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

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

Submitted to:
Washington State Rehabilitation Council
Washington Division of Vocational Rehabilitation Services

Prepared by:
Center for Continuing Education in Rehabilitation (CCER)
Department of Rehabilitation Medicine
University of Washington



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Executive Summary

The Washington Division of Vocational Rehabilitation (DVR), the State Rehabilitation Council and the Center for Continuing Education and Rehabilitation (CCER) at the University of Washington (UW) jointly conducted an assessment of the vocational rehabilitation needs of people with disabilities in Washington. The purpose of the assessment was to provide planners with information pertinent to the allocation of resources, to provide a rationale for the development of DVR's State Plan, and to comply with the needs assessment mandate in the Rehabilitation Act of 1972, as amended.

The process that was developed for conducting the needs assessment involved three data-gathering methods:

- analysis of existing demographic and DVR case service data for the purpose of identifying and describing Washington DVR's target population and sub-populations statewide,
- online surveys conducted with three stakeholder groups (DVR customers, DVR staff, and representatives of organizations that provide services to people with disabilities), and
- key informant interviews conducted with individuals identified as knowledgeable about the employment-related needs of individuals with disabilities in the State.

This approach was designed to acquire a sense of the multi-faceted needs of people with disabilities in the State informed by various perspectives. Surveys were completed by 1,552 current and former customers of DVR (15% response rate), 147 DVR staff (60% response rate), and 335 service delivery partners. Key informant interviews were

conducted with 24 individuals. This summary provides an overview of some of the more important findings in the report.

Survey Results

DVR customers, DVR staff, and service delivery partners were all queried in the following three topic areas:

- services customers require to reach their employment goals,
- customers' challenges to accessing DVR services, and
- suggestions on how to better support customers in achieving their employment goals.

The top three responses for each topic are compared across respondent groups and summarized below.

Service needs. Participants were asked from their perspectives what services were needed by DVR customers to reach their employment goals. DVR customers, staff, and service delivery partners identified the following employment-related services with the most frequency (see Table 1.1).

Table 1.1

Services Needed by DVR Customers for Employment

	DVR Customer (Current)	DVR Customer (Former)	DVR Staff	Provider
1	Job placement	Job placement	Job placement	Job placement
2	Job searching	Job searching	Mental health counseling and treatment	Job coaching
3	Community college or other vocational training	Community college or other vocational training	Vocational guidance and counseling	Job searching

Additionally, DVR staff was also asked about the employment-related needs of individuals with the most significant disabilities to achieve their employment goals. Staff indicated that the needs for this group were somewhat different than the needs of the general population of DVR customers (see Table 1.2).

Table 1.2

Services Needed by DVR Customers with the Most Significant Disabilities for Employment

DVR Staff	
1	Job placement
2	Job coaching
3	Vocational guidance and counseling

Finally, DVR staff and service delivery partners were asked what services were most needed by transition-age youth with disabilities to achieve their employment goals (see Table 1.3).

Table 1.3

Services Needed by Transition-age Youth with Disabilities for Employment

	DVR Staff	Provider
1	Vocational guidance and counseling	Job coaching
2	Preparing for work after high school	General work attitudes and behavior
3	Job placement	Job placement
		Job searching

Access to DVR services. Participants were asked 13 closed-ended (agree/disagree) questions about the challenges to accessing DVR services experienced by all DVR customers. DVR customers, DVR staff, and service delivery partners perceived that the most significant barriers to accessing DVR services for most DVR customers were the following (see Table 1.4).

Table 1.4

Challenges to Accessing DVR Services

	DVR Customer (Current)	DVR Customer (Former)	DVR Staff	Provider
1	Needing more time with DVR counselor	Waiting a long time for services	Health issues prevent the customer from meeting with a DVR counselor	Customer does not understand what services are available
2	Waiting a long time for services	Needing more time with DVR counselor	Customers does not understand what services are available	Waiting a long time for services
3	Customer does not understand what services are available	Customer does not understand what services are available	Customer and DVR counselor disagree about services	Customer and DVR counselor disagree about services
	Difficulties writing the Individualized Plan for Employment			Needing more time with DVR counselor

DVR staff and service delivery partners were asked an additional question about the barriers to accessing DVR services for 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. However, neither DVR staff nor the service delivery partners indicated that the access issues were any different for these groups.

Improvement to DVR services. In an open-ended question, DVR customers, DVR staff, and service delivery partners were asked what DVR could change to improve services. Suggestions for improvement to services were provided by 1,075 participants, and the top three responses for each group are listed below (see Table 1.5).

Table 1.5

Improvement to DVR Services

	DVR Customers	DVR Staff	Provider
1	Improve the efficiency of the VR process from intake to employment	Hire more staff/decrease VRC caseload	Collaborate more effectively with service delivery partners
2	Improve the quality of VRCs' case management skills	Allow more time to conduct pre-employment assessments and write IPEs	Improve the efficiency of the VR process from intake to employment
3	Improve the quality of VRCs' counseling skills	Improve quality of service delivery partners	Provide vocational guidance and counseling to DVR customers

Quality of service delivery partners. DVR staff was asked to evaluate the quality of service delivery partners. In a two-part question, participants were first asked whether service delivery partners were able to meet DVR customer needs; a “no” response required participants to rate the program on six criteria including 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 indicated that CRPs; mental health programs; WorkSource; high school

transition programs; and food, shelter, and clothing programs were not adequately meeting the needs of DVR customers. According to DVR staff, the primary reasons why select categories of service delivery partners are not meeting customer needs are the following:

- **CRP** staff lack the experience to serve DVR customers effectively;
 - there are not enough mental health programs to serve all DVR customers;
 - many **WorkSource** offices do not provide effective reasonable accommodations;
 - staff in **high school transition programs** lack the training to serve DVR customers;
- and
- there are not enough food, shelter, and clothing programs to serve all DVR customers.

Key Informant Interview Findings

Barriers to employment. Key informants were asked to describe what they thought were the top three barriers to employment experienced by people with disabilities in the State. Informants identified the following three barriers with the most frequency:

1. Employer attitudes and workplace culture. Whether it is a general lack of exposure to people with disabilities, presumptions about the cost of hiring people with disabilities, or fear of the ADA, informants stated that most employers are still holding a gate-keeping role in regards to the employment of people with disabilities.
2. Transportation. Although we already know lack of transportation majorly impacts a person's access to employment and education, informants cited this as a primary barrier to employment for people with disabilities.

3. Organizational or bureaucratic barriers. Several informants stated that there was, in general, a lack of employment resources for people with disabilities in the State and that the eligibility criteria for many of these programs limited many individuals' access to needed benefits.

Increasing employment of people with disabilities. Informants were asked what they thought was the most important thing that could be done to increase the employment of people with disabilities. Not surprisingly, informants focused on employers. Beyond DVR improving their efforts at employer outreach, informants suggested that a campaign launched by leadership in State government is needed to send the message that employment of people with disabilities is a priority in Washington. Governor Inslee has issued Executive Order 13-02 to improve the employment opportunities and outcomes for people with disabilities in State government. According to the informants, attention should also be directed to employers in the private sector.

Improvement to DVR services. As in the DVR customer, DVR staff, and service provider surveys, key informants were asked what they thought was the most important change DVR could make to better serve people with disabilities. Two recommendations emerged from these discussions. Informants stated that there should be better collaboration among all of the stakeholders in the VR process including the DVR customer, family members, DVR, service delivery partners, and employers. Some informants stated that there was not a referral stream between DVR and their organizations. For others, efforts at establishing partnerships between the organizations did not extend beyond sitting on the same committees. Equally important to the informants was quality VR services provided by qualified personnel. Some informants

remarked that VRCs tend to function more like service brokers than counselors.

Informants stated that DVR customers benefit from the expertise of a rehabilitation counselor; however, the current system does not permit VRCs to focus on counseling and on building alliances with their customers.

Intended Outcome of the CSNA

It is anticipated that Washington DVR and the SRC will use this information in a strategic manner that results in the provision of vocational rehabilitation services designed to address the current needs of individuals with disabilities who seek employment. This information may also assist Washington DVR in communicating and collaborating with organizations that play a role in serving individuals with disabilities throughout the State.

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Impetus for Needs Assessment

According to section 101(a)(15) of the *Rehabilitation Act of 1973, as amended* (Act) a needs assessment of the rehabilitation needs of individuals with disabilities residing in the state is to be conducted jointly by each state's vocational rehabilitation (VR) agency and SRC in order to inform the State Plan for vocational rehabilitation services. The Act is specific regarding areas that a needs assessment should address. In addition to the overall need for rehabilitation services in the state, the Act focuses on several VR subpopulations and services including individuals with the most significant disabilities, individuals with disabilities who are considered minorities (and those individuals with disabilities who have been unserved or underserved by the state VR program), and individuals with disabilities who are served by other parts of the statewide workforce investment employment system¹. In response to this mandate and to ensure that adequate efforts are made to serve the diverse needs of people with disabilities in Washington, DVR entered into a contract with the Center for Continuing Education and Rehabilitation (CCER) at the University of Washington for the purpose of jointly developing and conducting an assessment of the vocational rehabilitation needs of people with disabilities in Washington.

Purpose of Needs Assessment

DVR conducted the needs assessment to identify the current and changing vocational rehabilitation needs of individuals with disabilities in Washington State. Input was solicited from a broad spectrum of stakeholders including current and former DVR

¹ Washington DVR identified transition-age youth with disabilities as an underserved population at the onset of the needs assessment; therefore, questions about the employment-related needs of this population were included in all phases of data collection and analysis.

customers, service delivery partners, and DVR staff. The data that appear in this report are relevant to the following activities:

- projecting needed services and redeployment of services,
- identifying common and unique needs of specific populations and sub-populations,
- identifying perceived gaps in vocational rehabilitation services, and
- providing data and a rationale for the development of the Washington State Plan and amendments to the Plan.

Description of Needs Assessment Process and Utilization of Outcomes

The Washington needs assessment was designed in accordance with the VR Needs Assessment Guide (2009) published by the Rehabilitation Services Administration and involved three sequential phases of data collection and analysis (see Figure 1):

- analysis of a variety of existing demographic and case service data relevant to individuals with disabilities,
- electronic surveys conducted with three stakeholder groups (current and former DVR customers, representatives of agencies/organizations that provide services to potential or actual customers of DVR, and DVR staff), and
- key informant interviews conducted with individuals identified as knowledgeable about the needs of individuals with disabilities in the State.

