Participants included both current and former DVR customers. Current customers were defined as individuals who had been determined eligible or were in plan status and had an email address on record with DVR as of September 5th, 2013. Former customers were defined as individuals whose cases were closed and had an email address on record with DVR from October 1st, 2012 to September 4th, 2013. The sample group consisted of 10,774 DVR customers.

Data collection. Prior to the inauguration of the survey, efforts were made to alert DVR customers of the process. DVR staff was sent a brief description of the process by the DVR Director via email and was instructed on how to answer questions posed by customers. Also, written notices were posted in all DVR offices².

The survey of DVR customers was conducted from September 5th, 2013 to September 23rd, 2013. The survey was managed through SurveyGizmo, an online software tool. Emails with links to the electronic questionnaire were sent to the sample group. The emails provided context for the survey and included a statement of purpose, criteria for participant selection, and information on how the customer's data would be protected and used. Individuals could request accommodations by contacting the research coordinator by phone or email. Participation in the survey was voluntary, and individuals could choose to opt out of future communications about the survey.

² Attempts were made to alert DVR customers of the impending survey by email. However, DVR's internal email system was not equipped to dispatch bulk emails. Efforts were abandoned after approximately 1,000 alerts were sent to customers.

Confidentiality. Numerous efforts were made to ensure the confidentiality of participants' responses. First, DVR provided the researchers with customers' email addresses for the survey but did not include other identifying information, such as names and phone numbers, that might be used to discern the identity of an individual. Also, participants were not required to provide their names, phone numbers, or physical addresses on the electronic questionnaire. In addition, responses to the electronic questionnaire were aggregated by the researchers prior to reporting results, which served to further obscure the identities of participants.

Accessibility. Several measures were taken to ensure accessibility to the survey process. First, the instrument was translated into Spanish, and participants could access the Spanish version of the questionnaire through a link provided in the email. Additionally, questionnaires created with SurveyGizmo meet the accessibility and usability standards outlined in Section 508 of The Rehabilitation Act of 1973, as amended. Questionnaires are also navigable by most screen readers. Also, participants could choose to respond by phone or mail rather than by the online questionnaire. Finally, in an instance where an individual could not complete the questionnaire due to his or her disability, a family member, guardian, or personal care assistant could respond on behalf of the individual.

Data analysis. Data analysis consisted of computing frequencies and descriptive statistics for the survey items with fixed response options. Open-ended survey questions, which yielded narrative responses from individuals, were analyzed by the researchers for themes or concepts that were expressed with a degree of consistency by the respondents.

Completed surveys. Participants completed 1,552 questionnaires. Of the total completed questionnaires, 1,529 were completed online, 15 questionnaires were completed by phone, and eight questionnaires were completed by mail. The response rate for the survey of DVR customers was approximately 15%.

Results

Participant characteristics. Of the 1,552 completed questionnaires, 1,376 (89%) were completed by the person with the disability, 165 (10%) were completed by a family member or guardian, and 11 (1%) were completed by an individual's personal care assistant. Current customers of DVR comprised 67% ($n = 1,047$) of the respondents while individuals with closed cases comprised the other 33% ($n = 505$). Of those that responded, 1,035 (67%) were unemployed, 314 (20%) were employed part time, and 202 (13%) were employed full time.

Of the participants reporting gender, 849 (55%) were female, 692 (45%) were male. Participants were provided with an "other" response option for gender. Nine participants did not identify as male or female.

Participants were provided seven categories for age. These response categories were not spaced in equal intervals to allot a specific category for transition-age youth with disabilities. Transition-age youth are defined by DVR as individuals 18 to 21 years old. Individuals 50 to 59 years old comprised a majority of the sample (30%).

Additionally, participants were provided 17 response options for race/ethnicity, including an "other" category. The majority of participants identified as White (85%), followed by African American (8%) and Native American (6%). Nine individuals identified themselves as multiracial in the open-response category (see Appendix B for a complete list of responses for race/ethnicity).

Participants were also asked to name the county in which they lived. Most participants lived in King County (32%), followed by Snohomish County (10%) and Pierce County (9%). Tables 1.1 and 1.2 provide a summary of these participant characteristics (see Appendix C for a complete list of responses for county).

Table 1.1

Sample Demographics

Demographic	Percent of sample	Number
Gender		
Female	55	849
Male	45	692
Age		
18-21	8	121
22-29	13	195
30-39	17	256
40-49	22	345
50-59	30	464
60-69	10	155
70 and over	1	16
Race/Ethnicity		
African American	8	116
Filipino	1	22
Hispanic	4	64
Native American	6	87
Other Asian or Pacific Islander	2	24
White/European American	85	1,310
County		
Benton	1	17
Clallam	1	21
Clark	7	104
Cowlitz	1	22
King	32	504
Kitsap	4	58
Lewis	1	16
Pierce	9	137
Skagit	3	41
Snohomish	10	160
Spokane	6	98
Thurston	6	97
Whatcom	6	87

Yakima	2	26
No longer living in Washington	2	34
Employment Status		
Unemployed	67	1,035
Part-time	20	314
Full-time	13	202
DVR Status		
Current customer	68	1,047
Former customer	32	505

Note. Frequencies less than 1% are not reported for any response option.