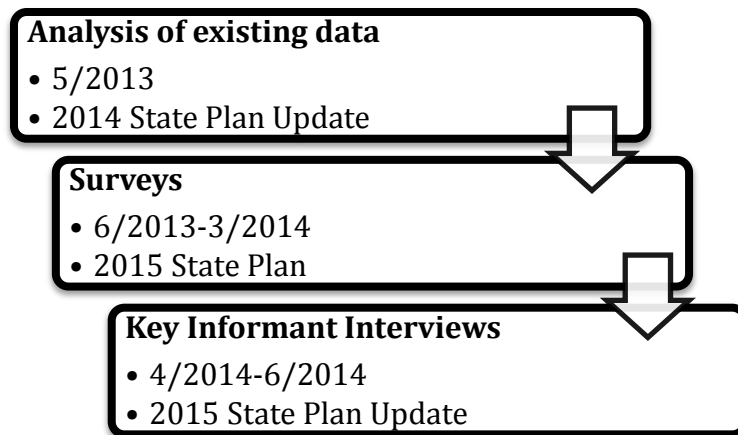


Figure 1. Three-phase needs assessment process. This figure illustrates the timeline for each phase of data collection and analysis and how the results of each phase were used.

This three-phase approach was designed to capture both quantitative and qualitative data to describe in breadth and depth the vocational rehabilitation needs of people with disabilities in the State. The use of multiple data collection methods strengthens the validity of the needs assessment findings. Thus, the particular strengths of the methodology used in the Washington DVR needs assessment are 1) the triangulation of data from different sources, 2) the utilization of multiple methods of data collection, and 3) the integration of quantitative and qualitative data throughout the needs assessment process. The results of the analysis of existing data were included in the 2014 State Plan update, and surveys results were incorporated in the 2015 State Plan. It is anticipated that findings from the key informant interviews will inform the 2015 State Plan update.

Limitations

All research methods are subject to limitations; therefore, it is important to highlight some of the methodological issues that may limit the ability to generalize these needs assessment findings to the population of people with disabilities in Washington. First, the existing data utilized in this report were not originally collected to identify the

rehabilitation needs of people with disabilities in Washington; as such, the analysis based upon secondary data is speculative and the conclusions drawn are tentative. The data from these sources are often presented as estimates. Many of these estimates have been drawn from small sample sizes and may have substantial margins of error. In addition, the definitions of disability vary across data sources. Some of the approaches used to define disability by these data sources included diagnosis based, function based, and service based. Readers are encouraged to consider their knowledge of state and systematic factors impacting the vocational rehabilitation of people with disabilities in Washington when interpreting the findings presented in this report. The results of this study should also be viewed within the context of the additional activities (surveys and key informant interviews) that comprised the needs assessment.

Second, for both survey and interview methods, there is the potential for bias in the selection of participants. The findings that are reported reflect only the responses of individuals who could be reached and were willing to participate. Additionally, the information gathered from participants may not represent the broader perspectives of all current and potential stakeholders in the Washington VR program. Data gathered from service providers, for example, may reflect only the needs of individuals who are already recipients of services to the exclusion of those who are not presently served. Therefore, although efforts were made to gather information from a variety of stakeholders in the vocational rehabilitation process, it would be presumptuous to conclude with certainty that those who contributed to the surveys and key informant interviews constituted a fully representative sample of all of the potential stakeholders in the vocational rehabilitation process in the State.

Analysis of Existing Data Results

Description of Data Sources

A variety of existing data sources were reviewed for the purpose of identifying and describing Washington DVR's target population and sub-populations statewide.

These sources included the following:

- United States Census Bureau 2011 American Community Survey (ACS) 1-Year Estimates,
- United States Social Security Administration (SSA) data for 2011,
- Individuals with Disabilities Education Act (IDEA) data for 2011, and
- DVR case service data for FY 2011.

Data from the ACS was used to describe the prevalence of disability in Washington and the U.S. by various demographic factors. The ACS is a continuous data collection effort conducted by the U.S. Census Bureau that is used to produce annual estimates at the national, state and local level on the characteristics of the United States population. It replaces the decennial Census long form and collects information on an annual basis from approximately 3 million addresses in the U.S. For the needs assessment, SSA data was used to describe the number of recipients of SSI and SSDI in Washington. Unlike the ACS data, SSA data are not collected for research purposes². SSA maintains a master file on individuals and their characteristics in order to carry out administrative tasks.

Additionally, data from Part B of the Annual Performance Report to the Office of Special Education Programs for Washington was used to estimate the number of transition-age youth with disabilities in the State. Finally, FY 2011 DVR case service data was used for

² SSA's Office of Research, Evaluation, and Statistics does provide extractions of the master file for research and other purposes.

the analysis of secondary data in order to make comparisons with the most recent state estimates of disability available. The DVR data used in this section was for all cases closed between 10/1/2010 and 9/30/2011 where eligibility for services had been determined.

Prevalence of Disability in Washington and the U.S.

This section examines the population estimates and the demographic characteristics for individuals with disabilities in Washington and provides a comparison with national data. According to 2011 ACS estimates, 12.4%³ of the population reported a disability in Washington compared to 12.1%⁴ in the U.S. (see Table 1.1). Table 1.1 also compares the prevalence of disability for Washington and the U.S. by age and sex. The prevalence of disability by age and sex in Washington was higher than in the U.S. except for women 65 and older (37.6% and 37.9% respectively). ACS estimates also indicated that the prevalence of disability increased for individuals in Washington and the U.S. across the lifespan. In addition, disability was more prevalent for men 64 and under in Washington and the U.S. than for women. In contrast, disability prevalence was higher for women 64 and older in Washington (37.6%) and the U.S. (37.9%) than for men (36.5% and 35.2% respectively).

³ Prevalence of disability in Washington regardless of age or sex.

⁴ Prevalence of disability in the U.S. regardless of age or sex.

Table 1.1

Prevalence of Disability by Age and Sex for Washington and the U.S. in 2011

	Washington		U.S.	
	Percent of population w/disability	Total	Percent of population w/disability	Total
Male	12.3	415,300	11.9	17,845,600
15 and under	5.0	35,942	4.7	1,573,371
16-64 years	10.6	240,500	10.1	10,099,900
65+ years	36.5	138,800	35.2	6,167,100
Female	12.4	421,200	12.4	19,480,500
15 and under	2.9	19,882	2.8	909,257
16-64 years	10.1	227,900	9.8	10,003,900
65+ years	37.6	173,600	37.9	8,567,400
Total	12.4	836,500	12.1	37,326,100

Note. Adapted from Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

Table 1.2 illustrates the prevalence of disability by race or ethnicity⁵ in Washington and the U.S. based on 2011 ACS estimates. The prevalence of disability for Washingtonians who are White (15.1%), Native American or Alaska Native (20.6%), Asian (7.1%), and Other (9.0%) was higher than the U.S. estimates for these groups (12.5%, 16.5%, 6.3%, and 8.6% respectively). However, the prevalence of disability for

⁵ Prevalence of disability by race or ethnicity regardless of age or sex in Washington and the U.S.

Washingtonians who are Black/African American (12.3%) and Hispanic (7.3%) was lower than the U.S. estimates for these groups (13.9% and 8.3% respectively).

Table 1.2

Prevalence of Disability by Race or Ethnicity for Washington and the U.S. in 2011

	Washington		U.S.	
	Percent of population w/disability	Number	Percent of population w/disability	Number
White	15.1	697,600	12.5	28,654,000
Black/African American	12.3	28,300	13.9	5,278,200
Native Am. or Alaskan Native	20.6	18,900	16.5	405,800
Asian	7.1	35,500	6.3	947,500
Other	9.0	56,200	8.6	2,040,500
Hispanic	7.3	57,500	8.3	4,286,500

Note. Adapted from Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

The prevalence of disability by type for individuals⁶ in Washington and the U.S. using 2011 ACS estimates was also compared (see Table 1.3). The prevalence of hearing disability (3.9%) and cognitive disability (5.4%) in Washington was higher than U.S. estimates (3.4% and 4.9% respectively). Yet, the prevalence of visual disability (1.9%), ambulatory disability (6.4%), self-care disability (2.6%), and independent living disability (5.3%) was lower in Washington than in the U.S. (2.2%, 6.9%, 2.7%, and 5.6% respectively).

⁶ Prevalence of disability by type regardless of age or sex in Washington and the U.S.

Table 1.3

Prevalence of Disability by Type for Washington and the U.S. in 2011

	Washington		U.S.	
	Percent	Number	Percent	Number
Visual disability	1.9	128,900	2.2	6,636,900
Hearing disability	3.9	263,100	3.4	10,556,600
Ambulatory disability	6.4	406,200	6.9	19,937,600
Cognitive disability	5.4	344,600	4.9	14,144,300
Self-care disability	2.6	164,400	2.7	7,697,500
Independent living disability	5.3	291,300	5.6	13,733,900

Note. Adapted from Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

Table 1.4 compares the employment rates for individuals 16-64 years by disability status for Washington and the U.S. based on 2011 ACS estimates. As expected, the employment rate for people with disabilities in both Washington and the U.S. is lower than that of people without disabilities. However, the employment rate for Washingtonians with a disability is higher than the U.S. estimates for that group (34.8% and 32.6% respectively).

According to the 2011 ACS estimates, the employment rate for Washingtonians with a disability is 34.8% while the employment rate for Washingtonians without a disability is 71.0%. Based upon a total population estimate for individuals 16-64 years of 3,053,700, an additional 59,242 individuals would need to become employed in order to close the employment gap between those with a disability and those without a disability in Washington. While these individuals might be considered a DVR target population,

some caution is warranted. These figures may illustrate the high end of the range of the DVR target population as some individuals with disabilities may not wish to utilize the services of DVR, may have disabilities that are not sufficiently severe to warrant DVR services, or may voluntarily be out of the work force.

Table 1.4

Employment rates for individuals 16-64 years by disability status for Washington and the U.S. in 2011

	Washington		U.S.	
	Percent	Number	Percent	Number
With a disability	34.8	163,200	32.6	6,546,000
Without a disability	71.0	2,890,500	70.7	128,752,600

Note. Adapted from Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

Comparison of Needs to Washington DVR Service Provision

This section examines the demographic characteristics of Washington DVR case service data for FY 2011 and compares it to population estimates and demographic characteristics of individuals with disabilities in Washington. The DVR data used in this section was for all cases closed between 10/1/2010 and 9/30/2011 where eligibility for services had been determined. When interpreting the data for people with disabilities in Washington it is important to keep in mind that while these individuals might be considered a DVR target population these figures may illustrate the high end of the range of that population. Some of these individuals with disabilities may not wish to utilize the services of DVR, may have disabilities that are not sufficiently severe to warrant DVR services, or may voluntarily be out of the work force. Furthermore, significant

differences between the characteristics of the DVR population of clients (whose cases were closed in FY 2011) and the characteristics of the population of people with disabilities in the State indicate that more information than what is presented in this report is needed in order to determine the reason for these differences.

According to 2011 ACS estimates for individuals age 16-64 with any disability, 468,400 individuals in the state reported a disability (see Table 2.1). That same year DVR closed cases for 9,744 individuals. This constitutes 2.1% of the population of people with disabilities in Washington. Data from Table 2.1 also indicate that the proportion of men with disabilities is higher than the proportion of women with disabilities in both the state (51.3% and 48.7%) and the DVR caseload (57.4% and 42.6%). However data suggest, that in 2011 more DVR cases were closed for men than for women.

Table 2.1

DVR Clients Compared to People with Disabilities in WA by Sex in 2011

	DVR		WA	
	Percent of cases closed	Number	Percent of population w/disability	Number
Male	57.4	5,592	51.3	240,500
Female	42.6	4,152	48.7	227,900
Total	100.0	9,744	100.0	468,400

Note. Adapted from WA DVR FY2011 case service data and Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

Table 2.2 provides data on the racial and ethnic characteristics of Washington DVR clients and individuals with disabilities age 16-64 years with any disability in the

state. Individuals who identified as White comprise the highest proportion of both the DVR caseload (75.1%) and people with disabilities in the state (81.4%). Individuals who identify as Asian constitute the smallest proportion of the DVR caseload (4.6%) while according to ACS estimates, individuals who identify as Native American or Alaskan Native constitute the smallest proportion of people with disabilities in the state (2.8%).

Table 2.2

DVR Clients Compared to People with Disabilities in WA by Race or Ethnicity in 2011

	DVR		WA	
	Percent of cases closed	Number	Percent of population w/disability	Number
White	75.1	7,320	81.4	381,200
Black/African American	10.9	1,061	4.1	19,400
Native Am. or Alaskan Native	5.6	547	2.8	13,100
Asian	4.6	449	3.7	17,100
Hispanic	8.9	870	7.5	37,600
Other ^a			8.0	35,000
Did not Provide ^b	2.6	251		

Note. The race and ethnicity categories in this table are adapted from the ACS. WA DVR offers individuals a more expansive list of categories from which to choose. The race and ethnicity categories offered by DVR were collapsed in order to make comparisons between the two data sets. Adapted from WA DVR FY2011 case service data and Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

^aDVR case data was not provided for this category. ^bACS 1-Year Estimates does not include a “Did not Provide” category.

Table 2.3 compares DVR closed cases with ACS estimates for people in the state who reported a disability in 2011 by county⁷. Data suggest that a quarter of the DVR cases closed were in King County (24.8%). The county that represented the smallest proportion of cases closed in relation to the entire DVR caseload was Island (.38%). According to ACS data, Cowlitz County has the highest percentage of people reporting a disability relative to the entire population (20.8%) whereas Franklin had the lowest percentage of people reporting a disability (5.6%).

The table is not representative of all the counties in Washington. The ACS has a cut off for publishing 1-year estimates for small subpopulations by geographic area. Therefore, there are no ACS data about the number of people reporting a disability for the following Washington counties: Adams, Asotin, Columbia, Douglas, Ferry, Grant, Garfield, Jefferson, Kittitas, Klickitat, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skamania, Stevens, Wahkiakum, Walla Walla, and Whitman. With no ACS data for a specific county, there could be no comparison to DVR case closure data. DVR data do indicate that cases were closed in all of the counties except for Garfield.

⁷ Estimates for DVR clients and people with disabilities age 18-64 regardless of sex.

Table 2.3

DVR Clients Compared to People with Disabilities in WA by County in 2011

	DVR		WA	
	Percent of cases closed	Number	Percent of population w/disability	Number
Benton	2.9	278	11.1	12,256
Chelan	1.7	165	8.5	3,711
Clallam	1.7	156	16.3	6,574
Clark	4.6	447	11.3	30,240
Cowlitz	3.1	295	20.8	12,635
Franklin	.80	77	5.6	2,647
Grays Harbor	1.1	105	18.3	7,819
Island	.38	37	12.4	5,416
King	24.8	2,400	7.8	103,398
Kitsap	6.7	644	13.0	19,466
Lewis	1.2	113	18.0	8,122
Pierce	9.9	954	12.6	62,738
Skagit	1.9	180	12.2	8,477
Snohomish	9.1	881	10.2	47,142
Spokane	8.3	805	12.0	35,394
Thurston	3.5	338	10.7	17,076
Whatcom	4.9	470	10.0	13,394
Yakima	5.3	509	10.7	15,144

Note. Adapted from WA DVR FY2011 case service data and U.S. Census Bureau, American FactFinder, "Selected Population Profile in the United States 2011 American Community Survey 1-Year Estimates."

Estimating the population of youth in transition is a challenge since there is not one definitive source for this data. State VR agencies tend to have different age parameters for youth in transition. Washington DVR defines transition-age youth as individuals 16-21 years. There are neither national data sets that use this same age criterion for estimating disability prevalence for youth nor service systems that use this criterion for service eligibility.

Using 2011 ACS 1-Year Estimates for individuals with any disability, 5.7% of people with disabilities in the state were age 16-20 years (see Table 2.4). In comparison, 14.7% of DVR's closed cases were for individuals 16-20 years. Additionally,

Washington reported serving 6,843 students 18-21 under IDEA, Part B where as DVR closed 1,423 cases for individuals 18-21 years.

Table 2.4

DVR Clients Compared to ACS Individuals 16 –20 Years with Any Disability in 2011

	DVR		WA	
	Percent of cases closed	Number	Percent of population w/disability	Number
16-20 years	14.7	1,147	5.7	26,539

Note. Adapted from WA DVR FY2011 case service data and Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Copyright 2010 by Cornell University.

Estimates for individuals 18-64 years who received Social Security disability benefits in Washington and in the DVR caseload were compared. In 2011, 2.1% of the resident population in Washington received Supplemental Security Income (SSI) where as 18.5% of DVR clients, whose cases were closed, received SSI (see Table 2.5).

Assuming all 93,806 SSI beneficiaries were eligible for DVR services, DVR served about 2% of this population.

Table 2.5

DVR Clients Compared to SSI Beneficiaries in WA in 2011

	DVR		WA	
	Percent of cases closed	Number	Percent of population receiving SSI	Number
18-64 years	18.5	1,785	2.1	93,806

Note. Adapted from WA DVR FY2011 case service data and U.S. Social Security Administration Office of Retirement and Disability Policy, Office of Research, Evaluation, and Statistics *SSI Recipients by State and County, 2011*.

Additionally, 4.1% of individuals living in Washington received Social Security Disability Insurance (SSDI) whereas 38.5% of DVR clients, whose cases were closed, received SSDI (see Table 2.6). Assuming all 179,595 recipients were eligible for DVR services, DVR served slightly over 2% of this population.

Table 2.6

DVR Clients Compared to SSDI Beneficiaries in WA in 2011

	DVR		WA	
	Percent of cases closed	Number	Percent of SSDI recipients	Number
18-64 years	38.5	3,722	4.1	179,595

Note. Adapted from WA DVR FY2011 case service data and U.S. Social Security Administration, Office of Retirement and Disability Policy, Office of Research, Evaluation, and Statistics *Annual Statistical Report on the Social Security Disability Insurance Program, 2011*.

DVR Customer Survey

Methods

Instrument. The instrument⁸ used for the survey of DVR customers (see Appendix A) was developed by the needs assessment 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.

⁸ 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 question 10 and question 12. The online questionnaire was calibrated for this purpose.

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
- 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 needs assessment. 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 offices⁹.

⁹ 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.

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.

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)¹⁰.

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

¹⁰ The sample for the customer survey is generally characteristic of the DVR target population on all properties. However, customers who identified as African American, customers who identified as Hispanic, customers who identified as male, and transition-age youth maybe somewhat underrepresented in the survey sample.

Native American	6	87
Other Asian or Pacific Islander	2	24
White/European American	85	1,310
County ^a		
Clark	7	104
King	32	504
Kitsap	4	58
Pierce	9	137
Skagit	3	41
Snohomish	10	160
Spokane	6	98
Thurston	6	97
Whatcom	6	87
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. ^aFrequencies less than 2% are not reported for county of residence.

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 disabilities¹¹. 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

¹¹ DVR does not record secondary disabilities as part of the eligibility process.

response ordered by frequency (see Appendix E for a complete list of responses for other disabilities).

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 service delivery partners. 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 service delivery partners,
- 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 aid 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 service delivery partners. 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 service delivery partners. 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 service delivery partners. In a two-part question, participants were first asked whether a service delivery partner 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

Variable	Percent of sample				
	Community rehabilitation programs	Mental health programs	WorkSource	High school transition programs	Food, shelter, and clothing programs
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.” “Providing more intensive vocational assessment services; having VRCs spend considerably more time with customers in the assessment phase.”
Focus efforts on conducting pre-employment assessments and writing IPEs	2	“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.”
Improve the quality of service delivery partner	3	“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.”
Conduct more aggressive community and employer outreach campaigns	4	“Working on helping customers identify what they will need to do to get ready and stressing their need to take responsibility for getting ready.”
Assess job readiness and provide remediation	5	“Team work; supportive, flexible, warm, friendly supervisors and coworkers will go a long way to help customers.”
Improve staff morale	6	“More in-house employment development programs.”
Handle job development and placement internally	7	

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

Service Delivery Partner 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 ethnicity¹². 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;
- independent living services;
- medical services;
- mental health services;
- post-secondary education programs;
- private vocational training program;
- WorkSource; and

¹² 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.

- 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 agencies¹³.

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

¹³ 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 service delivery partners. 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 service delivery partners	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 services available	5	“Provide more information to 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.