Participants were asked to select their disability from a list of 23 options.

Participants were permitted only one response to this question. Participants were also provided with an “other” response. A response of “other” required participants to specify their disability. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

Disability categories used in the customer survey differed from those used by DVR for eligibility and reporting. The CSNA Steering Committee decided the DVR disability categories, though functional for eligibility and reporting purposes, were too broad for use on the survey. Therefore, the range of response options on the survey was expanded to facilitate a participant’s self (or proxy) report of disability.

Participants identified behavioral/mental health (21%), musculoskeletal disorders (9%), learning disability (7%), and hard-of-hearing (7%) with the most frequency. “Other neurological” and “multiple disabilities” were new categories created from the “other” responses. Table 1.2 provides a summary of the response ordered by frequency (see Appendix D for a complete list of responses for primary disability).

Table 1.2

Primary Disability

Disability	Percent of sample	Number
Behavioral/Mental Health	21	320
Musculoskeletal Disorders	9	135
Hard-of-Hearing	7	100
Learning Disability	7	110
Intellectual/Developmental Disability	6	98
Multiple Disabilities	6	98
Amputation	5	15
Autism Spectrum Disorder	5	77
Spinal Cord Impairment	5	69
Deafness	5	83
Attention Deficit Hyperactivity Disorder	4	58
Traumatic Brain Injury	4	67
Arthritis	3	50
Other Neurological	2	34
Diabetes	2	26
Epilepsy	2	24
Cerebral Palsy	2	23
Multiple Sclerosis	2	23
Drug/Alcohol Addiction	1	21
Stroke	1	16

Note. Frequencies less than 1% are not reported for any response option.

In a subsequent question, participants had the option to report any additional disabilities³.

Participants were provided the same list of 23 conditions (plus an “other” category).

However, unlike in the preceding question, they could identify more than one disability.

Of the 1,194 participants who responded, behavioral/mental health (28%), learning disability (21%), and arthritis (19%) were reported with the most frequency. “Other neurological,” “multiple disabilities,” and “cardiovascular disease” were new categories created from the “other” responses. Table 1.3 provides a summary of the response ordered by frequency (see Appendix E for a complete list of responses for other disabilities).

³ DVR does not record secondary disabilities as part of the eligibility process.

Table 1.3

Secondary Disability

Disability	Percent of sample	Number
Behavioral/Mental Health	28	330
Learning Disability	21	250
Arthritis	19	225
Musculoskeletal Disorders	13	151
Attention Deficit Hyperactivity Disorder	11	134
Drug/Alcohol Addiction	11	128
Hard-of-Hearing	10	121
Vision Impairment	7	85
Intellectual/Developmental Disability	6	71
Spinal Cord Impairment	5	56
Traumatic Brain Injury	4	51
Autism Spectrum Disorder	4	47
Diabetes	4	43
Other Neurological	3	46
Multiple Disabilities	3	39
Epilepsy	3	30
Stroke	2	26
Cerebral Palsy	2	18
Cardiovascular Disease	1	12

Note. Frequencies less than 1% are not reported for any response option.

Service needs. Participants were asked to identify the services they required to reach their employment goals. The CSNA Steering Committee developed a list of 30 services that were either provided by DVR in-house or by collateral service providers. Participants could choose as many services as they perceived were necessary for their individual goals. Participants were also provided with an “other” response. A response of “other” required participants to specify the service. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

Current DVR customers ($n = 1,047$) identified job placement (56%), job searching (53%), and community college or other vocational training (41%) with the most frequency. Former DVR customers ($n = 505$) identified job placement (45%), job

searching (45%), and job coaching (36%) with the most frequency. Additionally, job coaching for current customers (39%) and community college or other vocational training for former customers (35%) were both identified as areas of high need (see Table 1.4).

Table 1.4

Service Needs

Service	Current customer		Former customer	
	Percent of sample	Number	Percent of sample	Number
Bachelor's degree or above from a college or university	28	291	18	91
Child care	5	47	-	-
Clothing	28	288	19	98
Community college or other vocational training	41	428	35	174
Electronic and information technology (such as screen readers or Braille)	8	82	6	29
Employer education about disability	22	232	15	75
Food	17	177	9	45
General work attitude and behavior	13	132	10	49
Housing	18	183	9	46
Job coaching	39	410	36	182
Job placement	56	587	45	226
Job searching	53	553	45	226
Keeping your job	26	268	16	81
Medical devices (such as hearing aids or wheelchairs)	12	128	13	66
Medical diagnosis and treatment	10	104	10	52
Mental health counseling and treatment	24	254	21	105
Modifying your job or school environment so that you can do your duties or tasks	20	205	15	75
Money management	12	130	7	36
On-the job training provided by your employer	30	318	18	92
Personal care assistance	5	49	5	23
Reading, writing, and math skills	9	92	5	24

Self-advocacy skills	18	184	13	65
Self care	6	62	-	-
Social security benefits planning	18	190	13	63
Transportation	29	306	18	91
Vocational guidance and counseling	33	340	28	139

Note. Frequencies less than 5% are not reported for any response option.

“Other” services for both groups included the following:

- plans for self-employment,
- medical/dental insurance,
- tools for work or school,
- medication,
- internships,
- legal assistance, and
- computer skills training.