Key Informant Interviews

Methodology

Instrument. Key informant interviews were used to supplement the survey data. After survey data were analyzed, gaps in knowledge were identified, and interview questions were formulated. A semi-structured interview protocol (see Appendix M) was developed to solicit information in four key areas:

- perceptions of employment barriers for people with disabilities in the State,
- recommendations for addressing these barriers,
- perceptions of the relationship between DVR and the partnering agency/organization (if applicable), and
- suggestions of model programs or evidence-based practices for improving employment outcomes for people with disabilities.

The general format of the interview protocol was lead questions asked uniformly to all participants followed by specific questions relevant to a particular person or topic. In compliance with the Act, the protocol included a set of questions specific to the needs of individuals with the most significant disabilities, transition-age youth with disabilities, and individuals with disabilities who are also members of a diversity group by race or ethnicity. The protocol also included a few demographic questions for the purpose of describing the sample group of key informants.

Participants. The needs assessment steering committee identified individuals who were perceived to have first-hand knowledge of the employment-related needs of individuals with disabilities in the State. Key informants were experts on a wide range of topics including but not limited to workforce development, mental health, post-secondary education, veterans affairs, and independent living. Individuals that had current relationships with DVR or a working knowledge of the DVR system were best suited to participate in the interviews; however, individuals were not excluded from participation if this criterion was not met.

Data collection. The Assistant Director of DVR facilitated contact between approximately half of the key informants and the team at CCER. The Assistant Director

contacted key informants by email, provided a brief explanation of the needs assessment project, encouraged them to participate, and introduced the team at CCER. Once initial contact was made with the key informants, telephone interviews were scheduled by the researchers. Each key informant was contacted at least twice. Participation was voluntary, and informants could opt out at any time. Key informant interviews were conducted from April 21st, 2014 to May 16th, 2014.

The general format of the interview was consistent among the variety of informants. First, informants were asked questions to ascertain their personal and professional expertise and their experience with DVR. Informants were then asked open-ended questions about their perceptions of barriers to employment for persons with disabilities. Finally, informants were asked to share their views on how DVR could improve employment outcomes for individuals with disabilities.

Confidentiality. Participants were informed that their responses would be treated as confidential information and would not be reported with information that could be used to identify them. In addition, responses were aggregated by the researchers prior to reporting results. This served to further obscure the identities of individual participants.

Accessibility. All interviews were conducted by phone; however, accommodations could also be arranged by means of the researchers.

Data analysis. The interviewers took notes on the discussion as it occurred. The notes were then transcribed, and each transcript was read thoroughly. Themes that surfaced with consistency across interviews were identified and reported in the narrative.

Completed interviews. A total of 24, 60-90 minute interviews were conducted with individuals who are knowledgeable about the employment-related needs of people with disabilities in the State.

Results

Participant characteristics. Key informants were individuals who had professional and/or personal experience with disability services and the VR system. Key informants were members of a variety of State agencies and organizations including the following:

- Department of Social and Health Services (various divisions),
- post-secondary education,
- medical service providers,
- State Rehabilitation Council,
- Department of Services for the Blind,
- centers for independent living,
- parent organizations,
- WorkSource,
- U.S. Department of Labor,
- school districts,
- Workforce Training and Education Coordinating Board,
- YMCAs,
- legal advocacy organizations,
- Department of Veterans Affairs,
- research centers,

- Tribal VR Programs, and
- Developmental Disabilities Council.

Participants identified their positions as parents, trainers, educators, researchers, advocates, directors, program coordinators, and program analysts and served in these roles an average of 15 years. Participants expressed varying degrees of personal and professional contact with the VR system; however, all participants had, at a minimum, a working knowledge of the purpose and intended outcomes of VR services.

Barriers to employment. Key informants were asked to describe what they thought were the top three barriers to employment experienced by people with disabilities in the State. Informants identified the following three barriers with the most frequency:

1. **Employer attitudes and workplace culture.** Whether it is a general lack of exposure to people with disabilities, presumptions about the cost of hiring people with disabilities, or fear of the ADA, informants stated that most employers are still holding a gate-keeping role in regards to the employment of people with disabilities. Many informants stated that the perspective of ableism in the work environment needs to change and that employers should be held responsible for developing a workplace culture around disability. However, since many public and private sector employers do not have people with disabilities in leadership positions to enact organizational change, the movement to change the workplace culture has to be facilitated by an external party.
2. **Transportation.** Although we already know lack of transportation majorly impacts a person's access to employment and education, informants cited this as a primary barrier to employment for people with disabilities. Some informants also commented

on the connection between transportation and housing. They stated that individuals with disabilities who move to rural areas for affordable housing often sacrifice their access to public transportation.

3. **Organizational or bureaucratic barriers.** Several informants stated that there was an overall lack of employment resources for people with disabilities in Washington. According to informants, access for people with disabilities to needed employment-related services is hampered by eligibility criteria based on strict definitions of disability, which vary from one organization to the next. Further, informants commented that many service systems, including DVR, are needlessly complex.

Other barriers to employment cited by key informants included low expectations of people with disabilities, the current economy, access to workplace technology, affordable housing, understanding when and how to disclose a disability to an employer, lack of social skills to keep a job, work readiness, limited access to education and/or training programs, providers' lack of expertise in supported employment, lack of community resources for assistance with self care, criminal histories, lack of knowledge regarding transition from school to work, and limited options for self-employment.

Increasing employment of people with disabilities. Informants were asked what they thought was the most important thing that could be done to increase the employment of people with disabilities in Washington. Not surprisingly, informants focused on employers. Beyond DVR improving their efforts at employer outreach, informants suggested that a campaign launched by leadership in State government is needed to send the message that employment of people with disabilities is a priority in Washington. Governor Inslee has issued Executive Order 13-02 to improve the

employment opportunities and outcomes for people with disabilities in State government. According to the informants, this initiative should extend to employment in the private sector. Additionally, informants remarked that employers' passivity about hiring people with disabilities needs to be challenged. Many informants believe that we need to change the rhetoric about the employment of people with disabilities. In the words of one informant, "it's [employment] not a courtesy; it's the law."

Informants also expressed that the State should fund a transitional jobs strategy to give people with disabilities a stepping-stone into work. Informants described this strategy in terms of "earn and learn" training models, apprenticeship programs, and subsidized employment. Informants explained that transitional work programs are a promising strategy for individuals who are having difficulties finding work in the regular labor market, especially in a period of high unemployment.

Informants stated that, as a society, we need to raise our expectations of employment for people with disabilities. A deficit model of disability continues to pervade many service organizations and contributes to a person's self-limiting beliefs about their capacities as employees. Informants discussed that we need to change the dialogue about (dis)abilities and focus on an individual's strengths and preferences. Additionally, some informants commented that service providers of all types should be empowering individuals with disabilities by instructing them of their civil rights and by teaching them how to advocate for themselves in regards to employment.

Finally, informants emphasized that preparation for employment needs to start early. Discussions about careers and employment pathways need to start at home and continue in school. Several informants stated that many youth with disabilities exit

school without any exposure to work and limited networks to tap into. We see how this can restrict their options as adults.

Improvement to DVR services. As in the DVR customer, DVR staff, and service provider surveys, key informants were asked what they thought was the most important change DVR could make to better serve people with disabilities. A majority of informants stated that there should be better collaboration among all of the stakeholders in the VR process including the DVR customer, family members, DVR, service delivery partners, and employers. In regards to the relationship between DVR and other service providers, several informants stated that partnerships seem to be strong at the administrative level but have varying degrees of success at the direct services level. For instance, some informants stated that there was not a referral stream between DVR and their organizations. For others, partnerships between the organizations seemed perfunctory and did not extend beyond sitting on the same committees.

Equally important to the informants was quality VR services provided by qualified personnel. Informants stated that DVR customers benefit from the expertise of a rehabilitation counselor; yet, most VRCs seem to function more like service brokers rather than counselors. Informants faulted the VR system, which does not permit VRCs to focus on counseling and on building alliances with the customers. They went on to say that the focus of the DVR organization seems to be on strict adherence to administrative policies and procedures and not on individualized customer services. According to some participants, this has resulted in institutionalized thinking and an inability of VR counselors to be creative or “think outside the box.” Informants urged DVR to take steps to restore VR counselors’ professional autonomy.

Individuals with the most significant disabilities. Select informants were asked to discuss the barriers to employment experienced by individuals whom DVR classifies as having the most significant disabilities. Most agreed that although the barriers to employment for this group may not be different from those that have already been identified in the needs assessment, as a whole they may have a greater need for accessible transportation, workplace accommodations, and long-term employment supports. Informants focused on the employment of individuals with intellectual disabilities and the relative success or failure of the Developmental Disabilities Administration (DDA) and DVR. Informants stated that although the partnership between DDA and DVR is strong on an administrative level, there still seems to be a lot of “bouncing the customer back-and-forth” between the VR counselor and the DD case resource manager. The addition of a CRP for supported employment services makes this process even more confusing and difficult to manage for the customers and their family members. Informants also discussed the impact of DDA’s Working-Age Adult Policy on the employment of individuals with intellectual disabilities in Washington. Although there have been improvements in employment outcomes since the policy was implemented in 2006, informants reported that both the labor force participation rate and the unemployment rate of individuals with intellectual disabilities in Washington remains very low. Informants concluded that the State has not committed to the employment of individuals with complex disabilities. Informants stated that both DDA and DVR are underfunded and, as a result, are not capable of serving all eligible individuals in Washington.

Individuals with disabilities from diversity groups. Informants were asked to identify what they thought were the barriers to employment for individuals with

disabilities who are members of a diversity group by race or ethnicity. Many of the informants stated that the barriers experienced by diversity groups were generally the same as those for all individuals with disabilities in Washington; however, informants acknowledged that cultural perceptions of disability, language and literacy, and trust/distrust of the government were related to the access of public services. In regards to DVR services, most informants were not aware of any discrepancies between the quality of services provided to individuals who are members of a diversity group and the general population. However, they questioned whether DVR has the resources to address the needs of every group and whether VR counselors have adequate training in multicultural counseling.