Access to DVR services. Participants were asked 13 closed-ended (agree/disagree) questions about specific challenges to accessing DVR services. Participants were also provided with an “other” response. A response of “other” required participants to specify the access issue. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

For both current ($n = 1,046$) and former customers ($n = 504$) the access issues were generally the same. The challenge to accessing DVR services most frequently cited by current customers was needing more time with a DVR counselor (36%) and by former customers was waiting a long time for services (30%) (see Table 1.5).

Table 1.5

Access to DVR Services

Access to DVR service	Identified as a barrier			
	Current customer		Former customer	
	Percent of sample	Number	Percent of sample	Number
Getting to a DVR office using public transportation	13	132	9	44
No DVR office in the area	7	74	10	49
Getting into a DVR building/office	1	13	2	12
Language barriers	3	26	3	15
Cultural barriers	4	41	5	26
Communication by email or phone from DVR staff	14	86	15	76
Health issues prevent meetings with a DVR counselor	7	72	12	58
Staff does not understand a customer's disability	13	137	19	93
Customer does not understand what services are available	30	309	27	138
Difficulties writing the Individualized Plan for Employment	30	314	25	127
Waiting a long time for services	30	312	30	149
Disagreeing about services	16	167	25	128
Needing more time with a DVR counselor	36	380	27	135

“Other” challenges to accessing DVR services for both groups included the following:

- interpersonal relationships with the DVR counselors,
- inefficiencies of the VR agency,
- inadequate service from collateral service providers,
- DVR services not meeting expectations,
- closing a customer's case without an employment outcome, and
- VR counselor turnover.

Improvement to DVR services. In an open-ended question, participants were asked what DVR could change to improve services. Suggestions for improvement to services were provided by 715 participants. Write-in responses were analyzed by

constant comparison, and themes were extracted from the responses. The frequency of responses was calculated, and the results are presented in Table 1.6 in order of rank (see Appendix F for a complete list of responses for improving DVR services).

Table 1.6

Improvement to DVR Services

Thematic category	Rank	Characteristic response
Improve the VR process	1	“It took 3 months for a return call and 1 year to be assessed; that is way too long.”
Improve the quality of VR counselor’s case management skills	2	“My counselor can’t seem to get in contact with me or forgets to do paper work and services are delayed.”
Improve the quality of VR counselors’ counseling skills	3	“DVR lady couldn’t understand my grief about quitting my profession of 20 years. She told me to stop feeling bad. She didn’t get it.”
Explain the VR process and/or the services available	4	“Communicate more about what services they can offer to a client. I had specific needs, but my counselor could have advised me about more options.”
Allow more time with the VR counselor	5	“The only thing that would improve my situation is spending more time with my new counselor looking over and amending my current plan.”
Improve vendor services	6	“To help contractors to understand that they should respect the clients in and out of the presence of DVR Staff. I have experienced bad service.”
Provide more job development services	6	“They should have connections in the community. They should be on the phone with companies and tell them about disabled people that want to work.”
Increase the DVR budget	7	“Ask the legislature for better funding.”
Support two/four year college degrees	7	“Do more to promote higher

		education to keep people from being the working poor.”
Support self-employment as an outcome	7	“I have chosen to be self-employed to control my work hours and duties. Your staff wasn’t very knowledgeable about self-employment.”
Provide for customers’ basic needs (food, clothing, housing)	8	“More temp[orary] financial aide for things like groceries.”
Assist with pre-vocational skill building	8	“Let clients access job training and work programs to gain skills to improve chances of getting and keeping employment long term.”
Conduct more pre-employment assessments	8	“Ask clients to take a job skills test to focus on their strengths and weaknesses.”
Provide more job placement services	8	“More job placement help. It is hard in a down environment.”

Note. Frequencies less than 5% are not reported for any response option.

It should be noted that not all feedback from participants was in regard to improving services. An additional 263 participants expressed satisfaction with DVR services.

DVR Staff Survey

Methods

Instrument. The instrument used for the electronic survey of DVR staff (see Appendix G) was based upon a modified version of the DVR customer survey: Participants were asked their perceptions of DVR customers’ employment-related service needs and of customers’ experiences accessing DVR services. However, participants were also asked a unique set of questions that pertained to the needs of DVR customers with the most significant disabilities, of transition-age youth with disabilities, and of customers who are members of a diversity group by race or ethnicity. An additional set of questions asked participants to evaluate the services of collateral service providers.

The CSNA Steering Committee developed a list of 11 categories of service providers, which included the following:

- community rehabilitation programs;
- independent living programs;
- assistive technology providers;
- medical providers;
- mental health providers;
- post-secondary education programs;
- private vocational training programs;
- community and technical colleges;
- WorkSource;
- high school transition programs; and
- basic food, shelter, and clothing programs.

Furthermore, as in the DVR customer survey, staff was asked an open-ended question regarding improvements to DVR services. The questionnaire included a few demographic questions for the purpose of describing the sample group.

Participants. Individuals identified for participation in this survey effort were DVR staff, as of November 6th, 2013, in the following positions:

- Rehabilitation Technicians,
- Vocational Rehabilitation Counselors,
- Vocational Rehabilitation Supervisors, and
- Area Managers.