Since the prevalence of disability for Native Americans/Alaskan Natives is higher than for all other diversity groups by race or ethnicity in Washington, select informants were asked to discuss their perceptions of the barriers to employment experienced by this group. According to informants, the major barriers to employment experienced by Native Americans/Alaskan Natives with disabilities are lack of transportation, lack of affordable housing, criminal histories and/or histories of substance abuse, and racism. Informants stated that for tribes in rural communities there are very poor transportation options. Some of these communities have transportation to and from the area only twice a week. Additionally, informants explained that there is not enough affordable housing, and individuals often resign to “couch surfing for a night’s sleep.” Furthermore, informants remarked that employment for individuals with a criminal history or a history of substance abuse is especially difficult in a small community where “everyone may know your past.” Finally, informants discussed that discrimination of Native

Americans/Alaskan Natives by employers continues to be an issue especially in areas proximal to reservations. Informants stated that these issues have been raised with tribal leaders; however, power differentials amongst the tribes may hinder long-term solutions.

Informants knowledgeable about the Washington State Tribal VR Program described some of the unique challenges to administering the Program as well as their relationship with DVR. Informants stated that the Program has a memorandum of understanding (MOU) with DVR. According to the informants, although the MOU clearly identifies the roles and responsibilities of each agency, the requirements of the MOU have not been clearly communicated by DVR administration to field staff.

Specifically, there have been instances where tribal members have been told that they cannot be served by DVR and on separate occasions, DVR staff has not referred eligible individuals to the Tribal VR Program. The informants expressed their desire for the two agencies to work more collaboratively since DVR can pay for services that the Tribal VR Program cannot cover and can offer customers more training opportunities.

Transition-age youth with disabilities. Informants knowledgeable about the employment-related needs of transition-age youth with disabilities were asked to identify what they thought were the barriers to employment for this group. Although many of the informants stated that the barriers encountered by transition-age youth were similar to those encountered by adults, some pointed out a few obvious differences such as young adults' attitudes about employment and their lack of preparedness for work. By and large, informants focused the dialogue on the system issues that seem to impact a youth's successful transition from school to work. Informants underscored families' frustrations with the movement of their young adults from school to post-school activities including

employment, post-secondary education, or vocational/adult education. According to informants, many families do not understand the access points for DVR. Thus, there needs to be greater clarity regarding when and how to access transition services.

Additionally, some informants expressed uncertainty regarding the designated DVR counselor liaison for a particular school district. Although informants named school districts with excellent transition programs and DVR relationships, they stated that the quality of transition services was inconsistent across the State.

Recommendations for addressing these issues included anything that could be done at a systems level to get more information and support to individuals working in the field. Informants stated that VR counselors working with transition-age youth should be required to have specialized training beyond what is offered in a rehabilitation counseling education program. Although informants did not elaborate on the nature of this training, they did remark that VR counselors could be more adept at career awareness and exploration with transition-age youth. Additionally, when counselors are providing vocational guidance to youth, they should consider the full range of possibilities including employment, two-year career and technical education programs, and four-year degree programs. Informants suggested changes to the VR process for this group. Many stated that the VR process as conceptualized for adults is too rigid for young adults who may not have an explicit vocational goal (which is typical for this age group regardless of disability) and proposed that DVR allow for more flexibility in the VR process with this group. Informants also proposed that VR counselor liaisons have reduced caseloads to allow adequate time for collaboration with schools and participation in IEP meetings.

Informants stated that DVR should not bear the responsibility for forging an effective relationship between the agency and the school district, however. Informants acknowledged that it can be difficult to get high school teachers on board with transition services. There are many demands on teachers' time, and they may not prioritize transition planning. Thus, VR counselors might consider reaching out to high school guidance counselors in addition to special education teachers. Ultimately, informants acknowledged that DVR has been invested in transition services and lamented the lack of resources at the State level to commit to each student.

Un-served or underserved populations. Key informant interviews were useful in identifying populations that are un-served or underserved by DVR. Informants were asked whether there were populations of people with disabilities in the State that were not being served at a rate proportional to their numbers and needs. Informants identified individuals with mental illness, veterans with disabilities, moderate to high-functioning individuals with autism, and individuals aging with a disability. Targeted interviews were then conducted with informants that had expertise in providing services to these groups.

Individuals with mental illness. Informants discussed how current national events have put a spotlight on the state of mental health services. Although the national discussions have not been focused on employment services per se, informants emphasized how important work can be for people's treatment and recovery. Informants stated that the primary barriers to employment for this group were the episodic nature of the symptoms of mental illness, the stigma of mental illness, and co-occurring mental illness and substance abuse disorders. Informants went on to say that individuals with

mental illness suffer from the “soft bigotry of low expectations,” a pervasive theme throughout the key informant interviews. According to informants, there needs to be an investment in Washington mental health services including employment services. Although DVR and the Division of Behavioral Health and Recovery have worked cooperatively serving individuals with mental illness for a number of years, informants indicated that there is still tension between the agencies’ philosophies on readiness for employment. Informants explained that the episodic nature of the symptoms of mental illness do not fit into the schema of the traditional VR process. Informants said that DVR should consider evidence-based practices such as the IPS model for supporting individuals with mental illness in employment. Informants underscored that DVR should not be the only employment resource for individuals with mental illness in Washington and that other providers in the State need to share responsibility for employment supports.

Individuals with autism. Informants knowledgeable about the employment-related needs of individuals with autism detailed the barriers to employment experienced by this group, which are not unlike those experienced by all individuals with disabilities. However, informants stated that many individuals with autism who are physically and intellectually capable of performing all the functions of a job are shut out of gainful employment because they do not have the social skills to be successful on the job. Additionally, informants emphasized that moderate to high-functioning individuals with autism often fall between the cracks because they do not qualify for many State and county programs that provide services and supports to individuals with disabilities, such as DDA. Informants also stated that service providers such as DVR and community

rehabilitation programs lack the expertise to support moderate to high-functioning adults with autism in employment and recommended that VR counselors receive specialized training on autism and models of support in the workplace for this group. Informants also want resources directed towards further research on evidence-based employment practices for adults with autism.

Veterans with disabilities. Informants with experience providing employment services to veterans with disabilities identified the following barriers to employment for this group: education or training that does not easily translate into civilian employment, disability stigma and/or misinformation about veterans returning with a service-related disability, and co-morbid mental health disorders that may or may not be rated.¹⁴ Considering Washington has one of the highest populations of veterans in the U.S., informants stated that there is a great demand by veterans with disabilities for employment services. According to informants, there is little guidance provided to veterans as they transition from active duty to civilian employment. Most veterans who are eligible for vocational rehabilitation benefits are directed to use either Vocational Rehabilitation & Employment (VR & E) from the Department of Veterans Affairs or the Post-9/11 GI Bill. Since the compensation provided by the VA for service-related disability is more extensive than what DVR can offer, informants said that it is unlikely that a veteran would pursue DVR services. Additionally, informants described veterans' services as a "tight and closed" system, which does not have a track record for collaborating with DVR. Nonetheless, informants affirmed that since DVR and

¹⁴ A percentage rating represents the average impairment in earning capacity resulting from military service-related diseases and injuries.

VR & E share a similar mission, they should at the very least work together to educate the public about disability.

Aging with a disability. Informants presented the employment landscape for individuals aging with a disability. Informants stated that as people with disabilities age, they leave the workforce 10 to 12 years earlier than those without a disability. Even individuals who could have continued working with adequate accommodations, leave the workforce early and enroll in Medicaid. Informants speculated but were uncertain what coincides with these individuals leaving the workforce. Informants stated that the aging process happens more quickly for individuals with disabilities. For example, the onset of Alzheimer's disease is around age 55 for individuals with intellectual disabilities and some neurologic diseases. Additionally, individuals with disabilities may lose supports as their family members age. Without an adequate support system, informants said that it is difficult for many individuals with disabilities to sustain employment. In addition to health factors, informants described system factors such as ageism and the disability trap that impact an individual's ability to work as they age.

Informants stated that the demographics of who works has been shifting, and they anticipate that the gap in employment between people with and without disabilities will widen especially for older adults. Informants believe that DVR is not prepared to support older individuals with disabilities who want to work or to assist individuals in transitioning out of the workforce. Informants relayed some of the experiences of older adults with disabilities whom they had referred to DVR. These individuals expected professional counseling to help them make decisions on whether they should continue to work and felt that VR counselors did not listen to them, were driven by their

understanding of a diagnosis, and were eager to refer them to CRPs. Informants were clear that DVR must examine how their practices will help older workers with disabilities to engage, retain, or transition out of employment.

Model programs and evidence-based practices. Participants were asked to identify model programs or evidence-based practices that have been successful in assisting individuals with disabilities in achieving employment. These are listed in Appendix N along with a URL to the program website or descriptive document.

References

- Erickson, W., Lee, C., von Schrader, S. (2013). Disability Statistics from the 2011 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Retrieved March 19, 2013 from www.disabilitystatistics.org
- U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the Individuals with Disabilities Education Act" 2011. Retrieved from <https://www.ideadata.org/PartBChildCount.asp>
- U.S. Census Bureau, American FactFinder, "Selected Social Characteristics in the United States 2011 American Community Survey 1-Year Estimates." Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_DP02&prodType=table
- U.S. Census Bureau, American FactFinder, "Selected Population Profile in the United States 2011 American Community Survey 1-Year Estimates." Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S0201&prodType=table
- U.S. Social Security Administration, Office of Retirement and Disability Policy, Office of Research, Evaluation, and Statistics *Annual Statistical Report on the Social Security Disability Insurance Program, 2011*. Retrieved from http://www.ssa.gov/policy/docs/statcomps/di_asr/2011/di_asr11.pdf
- U.S. Social Security Administration Office of Retirement and Disability Policy, Office of

Research, Evaluation, and Statistics *SSI Recipients by State and County, 2011.*

Retrieved from http://www.socialsecurity.gov/policy/docs/statcomps/ssi_sc/2011/

Appendix A

Washington DVR Customer Survey

Thank you for participating in the DVR Customer Survey!

This survey will take about 10 minutes to complete. There are command buttons at the end of each screen. "Next" will save your answers and move you forward. "Back" will move you to the previous screen. "Submit" will turn in your completed survey.

You can exit an incomplete survey by closing your web browser. You can finish an incomplete survey by using the same link provided in the email.

If you need assistance completing this survey or would prefer to take the survey either by phone or by mail, please email or call Anne Ordway at the University of Washington: ordwaa@uw.edu or (425) 774-8519.

There is a click box on the left of each response option. Please choose the best response for each question. For "other" options, please type your response in the box provided.