This set of criteria was necessary to ensure that the sample was inclusive of individuals who understood the employment-related needs of DVR customers. The sample included 247 DVR staff from all service regions.

Data collection. As with the DVR customer survey, data was gathered from DVR staff through an online questionnaire and managed with SurveyGizmo. Participants were sent an e-mail message by the DVR Director alerting them to the survey effort approximately one week before the survey was released.

The survey of DVR staff was conducted from December 2nd, 2013 to December 20th, 2013. Staff was sent an electronic invitation and link to the survey from the DVR Director. Approximately 10 days after the initial distribution, a subsequent notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. Participation in the survey was voluntary, and individuals could choose to opt out of future communications about the survey.

Confidentiality. DVR provided the researchers with email addresses only for the DVR staff survey. Respondents to the DVR staff survey were not asked to identify themselves by name. Responses to the online questionnaires were aggregated by the researchers prior to reporting results. This served to further protect the identity of each respondent.

Accessibility. Participants had the option of three formats for completing the survey: online, by phone, or by mail. Accommodations could be arranged through the researcher coordinator.

Data analysis. Data analysis consisted of computing frequencies and descriptive statistics for the survey items with fixed response options. Open-ended survey questions, which yielded narrative responses from individuals, were analyzed by the researchers for themes or concepts that were expressed with a degree of consistency by the respondents.

Completed surveys. A total of 147 online questionnaires were completed by DVR staff. The response rate for the survey of DVR staff was approximately 60%.

Results

Participant characteristics. Participants were asked to identify their job titles from four choices: Rehabilitation Technician, Vocational Rehabilitation Counselor,

Vocational Rehabilitation Supervisor, and Area Manager. Of the 147 respondents, most participants were Vocational Rehabilitation Counselors (61%), followed by Rehabilitation Technicians (27%), Vocational Rehabilitation Supervisors (15%), and Area Managers (2%). Additionally, participants identified their service areas. Most of the participants were from Area 3 (39%), followed by Area 2 (35%), and Area 1 (26%). Finally, participants indicated how many years they had been in their current positions. Most of the participants had been in their current positions for one to five years (33%). Table 2.1 provides a summary of these participant characteristics.

Table 2.1

Sample Demographics

Demographic	Percent of sample	Number
Job Title		
Rehabilitation Technician	27	40
Vocational Rehabilitation Counselor	60	89
Vocational Rehabilitation Supervisor	10	15
Area Manager	3	2
Service Area		
Area 1	26	38
Area 2	35	52
Area 3	39	57
Years in Position		
Less than 1 year	10	15
1-5 years	33	48
6-10 years	16	23
11-15 years	22	32
More than 15 years	20	29

Service needs general population. Participants were asked to identify the services that were most needed by all DVR customers to reach their employment goals. Participants could choose from a list of 30 services that were either provided by DVR in-house or by collateral service providers. Participants were also provided with an “other”

response. A response of “other” required participants to specify the service. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

DVR staff indicated that vocational guidance and counseling (86%), mental health counseling and treatment (78%), and job placement (77%) were the services most needed by DVR customers to achieve their employment goals (see Table 2.2).

Table 2.2

Service Needs General Population

Service	Percent of sample	Number
Bachelor's degree or above from a college or university	10	14
Child care	18	27
Clothing	43	63
Community college or other vocational training	48	71
Drug/alcohol counseling and treatment	33	48
Electronic and information technology (such as screen readers or Braille)	8	11
Employer education about disability	35	51
Food	12	18
General work attitude and behavior	67	98
Housing	33	49
Interpreters	14	21
Job coaching	58	85
Job placement	77	113
Job searching	66	97
Keeping your job	58	85
Medical devices (such as hearing aids or wheelchairs)	25	37
Medical diagnosis and treatment	33	49
Mental health counseling and treatment	78	114
Modifying your job or school environment so that you can do your duties or tasks	27	40
Money management	15	22
On-the job training provided by your employer	27	39
Personal care assistance	5	8
Preparing for work after high school	31	46

Reading, writing, and math skills	32	47
Self-advocacy skills	40	59
Self care	19	28
Social security benefits planning	51	75
Transportation	61	89
Vocational guidance and counseling	86	127

Note. Frequencies less than 5% are not reported for any response option.

“Other” services included the following:

- guidance on discussing a criminal history,
- pre-vocational skill building , and
- computer skills training.

Service needs specific populations. Participants were then presented with a series of questions about the service needs of specific populations of DVR customers that included individuals with the most significant disabilities, transition-age youth with disabilities, and individuals with disabilities who are members of a diversity group by race or ethnicity. In a two-part question, participants were first asked if the services needed by that specific population to achieve their employment goals differed from other DVR customers. If participants answered “yes,” they were then asked to identify the services most needed by that population to achieve their employment goals. Participants were provided with an “other” response. A response of “other” required participants to specify the service. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

Participants indicated that the service needs of customers with the most significant disabilities (69%) and transition-age youth (64%) were different from other DVR customers. Of the 102 respondents, DVR staff indicated that job placement (85%), job coaching (83%), and vocational guidance and counseling (77%) were the services most needed by DVR customers with the most significant disabilities to achieve their

employment goals. Of the 94 respondents, the services most needed by transition-age youth to achieve their employment goals were vocational guidance and counseling (73%), preparing for work after high school (72%), and job placement (72%). Table 2.3 shows a side-by-side comparison of the responses for these two groups.

Table 2.3

Service Needs of Specific Populations

Service	Most significant disabilities		Transition-age youth	
	Percent of sample	Number	Percent of sample	Number
Bachelor's degree or above from a college or university	5	5	9	8
Clothing	16	16	8	7
Community college or other vocational training	20	20	50	47
Drug/alcohol counseling and treatment	13	13	5	5
Electronic and information technology (such as screen readers or Braille)	25	25	6	6
Employer education about disability	49	50	19	18
Food	6	6	-	-
General work attitude and behavior	47	48	70	66
Housing	17	17	11	10
Interpreters	16	16	8	7
Job coaching	83	85	70	66
Job placement	85	87	72	68
Job searching	63	64	67	63
Keeping your job	71	72	56	53
Medical devices (such as hearing aids or wheelchairs)	34	35	10	9
Medical diagnosis and treatment	27	27	10	9
Mental health counseling and treatment	55	56	20	19
Modifying your job or school environment so that you can do your duties or tasks	51	52	21	20
Money management	17	17	35	33
On-the job training provided by your employer	28	28	30	28
Personal care assistance	34	35	12	11
Preparing for work after high school	27	27	72	68

Readers	8	8	-	-
Reading, writing, and math skills	24	25	39	37
Self-advocacy skills	37	37	56	53
Self care	37	38	30	28
Social security benefits planning	60	61	53	50
Transportation	56	57	18	91
Vocational guidance and counseling	77	78	73	69

Note. Frequencies less than 5% are not reported for any response option.

In the open response category, participants indicated that DVR customers with the most significant disabilities and transition-age youth need pre-vocational skill building to reach their employment goals. Transition-age youth also need work experiences while in high school.

Access to DVR services general population. Participants were asked 13 closed-ended (agree/disagree) questions about the challenges to accessing DVR services experienced by all DVR customers. If participants endorsed that customers could not get to a DVR office using public transportation, they were asked to specify the office location. Additionally, if participants endorsed that customers could not get into a DVR building/office, they were asked to specify the nature of the access issue and the location. Participants were also provided with an “other” response option. A response of “other” required participants to detail the barrier to DVR services. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

The challenges to accessing DVR services most frequently cited by DVR staff were that health problems kept customers from meeting with their DVR counselors (38%), customers did not understand what services were available to them (50%), and customers disagreed with their DVR counselors about the services they needed to get a job (25%) (see Table 2.4).

Table 2.4

Access to DVR Services General Population

Access to DVR service	Identified as a barrier	
	Percent of sample	Number
Getting to a DVR office using public transportation	23	33
No DVR office in the area	15	22
Getting into a DVR building/office	0	0
Language barriers	12	18
Cultural barriers	8	11
Communication by email or phone from DVR staff	5	7
Health issues prevent meetings with a DVR counselor	58	85
Staff does not understand a customer’s disability	3	4
Customer does not understand what services are available	50	73
Difficulties writing the Individualized Plan for Employment	11	16
Waiting a long time for services	12	18
Disagreeing about services	25	36
Needing more time with a DVR counselor	19	28

“Other” challenges to accessing DVR services included the following:

- individuals with disabilities are unaware of the VR program,
- DVR customers do not follow through with their responsibilities, and
- individuals are not ready for DVR services.

The specific DVR office locations that cannot be reached by customers using public transportation appear in Appendix H.

Access to DVR services by specific populations. Participants were then asked about the challenges to accessing DVR services by specific customer populations that included individuals with the most significant disabilities, transition-age youth with disabilities, and individuals with disabilities who were members of a diversity group by race or ethnicity. In a two-part question, participants were first asked if the difficulties

accessing DVR services by that specific population differed from other DVR customers. If participants answered “yes,” they were then asked to identify the main reasons that the population had difficulties accessing DVR services. However, a majority of DVR staff indicated that there were no differences in access to DVR services by specific populations (56%, 52%, and 64% respectively).

Quality of collateral service providers. In a two-part question, participants were first asked whether a collateral service provider was able to meet DVR customer needs. A “no” response required participants to evaluate the quality of the provider on six criteria: poorly trained staff, inexperienced staff, too few staff, services take too long to provide, do not provide effective reasonable accommodations, and not enough providers to serve customers. Participants were also provided with an “other” response option. A response of “other” required participants to provide further detail. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

According to participants, providers that are adequately meeting the needs of DVR customers include the following: independent living providers (54%), assistive technology providers (77%), medical providers (63%), post-secondary education providers (69%), private vocational training providers (38%), and community and technical colleges (70%). The remaining providers were determined by participants as not adequately meeting customer needs, and a summary of these responses is presented in Table 2.5, and a narrative description of the responses follows.

Table 2.5

Inadequate Provision of Services

	Community rehabilitation programs	Mental health programs	WorkSource	High school transition programs	Food, shelter, and clothing programs
Variable	Percent of sample				
Poorly trained staff	57	19	44	40	8
Inexperienced staff	64	29	49	27	6
Too few staff	51	49	35	33	34
Services take too long to provide	61	37	13	10	51
Do not provide effective reasonable accommodations	19	17	56	17	14
Not enough providers to serve customers	57	66	24	15	74

Note. For high school transition programs, the “other” category was selected by a majority of the respondents (67%).