1) Identify yourself from the choices below.*

- DVR customer
- Family member or guardian
- Personal care assistant

If you are a family member, guardian, or personal care assistant for the DVR customer, please answer the survey questions from the perspective of the customer. This includes the customer information, customer service needs, and access to DVR services.

2) What is your disability? (Check only one.)

- Amputation
- Arthritis
- Attention Deficit Hyperactivity Disorder
- Autism
- Behavioral/Mental Health
- Blindness
- Cerebral Palsy
- Cystic Fibrosis
- Deaf-Blind
- Deafness

- Diabetes
- Drug/Alcohol Addiction
- Epilepsy
- Hard-of-Hearing
- Hemiplegia
- Intellectual/Developmental Disability
- Learning Disability
- Multiple Sclerosis
- Musculoskeletal Disorders
- Spinal Cord Impairment
- Stroke
- Traumatic Brain Injury
- Vision Impairment
- Other (Please specify.): _____*

3) Do you have other disabilities? (Check all that apply.)

- Amputation
- Arthritis
- Attention Deficit Hyperactivity Disorder
- Autism
- Behavioral/Mental Health
- Blindness
- Cerebral Palsy
- Cystic Fibrosis
- Deaf-Blind
- Deafness
- Diabetes
- Drug/Alcohol Addiction
- Epilepsy
- Hard-of-Hearing
- Hemiplegia
- Intellectual/Developmental Disability
- Learning Disability

- Multiple Sclerosis
- Musculoskeletal Disorders
- Spinal Cord Impairment
- Stroke
- Vision Impairment
- Traumatic Brain Injury
- Other (Please specify.): _____ *

4) What is your gender?

- Male
- Female
- Other (Please specify.): _____ *

5) What is your race or ethnicity? (Check all that apply.)

- African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hispanic
- Japanese
- Korean
- Laotian
- Native American
- Other Asian or Pacific Islander
- Samoan
- Thai
- Vietnamese
- White/European American
- Other (Please specify.): _____ *

6) What is your age?

- 18-21
- 22-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 and over

7) In what county do you currently live?

- Adams
- Asotin
- Benton
- Chelan
- Clallam
- Clark
- Columbia
- Cowlitz
- Douglas
- Ferry
- Franklin
- Grant
- Grays Harbor
- Island
- Jefferson
- King
- Kitsap
- Kittitas
- Klickitat
- Lewis
- Lincoln
- Mason

- Okanogan
- Pacific
- Pend Oreille
- Pierce
- San Juan
- Skagit
- Skamania
- Snohomish
- Spokane
- Stevens
- Thurston
- Wahkiakum
- Walla Walla
- Whatcom
- Whitman
- Yakima
- No longer living in Washington

8) Are you employed?

- Yes, full time (over 32 hours per week)
- Yes, part time (under 32 hours per week)
- No

9) Are you a current or former DVR customer?*

- Current customer
- Former customer

10) Below is a list of services that you may need to reach your employment goal. Please choose all that apply to you.*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training

- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping your job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying your job or school environment so that you can do your duties or tasks
- Money management
- On-the-job training provided by your employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other: _____*

11) Below is a list of services that you may have needed to reach your employment goal. Please choose all that apply.*

- Bachelor's degree or above from a college or university
- Child care
- Clothing

- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping your job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying your job or school environment so that you can do your duties or tasks
- Money management
- On-the-job training provided by your employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other: _____*

12) Below is a list of reasons why you may find it difficult to access DVR services. There are two click boxes to the right of each statement. Please choose ONE answer for each statement. "Agree" means it is a problem for you. "Disagree" means it is not a problem for you.

	Agree	Disagree
I cannot get to the DVR office using public transportation	()	()
There is not a DVR office in my area	()	()
I cannot get into the DVR building/office	()	()
DVR staff do not understand my language	()	()
DVR staff do not understand my culture	()	()
DVR staff do not call/email me back	()	()
Health problems keep me from meeting with my DVR counselor	()	()
DVR staff do not understand my disability	()	()
I do not understand what DVR services are	()	()

available to me		
Writing my employment plan is difficult	<input type="checkbox"/>	<input type="checkbox"/>
I have waited a long time for DVR services	<input type="checkbox"/>	<input type="checkbox"/>
My DVR counselor and I disagree about the services I need to get a job	<input type="checkbox"/>	<input type="checkbox"/>
I need more time with my DVR counselor	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please specify.):

13) Below is a list of reasons why you may have found it difficult to access DVR services. There are two click boxes to the right of each statement. Please choose ONE answer for each statement. "Agree" means it was a problem for you. "Disagree" means it was not a problem for you.

	Agree	Disagree
I could not get to the DVR office using public transportation	<input type="checkbox"/>	<input type="checkbox"/>
There was not a DVR office	<input type="checkbox"/>	<input type="checkbox"/>

in my area		
I could not get into the DVR building/office	()	()
DVR staff did not understand my language	()	()
DVR staff did not understand my culture	()	()
DVR staff did not call/email me back	()	()
Health problems kept me from meeting with my DVR counselor	()	()
DVR staff did not understand my disability	()	()
I did not understand what DVR services were available to me	()	()
Writing my employment plan was difficult	()	()
I waited a long time for DVR services	()	()

My DVR counselor and I disagreed about the services I need to get a job	()	()
I needed more time with my DVR counselor	()	()

Other (Please specify.):

14) What could DVR change to improve their services?

Thank you for taking our survey. Your response is very important to us.

Appendix B

Table B1

Race/Ethnicity of Customer Survey Participants

Race/Ethnicity	Percent of sample	Number
African American	8	116
Afro-Caribbean	.06	1
Brazilian	.06	1
British West Indian	.06	1
Canadian Indian	.06	1
Cambodian	.2	3
Chinese	.8	13
Creole	.06	1
Cuban	.06	1
Dominican	.06	1
Eskimo	.06	1
Filipino	1.4	22
Guamanian	.2	3
Haitian	.06	1
Hawaiian	.1	2
Hispanic	4	64
Indian/North Indian	.1	2
Jamaican	.06	1
Japanese	.8	13
Korean	.3	5
Laotian	.1	2
Mix Race	.6	9
Native American	6	87
Other Asian or Pacific Islander	2	24
Samoan	.1	2
Thai	-	-
Vietnamese	.6	10
White/European American	85	1,310

Appendix C

Table C1

County of Residence of Customer Survey Participants

County	Percent of sample	Number
Adams	.1	1
Asotin	.5	8
Benton	1	17
Chelan	.7	11
Clallam	1	21
Clark	7	104
Columbia	-	-
Cowlitz	1	22
Douglas	.4	6
Ferry	-	-
Franklin	.2	3
Grant	.4	6
Grays Harbor	.7	10
Island	.9	14
Jefferson	.3	5
King	32	504
Kitsap	4	58
Kittitas	.1	2
Klickitat	.1	1
Lewis	1	16
Lincoln	.1	2
Mason	.7	11
Okanogan	.7	11
Pacific	.3	5
Pend Oreille	.1	2
Pierce	9	137
San Juan	-	-
Skagit	3	41
Skamania	.2	3
Snohomish	10	160
Spokane	6	98
Stevens	.5	7
Thurston	6	97
Wahkiakum	.1	1
Walla Walla	.6	9
Whatcom	6	87
Whitman	.8	12
Yakima	2	26
No longer living in Washington	2	34

Appendix D

Table D1

Primary Disability of Customer Survey Participants

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
Vision Impairment	.8	13
Immune/Autoimmune Disorder	.8	12
Cardiovascular Disease	.8	12
Gastrointestinal Disorder	.5	8
Blindness	.5	7
Pulmonary Disorder	.5	7
Fibromyalgia	.5	7
Cancer	.4	5
Renal Disorder	.4	6
Speech	.3	5
Deaf-Blind	.3	4
Obesity	.2	3
Chronic Pain	.1	2
Lyme Disease	.06	1
Lymphedema	.06	1
Dermatological Disorder	.06	1
Mitochondrial Disease	.06	1
Hemiplegia	-	-
Cystic Fibrosis	-	-

Appendix E

Table E1

Secondary Disabilities of Customer Survey Participants

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
Multiple Sclerosis	.9	11
Amputation	.8	10
Speech	.8	9
Gastrointestinal Disorder	.7	8
Pulmonary Disorder	.5	6
Immune/Autoimmune Disease	.5	6
Fibromyalgia	.5	6
Obesity	.4	5
Blindness	.3	4
Chronic Pain	.3	4
Deaf-Blind	.3	3
Hemiplegia	.3	3
Cancer	.3	3
Endocrine Disorder	.2	2
Cystic Fibrosis	-	-

Appendix F

Table F1

Customer Recommendations to Improve DVR Services

Change	Percent of Sample	Number
Improve the VR process	17	122
Improve the quality of VR counselor's case management skills	15	109
Improve the quality of VR counselors' counseling skills	10	72
Provide a comprehensive explanation of the VR process and/or the services available	9	66
Allow more time with the VR counselor	5	32
Improve vendor services	4	30
Provide more job development services	4	25
Increase the DVR budget	2	14
Support two-four year college degrees	2	14
Support self-employment as an outcome	2	11
Provide for customers' basic needs (food, clothing, housing)	1	9
Assist with pre-vocational skill building	1	9
Conduct more pre-employment assessments	1	7
Provide more job placement services	1	7
Update the communication technology at DVR	1	7
Arrange on-the-job training with employers	.8	6
Reimburse transportation costs	.8	6
Match the DVR customer and counselor instead of random assignment	.8	6
Provide post-employment services/long-term supports	.7	5
Expand DVR office locations	.7	5
Provide tools for work/school	.6	4
Address ageism in the workplace	.4	3
Assist with job searching	.4	3
Improve the voucher system	.4	3
Assist customers with self-advocacy	.4	3
Meet customers in their homes/teleconference	.4	3
Educate employers about disability	.4	3
Conduct community outreach	.4	3
Provide language interpreters during meetings	.4	3
Tailor services for "high functioning" customers	.4	3
Improve the WOWI assessment	.4	3
Improve coordination of agency services	.4	3

Provide remedial education	.3	2
Cover dental procedures	.3	2
Cover physical therapy	.3	2
Improve counselors' multicultural competencies	.3	2
Cover medical prescriptions	.1	1
Educate employers about medical marijuana	.1	1
Improve the customer service of clerical staff	.1	1
Guide customers on discussing a criminal history	.1	1
Ensure that each DVR office operates under the same policies/procedures	.1	1
Provide a peer-support specialist	.1	1
Maintain an updated list of job openings	.1	1
Provide instruction on managing personal finances	.1	1
Provide Social Security benefits counseling	.1	1

Appendix G

Washington DVR Staff Survey

Thank you for participating in the DVR Staff Survey!