Community rehabilitation providers. Of the 147 respondents, DVR staff was split on whether CRPs adequately meet customer needs: 47% indicated that CRPs do meet customer needs while 46% indicated that they do not meet customer needs. DVR staff cited inexperienced staff (64%) as the primary reason why CRPs do not adequately meet customer needs. “Other” responses included:

- a provider’s lack of cultural competency,
- a limited understanding of a customer’s disability, and
- poor communication and/or collaboration with DVR.

Mental health providers. Most participants responded that mental health providers do not adequately meet customer needs (54%). The primary reason was that there are not enough providers to serve customers (66%). “Other” reasons included:

- a lack of coverage for mental health services,
- poor communication and/or collaboration with DVR,
- a focus on crisis care rather than long-term supports, and
- limited and/or inadequate counseling services.

WorkSource. Most DVR staff responded that WorkSource does not adequately meet customer needs (49%). The primary reason was that WorkSource does not provide effective reasonable accommodations. “Other” reasons included:

- WorkSource staff lacks expertise in disability,
- services are not individualized, and
- WorkSource staff poorly communicates and/or collaborates with DVR.

High school transition programs. A majority of participants indicated that high school transition programs do not adequately meet DVR customer needs (41%).

Although most identified poorly trained staff as an issue (40%), a larger portion of respondents selected “other” (67%). “Other” responses included the following:

- programs do not provide meaningful work experiences;
- program staff does not understand the VR process and, therefore, does not refer customers or collaborate effectively with DVR;
- program staff does not assist youth in identifying appropriate vocational goals; and
- a general lack of consistency among transition programs.

Food, shelter, and clothing programs. A majority of participants responded that food, shelter, and clothing programs did not adequately meet customer needs (60%). The primary reason was that there are not enough providers to serve customer demand for services (74%). “Other” responses included:

- a lack of funding for these types of services,
- eligibility criteria for many of these programs exclude many DVR customers, and
- limited availability of affordable housing and shelters, especially in rural areas.

Improvement to DVR services. In an open-ended question, participants were asked what DVR could change to better support customers in achieving their employment goals. Suggestions for improvement were provided by 118 participants. Write-in responses were analyzed by constant comparison, and themes were extracted from the responses. The frequency of responses was calculated, and the results are presented in Table 2.6 in order of rank (see Appendix I for a complete list of responses to improving DVR).

Table 2.6

Improvement to DVR Services

Thematic category	Rank	Characteristic response
Hire more staff/decrease VRC caseloads	1	“More one-on-one time with VRC, so much knowledge and expertise is here, and seeing a customer once a month for as brief a time as possible doesn’t give counselor nor customer benefit that is deserved.”
Focus efforts on conducting pre-employment assessments and writing IPEs	2	“Providing more intensive vocational assessment services; having VRCs spend considerably more time with customers in the assessment phase.”
Improve the quality of collateral service providers	3	“DVR pays CRPs good money to provide services and often times these services are of poor quality and there is lack of follow through on expectations.”
Conduct more aggressive community and employer outreach campaigns	4	“Create working agreements with employers; many employers are very reluctant to work directly with DVR as they really are uneducated about people with disabilities and the focus of DVR.”
Assess job readiness and provide remediation	5	“Working on helping customers identify what they will need to do to get ready and stressing their need to take responsibility for getting ready.”

Improve staff morale	6	“Team work; supportive, flexible, warm, friendly supervisors and coworkers will go a long way to help customers.”
Handle job development and placement internally	7	“More in-house employment development programs.”

Note. Frequencies less than 5% are not reported for any response option.

Collateral Service Provider Survey

Methodology

Instrument. The instrument used for the electronic survey of DVR providers (see Appendix J) was based on a modified version of the DVR customer survey. Like the DVR staff survey, it included questions concerning DVR customers’ employment-related service needs and customer access to DVR services. The questionnaire also included a set of questions specific to the needs of transition-age youth with disabilities and of DVR customers who are members of a diversity group by race or ethnicity⁴. As in the DVR customer and staff surveys, providers were asked to give recommendations for improving DVR services. The questionnaire included a few demographic questions for the purpose of describing the sample group.

Participants. Individuals identified for participation in this survey included representatives of organizations that provide services, coordinated services, or served in an advocacy role for DVR customers. The CSNA Steering Committee identified 11 broad categories of providers, which included the following:

- community rehabilitation providers;
- assistive technology services;
- food, clothing, and shelter services;
- high school transition programs;

⁴ Questions about the needs of DVR customers with the most significant disabilities were not included in the provider survey. The designation of “most significant disability” is determined by several criteria and is unique to the VR program. Therefore, service providers outside the VR agency may not be familiar with this terminology.

- independent living services;
- medical services;
- mental health services;
- post-secondary education programs;
- private vocational training program;
- WorkSource; and
- community and technical colleges.

Individuals within those organizations that provided direct services to DVR customers and had a working knowledge of the DVR system were best suited to participate in the survey.

Data collection. As with the DVR customer and staff surveys, data was gathered from providers by means of an online questionnaire. However, unlike the customer and staff surveys, DVR managed the recruitment of participants and the distribution of the electronic survey. Recruitment of participants was effected by referral sampling. For instance, the survey link was provided to a central administrator of an organization and that person dispensed the link internally.

The survey of DVR providers was conducted from January 6th, 2014 to January 27th, 2014. Providers were sent an electronic invitation and link to the survey from the DVR Assistant Director. Participation in the survey was voluntary, and individuals could choose to opt out of future communications about the survey.

Confidentiality. Respondents to the provider survey were not asked to identify themselves or their organizations by name on the questionnaire. In addition, responses were aggregated by the researchers prior to reporting results. This served to further obscure the identities of individual survey respondents.

Accessibility. Participants had the option of three formats for completing the survey: online, by phone, or by mail. Accommodations could also be arranged by contacting the researchers.

Data analysis. Data analysis consisted of computing frequencies and descriptive statistics for the survey items with fixed response options. Open-ended survey questions, which yielded narrative responses from individuals, were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

Completed surveys. A total of 335 online questionnaires were completed by representatives of collateral service-provider agencies⁵.

Results

Participant characteristics. Participants were asked to identify the type of organization in which they worked from 11 choices:

- Community rehabilitation program;
- Assistive technology services;
- Basic food, clothing, and shelter services;
- High school transition program;
- Independent living services;
- Medical services;
- Mental health services;
- Post-secondary education program;
- Private vocational training program;
- WorkSource; and
- Community and technical colleges.

Participants were also provided with an “other” response option. A response of “other” required participants to provide further detail. Write-in responses were analyzed and condensed into existing categories or sorted into new categories. Analysis of the “other” responses produced a new category: Developmental Disabilities Administration. Of the

⁵ A response rate could not be calculated for the provider survey since the exact number of surveys that were distributed internally by the organizations is unknown.

335 respondents, most were from WorkSource (33%), followed by community rehabilitation programs (20%), and the Developmental Disabilities Administration (15%). Participants also indicated how many years they had been in their current positions. Most of the participants had been in their current positions for one to five years (35%). Table 3.1 provides a summary of these participant characteristics.

Table 3.1

Sample Demographics

Demographic	Percent of sample	Number
Organization type		
WorkSource	32	110
Community rehabilitation program	20	68
Developmental Disabilities Agency	15	51
Mental health services	11	37
Independent living services	5	15
Post-secondary education program	4	13
Private vocational training program	2	6
High school transition program	1	5
Community and technical colleges	1	4
Years in position		
Less than 1 year	13	42
1-5 years	35	118
6-10 years	19	64
11-15 years	11	37
More than 15 years	22	75

Note. Frequencies less than 1% are not reported for any response option.

Service needs general population. Participants were asked to identify the services that were most needed by all DVR customers to reach their employment goals. Participants could choose from a list of 30 services that were either provided by DVR in-house or by collateral service providers. Participants were also provided with an “other”

response. A response of “other” required participants to specify the service. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

Of the 336 responses, participants indicated that job placement (74.1%), job coaching (69%), and job searching (66%) were the services most needed by DVR customers to achieve their employment goals (see Table 3.2).

Table 3.2

Service Needs General Population

Service	Percent of sample	Number
Bachelor's degree or above from a college or university	6	20
Child care	20	66
Clothing	25	83
Community college or other vocational training	42	140
Drug/alcohol counseling and treatment	20	66
Electronic and information technology (such as screen readers or Braille)	17	57
Employer education about disability	44	149
Food	9	31
General work attitude and behavior	57	190
Housing	20	67
Interpreters	7	25
Job coaching	69	233
Job placement	74	249
Job searching	66	222
Keeping your job	60	200
Medical devices (such as hearing aids or wheelchairs)	16	55
Medical diagnosis and treatment	16	53
Mental health counseling and treatment	36	121
Modifying your job or school environment so that you can do your duties or tasks	38	129
Money management	16	53
On-the job training provided by your employer	41	137
Personal care assistance	17	58
Preparing for work after high school	23	77

Reading, writing, and math skills	20	66
Self-advocacy skills	40	59
Self care	37	125
Social security benefits planning	34	113
Transportation	46	155
Vocational guidance and counseling	56	189

Note. Frequencies less than 5% are not reported for any response option.

“Other” services included the following:

- computer skills training
- community-based assessments,
- pre-vocational skill building,
- a GED, and
- student financial aid.