This survey will take about 15 minutes to complete. There are command buttons at the end of each screen. "Next" will save your answers and move you forward. "Back" will move you to the previous screen. "Submit" will turn in your completed survey.

You can exit an incomplete survey by closing your web browser. You can finish an incomplete survey by using the same link provided in the email.

If you need assistance completing this survey or would prefer to take the survey either by phone or by mail, please email or call Anne Ordway at the University of Washington: ordwaa@uw.edu or (425) 774-8519.

DVR Staff Information

What is your job title?

- Rehabilitation Technician
- Vocational Rehabilitation Counselor
- Vocational Rehabilitation Supervisor
- Area Manager

What DVR area do you serve?

- Area 1
- Area 2
- Area 3

How many years have you been in your current position?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

Customer Service Needs

Instructions: Please answer the questions below from YOUR EXPERIENCE working with DVR customers. There will be questions about specific DVR populations. If you do not have experience working with that population, please select, "Don't know" for that question. In this survey, we use the term "most significant disability" as it is defined in STARS. "Transition-age youth" are DVR customers 22 years and under.

Which of the following services are most needed by DVR customers to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks
- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills

- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____*

Considering only DVR customers with the most significant disabilities, do the services needed to achieve their employment goals differ from other DVR customers?*

- Yes
- No
- Don't know

Which of the following services are most needed by DVR customers with the most significant disabilities to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks

- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____*

Considering only DVR customers who are transition-age youth, do the services needed to achieve their employment goals differ from other DVR customers?*

- Yes
- No
- Don't know

Which of the following services are most needed by transition-age youth to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement

- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks
- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____ *

Considering only DVR customers who are members of a diversity group by race or ethnicity, do the services needed to achieve their employment goals differ from other DVR customers?*

- Yes
- No
- Don't know

Which of the following services are most needed by individuals who are members of a diversity group by race or ethnicity to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)

- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks
- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____*

Access to DVR Services

What are the main reasons that customers might find it difficult to access DVR services?
(Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area
- They cannot get into the DVR building/office
- DVR staff does not understand their language

- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services
- They disagree with their DVR counselor about the services they need to get a job
- They need more time with their DVR counselor
- Other (Please specify): _____*

Please specify the location of the DVR office customers cannot reach using public transportation.*

Please specify the location of the DVR office and the nature of the access issue.*

Considering only DVR customers with the most significant disabilities, do the difficulties accessing DVR services differ from those experienced by other DVR customers?*

- Yes
- No
- Don't know

What are the main reasons that DVR customers with the most significant disabilities might find it difficult to access DVR services? (Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area
- They cannot get into the DVR building/office
- DVR staff does not understand their language
- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services

- They disagree with their DVR counselor about the services they need to get a job
- They need more time with their DVR counselor
- Other (Please specify): _____*

Considering only DVR customers who are transition-age youth, do the difficulties accessing DVR services differ from those experienced by other DVR customers?*

- Yes
- No
- Don't know

What are the main reasons that DVR customers who are transition-age youth might find it difficult to access DVR services? (Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area
- They cannot get into the DVR building/office
- DVR staff does not understand their language
- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services
- They disagree with their DVR counselor about the services they need to get a job
- They need more time with their DVR counselor
- Other (Please specify): _____*

Considering only DVR customers who are members of a diversity group by race or ethnicity, do the difficulties accessing DVR services differ from those experienced by other DVR customers?*

- Yes
- No
- Don't know

What are the main reasons that DVR customers who are members of a diversity group by race or ethnicity might find it difficult to access DVR services? (Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area
- They cannot get into the DVR building/office
- DVR staff does not understand their language
- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services
- They disagree with their DVR counselor about the services they need to get a job
- They need more time with their DVR counselor
- Other (Please specify): _____ *

DVR Service Providers

Instructions: DVR buys services or obtains comparable services and benefits for customers from a variety of other programs. Please answer the questions below from YOUR EXPERIENCE working with DVR customers and indicate whether you believe there are adequate services to meet their vocational rehabilitation needs. If you do not have experience working with a particular type of service provider, please select "Don't know" for that question.

Community Rehabilitation Programs*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Community Rehabilitation Programs do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff

- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____*

Independent Living Providers*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Independent Living Providers do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____*

Assistive Technology Providers*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Assistive Technology Providers do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers

Other (Please specify): _____ *

Medical Providers (excluding Mental Health Providers)*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Medical Providers (excluding Mental Health Providers) do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____ *

Mental Health Providers*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Mental Health Providers do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____ *

Post-Secondary Education Programs*

- Adequately meet customer needs

- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Post-Secondary Education Programs do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____*

Private Vocational Training Programs*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Private Vocational Training Programs do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____*

Community and Technical Colleges*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel Community and Technical Colleges do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____ *

WorkSource*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel WorkSource does not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations
- Not enough providers to serve customers
- Other (Please specify): _____ *

High School Transition Programs*

- Adequately meet customer needs
- Do not adequately meet customer needs
- Don't know

What are the reasons you feel High School Transition Programs do not adequately meet customer needs?*

- Poorly trained staff
- Inexperienced staff
- Too few staff
- Services take too long to provide
- Do not provide effective reasonable accommodations

Not enough providers to serve customers

Other (Please specify): _____ *

Programs that support Basic Food, Shelter, & Clothing*

Adequately meet customer needs

Do not adequately meet customer needs

Don't know

What are the reasons you feel programs that support Basic Food, Shelter, & Clothing do not adequately meet customer needs?

Poorly trained staff

Inexperienced staff

Too few staff

Services take too long to provide

Do not provide effective reasonable accommodations

Not enough providers to serve customers

Other (Please specify): _____ *

Change to DVR Services

What is the most important change that DVR could make to better support customers in achieving their employment goals?

From your perspective, what is the primary customer need that DVR is not meeting?

Thank You!

Thank you for taking our survey. Your response is very important to us.

Appendix H

Table H1

DVR Office Locations not Accessible by Public Transportation from DVR Staff Survey

Location	Count
Rural customers	6
Colfax/Pullman itinerate offices and Clarkston	2
Mt. Vernon	2
Puyallup	2
Arlington	1
Bellingham	1
Deer Park	1
Kennewick	1
Lower Valley	1
Mercer	1
Neah Bay	1
Omak (from Twisp)	1
Plain	1
Seabeck and outlying areas of Kitsap County	1
Spokane	1
Wapato/Ellensburg	1
Yacolt	1
Area 3	1
Olympic Peninsula	1

Appendix I

Table II

DVR Staff Recommendations to Improve DVR Services

Change	Percent of Sample	Number
Hire more staff/decrease VRC caseloads	19	22
Enable VRCs to have more time to conduct pre-employment assessments and to write IPEs	10	12
Improve the quality of service delivery partners	8	9
Conduct more aggressive community and employer outreach campaigns	8	9
Assess job readiness and provide remediation	7	8
Improve staff morale	6	7
Handle job development and placement internally	5	6
Explain to customers the VR process and what services may be available to meet their needs	4	5
Concentrate efforts on rehabilitation counseling rather than job placement	3	4
Collaborate/coordinate services with more agencies	3	4
DVR should assist customers with their basic needs (food, clothing, housing)	3	4
Hold customers accountable for moving their cases forward	3	3
Increase/improve services to rural areas	3	3
Make VR services more accessible	3	3
Streamline paperwork (i.e., IPE)	2	2
Improve resources for customers with a criminal background	2	2
Provide benefits planning to more customers	2	2
Offer weekend appointments with customers to accommodate their schedules	.8	1
Work with customers on self-advocacy skills	.8	1
Improve public transportation services	.8	1
Improve the voucher system	.8	1
Discontinue allotments	.8	1
Provide an in-service training on working with customers with a mental health diagnosis	.8	1
Reduce customer wait time for services	.8	1
Provide in-house, online customer assessment	.8	1
Offer customers training in assistive technology	.8	1
Encourage on the job training by employers	.8	1
Restructure DVR management	.8	1
Reorganize DVR so that it no longer is under DSHS	.8	1

Arrange work experiences for customers without a work history	.8	1
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Appendix J

Washington DVR Service Provider Survey

Thank you for participating in the DVR Service Provider Survey!

This survey will take about 15 minutes to complete. There are command buttons at the end of each screen. "Next" will save your answers and move you forward. "Back" will move you to the previous screen. "Submit" will turn in your completed survey.

You can exit an incomplete survey by closing your web browser. You can finish an incomplete survey by using the same link provided in the email.

If you need assistance completing this survey or would prefer to take the survey either by phone or by mail, please email or call Anne Ordway at the University of Washington: ordwaa@uw.edu or (425) 774-8519.

Service Provider Information

In what type of organization do you currently work?

- 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
- Community and technical colleges
- Other (Please specify): _____*

What is your job title?

How many years have you been in your current position?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

DVR Client Service Needs

Instructions: Please answer the questions below from YOUR EXPERIENCE working with DVR clients. There will be some questions about specific DVR populations. If you do not have experience working with that population, please select "Don't Know" for that question. "Transition-age youth" are DVR clients 22 years and under.