Service needs specific populations. Participants were then presented with a series of questions about the service needs of specific populations of DVR customers that included transition-age youth with disabilities and individuals with disabilities who are members of a diversity group by race or ethnicity. In a two-part question, participants were first asked if the services needed by that specific population to achieve their employment goals differed from other DVR customers. If participants answered “yes,” they were then asked to identify the services most needed by that population to achieve their employment goals. Participants were provided with an “other” response. A response of “other” required participants to specify the service. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

Of the 335 responses, participants indicated that the service needs of transition-age youth with disabilities were different from other DVR customers (46%). Service providers indicated that job coaching (73%), general work attitude and behavior (69%), job placement (68%), and job searching (68%) were the services most needed by transition-age youth to achieve their employment goals (see Table 3.3)

Table 3.3

Service Needs of Transition-age Youth

Service	Percent of sample	Number
Bachelor's degree or above from a college or university	8	13
Child care	5	7
Clothing	14	21
Community college or other vocational training	42	64
Drug/alcohol counseling and treatment	16	24
Electronic and information technology (such as screen readers or Braille)	12	18
Employer education about disability	28	43
Food	5	8
General work attitude and behavior	69	106
Housing	20	30
Interpreters	16	16
Job coaching	73	113
Job placement	68	105
Job searching	68	105
Keeping a job	64	99
Medical devices (such as hearing aids or wheelchairs)	7	11
Medical diagnosis and treatment	15	23
Mental health counseling and treatment	24	37
Modifying your job or school environment so that you can do your duties or tasks	35	54
Money management	34	53
On-the job training provided by your employer	42	64
Personal care assistance	14	21
Preparing for work after high school	62	96
Reading, writing, and math skills	30	46
Self-advocacy skills	47	72
Self care	23	36
Social security benefits planning	28	43
Transportation	47	72
Vocational guidance and counseling	51	78

Note. Frequencies less than 5% are not reported for any response option.

In the open response category, participants indicated that a better coordination of services between agencies would also assist transition-age youth to reach their employment goals.

Transition-age youth also need work experiences while in high school.

Service provision. Participants were first asked a closed-ended qualifying question about whether they worked directly with DVR staff in providing services to DVR customers. A “yes” response moved the respondents forward to the next set of questions. Of the 336 total respondents, 190 (57%) indicated they worked with DVR staff to provide services.

Access to DVR services general population. Participants were then asked 13 closed-ended (agree/disagree) questions about the challenges to accessing DVR services experienced by all DVR customers. If participants endorsed that customers could not get to a DVR office using public transportation, they were asked to specify the office location. Additionally, if participants endorsed that customers could not get into a DVR building/office, they were asked to specify the nature of the access issue and the location. Participants were also provided with an “other” response option. A response of “other” required participants to detail the barrier to DVR services. Write-in responses were analyzed and condensed into existing categories or sorted into new categories.

The challenges to accessing DVR services most frequently cited by service providers were that customers did not understand what services were available to them (63%), they have waited a long time for DVR services (31%), customers disagreed with their DVR counselors about the services they needed to get a job (24%), and they need more time with their DVR counselors (24%) (see Table 3.4).

Table 3.4

Access to DVR Services General Population

Access to DVR service	Identified as a barrier	
	Percent of sample	Number
Getting to a DVR office using public transportation	8	15
No DVR office in the area	7	14
Getting into a DVR building/office	1	2
Language barriers	4	7
Cultural barriers	7	14
Communication by email or phone from DVR staff	14	27
Health issues prevent meetings with a DVR counselor	12	23
Staff does not understand a customer’s disability	18	35
Customer does not understand what services are available	63	120
Difficulties writing the Individualized Plan for Employment	14	26
Waiting a long time for services	31	59
Disagreeing about services	24	45
Needing more time with a DVR counselor	24	45

“Other” challenges to accessing DVR services included the following:

- the VR process is inefficient and/or burdensome for the customer,
- a general breakdown in communication between the customer and the DVR counselor, and
- individuals are not ready for DVR services.

The specific DVR office locations that cannot be reached by customers using public transportation appear in Appendix K.

Access to DVR services by specific populations. Participants were then asked about the challenges to accessing DVR services by specific customer populations that included transition-age youth with disabilities and individuals with disabilities who were members of a diversity group by race or ethnicity. In a two-part question, participants

were first asked if the difficulties accessing DVR services by that specific population differed from other DVR customers. If participants answered “yes,” they were then asked to identify the main reasons that the population had difficulties accessing DVR services. However, a majority of service providers indicated that there were no differences in access to DVR services by specific populations (43% and 53% respectively).

Improvement to DVR services. In an open-ended question, participants were asked what DVR could change to better support customers in achieving their employment goals. Suggestions for improvement were provided by 242 participants. Write-in responses were analyzed by constant comparison, and themes were extracted from the responses. The frequency of responses was calculated, and the results are presented in Table 3.5 in order of rank (see Appendix L for a complete list of responses to improving DVR services).

Table 3.5

Improvement to DVR Services

Thematic category	Rank	Characteristic response
Collaborate more effectively with collateral service providers	1	“An improved and effective operating system for agency-to-agency communications regarding shared customers.”
Improve the efficiency of the VR process from intake to employment	2	“Clients stated they felt lost within the system and frustrated.”
Provide vocational guidance and counseling to DVR customers	3	“Provide clients with a realistic pathway to their long-term employment goals.”
Spend more time with DVR customers	4	“VRCs need to get to know the client better and be more understanding; some just pencil whip the paperwork and skim over reports.”
Explain the VR process and/or the	5	“Provide more information to

services available		clients regarding available services from DVR.”
Conduct community outreach	6	“Inadequate outreach and lack of transparency regarding information on services available and qualifications for services interferes with access of many people who qualify and would benefit from DVR services.”
Contact DVR customers regularly	6	“Need to meet with clients more quickly after application and provide frequent (weekly) contact and support even if just by phone.”

Note. Frequencies less than 5% are not reported for any response option.