Which of the following services are most needed by DVR clients to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks

- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____*

Considering only DVR clients who are transition-age youth, do the services needed to achieve their employment goals differ from other DVR clients?*

- Yes
- No
- Don't know

Which of the following services are most needed by transition-age youth to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)
- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement

- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks
- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____*

Considering only DVR clients who are members of a diversity group by race or ethnicity, do the services needed to achieve their employment goals differ from other DVR clients?*

- Yes
- No
- Don't know

Which of the following services are most needed by individuals who are members of a diversity group by race or ethnicity to achieve their employment goals?*

- Bachelor's degree or above from a college or university
- Child care
- Clothing
- Community college or other vocational training
- Drug/alcohol counseling and treatment
- Electronic and information technology (such as screen readers or Braille)

- Employer education about disability
- Food
- General work attitude and behavior
- Housing
- Interpreters
- Job coaching
- Job placement
- Job searching
- Keeping a job
- Medical devices (such as hearing aids or wheelchairs)
- Medical diagnosis and treatment
- Mental health counseling and treatment
- Modifying a job or school environment so that a client can do his/her duties or tasks
- Money management
- On-the-job training provided by the employer
- Personal care assistance
- Preparing for work after high school
- Readers
- Reading, writing, and math skills
- Self-advocacy skills
- Self care
- Social security benefits planning
- Transportation
- Vocational guidance and counseling
- Other (Please specify): _____*

Access to DVR Services

Do you work directly with DVR staff in providing services to DVR clients?*

- Yes
- No
- Don't know

What are the main reasons that DVR clients might find it difficult to access DVR services? (Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area
- They cannot get into the DVR building/office
- DVR staff does not understand their language
- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services
- They disagree with their DVR counselor about the services they need to get a job
- They need more time with their DVR counselor
- Other (Please specify): _____*

Please specify the location of the DVR office clients cannot access by public transportation.*

Please specify the location of the DVR office and the nature of the access issue.*

Considering only DVR clients who are transition-age youth, do the difficulties accessing DVR services differ from those experienced by other DVR clients?*

- Yes
- No
- Don't know

What are the main reasons that DVR clients who are transition-age youth might find it difficult to access DVR services? (Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area

- They cannot get into the DVR building/office
- DVR staff does not understand their language
- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services
- They disagree with their DVR counselor about the services they need to get a job
- They need more time with their DVR counselor
- Other (Please specify): _____*

Considering only DVR clients who are members of a diversity group by race or ethnicity, do the difficulties accessing DVR services differ from those experienced by other DVR clients?*

- Yes
- No
- Don't know

What are the main reasons that DVR clients who are members of a diversity group by race or ethnicity might find it difficult to access DVR services? (Select up to three responses.)*

- They cannot get to the DVR office using public transportation
- There is not a DVR office in their area
- They cannot get into the DVR building/office
- DVR staff does not understand their language
- DVR staff does not understand their culture
- DVR staff does not call them back
- Health problems keep them from meeting with their DVR counselor
- DVR staff does not understand their disability
- They do not understand what DVR services are available to them
- Writing their employment plan is difficult
- They have waited a long time for DVR services

They disagree with their DVR counselor about the services they need to get a job

They need more time with their DVR counselor

Other (Please specify): _____*

Change to DVR Services

What is the most important change that DVR could make to better support clients in achieving their employment goals?

Considering DVR's mission of employment of people with disabilities, what client need is DVR not meeting?

Thank You!

Thank you for taking our survey. Your response is very important to us.

Appendix K

Table K1

DVR Office Locations not Accessible by Public Transportation from Provider Survey

Location	Count
SeaTac	3
Wenatchee	2
Omak	1
Pacific-Grays Harbors	1
Grant-Adams	1
Kent	1
Ellensburg	1
Ferry-PO Counties	1

Appendix L

Table L1

Provider Recommendations to Improve DVR Services

Change	Percent of Sample	Number
Collaborate more effectively with service delivery partners	19	46
Improve the efficiency of the VR process from intake to employment	16	38
Provide vocational guidance and counseling to DVR customers	10	25
Spend more time with DVR customers	7	17
Explain the VR process and/or the services available	7	16
Conduct community outreach	6	15
Contact DVR customers regularly	6	15
Increase job development activities	4	10
Support the self-determination of the customers	4	9
Stop “screening out” individuals that could benefit from DVR services	3	7
Improve transition services	2	6
Improve services to individuals with mental illness	2	6
Improve services to individuals with developmental disabilities	1	3
Improve services to individuals with Autism	1	3
Provide for customers’ basic needs	1	3
Ensure that each DVR office operates under the same policies/procedures	1	3
Support pre-vocational testing and community-based assessments	1	3
Adjust the DVR fee structure for provider services to reflect market value		3
Assist customers with life skills	1	3
Provide more job placement services	.8	2
Educate employers about disability	.8	2
Assist customers with self-advocacy skills	.8	2
Provide Social Security benefits counseling	.8	2
Improve access to DVR offices via public transportation	.8	2
Meet the needs of rural communities	.8	2
Prevent DVR counselor turnover	.8	2
Support two/four year degrees	.4	1
Reimburse childcare for customers	.4	1
Reimburse interview clothing	.4	1

Assist customers in developing social networks	.4	1
Understand the local labor market	.4	1
Extend employment plans when necessary	.4	1
Offer flexible service hours (evenings or weekends)	.4	1
Offer paid trial work experiences	.4	1
Provide customers with computer skill training	.4	1
Provide AT to customers	.4	1
Do not make abstinence mandatory for services	.4	1
Train DVR counselors on the ADA/FMLA	.4	1
Enforce policies regarding a customer's release of information	.4	1
Limit the authority of a counselor's supervisor in a customer's IPE	.4	1
Improve services to customers with a criminal background	.4	1
Understand the needs of customers who are homeless	.4	1
Understand basic accommodations for school/work	.4	1

Appendix M

Key Informant Interview Guide

Respondent Name: _____
Respondent Organization: _____
Date of Interview: _____
Interviewer Name: _____
Stakeholder Type(s): _____

Introduction

My name is [Your Name] and I am the [Your Title] for the Center for Continuing Education in Rehabilitation at the University of Washington. I am working cooperatively with the Washington Division of Vocational Rehabilitation (DVR) and the State Rehabilitation Council to identify the unmet vocational rehabilitation needs of individuals with disabilities who live in the state of Washington. We are asking you to participate in a telephone interview about the vocational rehabilitation needs of individuals with disabilities in the state. The results will be used by DVR to develop their state plan for providing rehabilitation services.

The interview will consist of questions that ask you to share your perceptions of the unmet needs of individuals with disabilities in this state.

You will be asked to share your impressions of the barriers to employment faced by persons with disabilities as well as your thoughts about how DVR could help improve employment for persons with disabilities.

Your participation in this study is voluntary. If you decide to participate, your responses will be anonymous—that is, recorded without any identifying information that is linked to you. If you have any questions regarding this study, please contact me at [Your Number]. You may also contact Don Kay, Assistant Director of DSHS Division of Vocational Rehabilitation, with questions or concerns related to this study.

I would like to ask you some questions about your perception of the employment barriers for persons with disabilities and about what you think DVR can do to improve the employment of job seekers with disabilities.

First, I'd like to ask you a little about your experience providing services to people with disabilities.

1. Please describe your position and role at this organization.
How long have you worked in this capacity?
2. Please tell me about the services your organization provides to people with disabilities.
Does your organization provide services to a specific population and if so, what population?
Does your organization provide employment-related services to people with disabilities and if so, what type of services does your organization provide?

3. Are you aware of model programs or evidence-based practices that help individuals with disabilities successfully achieve employment? If so, please describe the model programs or evidence-based practices.

Now, I'd like to ask you about your perception of employment for persons with disabilities.

4. What do you think are the top three barriers to employment encountered by people with disabilities?
5. What are your recommendations for addressing these barriers?
6. *Ask as necessary, according to stakeholder category:* In comparison to all people with disabilities, do you think the barriers are any different for people with significant disabilities? If so, what are the differences?
7. *Ask as necessary, according to stakeholder category:* In comparison to all people with disabilities, do you think the barriers are any different for people with disabilities who are members of a diversity group by race or ethnicity? If so, what are the differences?
8. *Ask as necessary, according to stakeholder category:* In comparison to all people with disabilities, do you think the barriers are any different for youth with disabilities in transition from high school? If so, what are the differences?
9. What is the most important thing that can be done to increase the employment of individuals with disabilities?

Now, I'd like to ask you about your experience with DVR and your thoughts on how DVR could help improve employment for persons with disabilities.

10. Please tell me about your experience working with DVR.
Does your organization regularly work with DVR?
Do you refer clients to DVR, or does DVR refer clients to you?
What types of services are provided to the client?
11. How well does DVR partner with your organization when serving persons with disabilities? What could be done to improve this partnership?
12. What could DVR do to better help people with disabilities **prepare for** and **meet** employer expectations for new workers?
13. What specific supports and services could DVR provide that would help people with disabilities **retain** their positions?

14. Are there any individuals with disabilities who have difficulty accessing DVR services? If so, why?

Possible barriers include but are not limited to location of office, cultural barriers, language barriers, accessibility barriers, takes too long to obtain services.

15. From your perspective, what could DVR do to eliminate these barriers?

16. Are there any individuals with disabilities who are underserved or unserved by DVR? If so, who?

17. From your perspective, how could DVR serve these individuals?

18. What is the most important change DVR could make to better serve people with disabilities?

Thank you for your time and input.

Is there anything else you think we should know about the needs of persons with disabilities or the services provided by DVR?

Who else should we talk to regarding the employment-related needs of people with disabilities in Washington?

Appendix N

Model Programs and Evidence-Based Practices on Employment for People with Disabilities

Employment Programs (General)	
Projects with Industry	http://www.benefits.gov/benefits/benefit-details/106
WorkFirst	http://www.workfirst.wa.gov/
Job Clubs	<i>Job Club Counselor's Manual</i> by Nathan Azrin
Dependable Strengths	http://www.dependablestrengths.org/
cares of Washington	http://webold.nsd.org/education/dept/dept.php?sectionid=9541
Talent Acquisition Portal (TAP)	https://tapability.org/
Veterans with Disabilities	
Wounded Warrior Project	http://www.woundedwarriorproject.org/
Coming Home to Work Initiative	http://www.benefits.va.gov/WARMS/docs/admin21/M28/M28R/Part_III/III_B_2.pdf
Disabled Veterans Outreach Program	http://www.benefits.gov/benefits/benefit-details/106
Autism Spectrum Disorder	
Work Support at Virginia Commonwealth University	http://www.worksupport.com/index.cfm
Transition-Age Youth with Disabilities	
Work Support at Virginia Commonwealth University	http://www.worksupport.com/index.cfm
Center for Change in Transition Services	http://www.seattleu.edu/ccts/default.aspx?id=34548
Project SEARCH High School Transition Program	http://www.projectsearch.us/
Adult Transition Program (ATP) - Networks	http://webold.nsd.org/education/dept/dept.php?sectionid=9541
Native Americans with Disabilities	
Indian Native American (INA) Program	http://www.wtb.wa.gov/NativeAmericanPrograms_Dir..asp
Mental Health	
Dartmouth IPS Supported Employment Center	http://sites.dartmouth.edu/ips/
Great Minds @ Work	http://www.awbinstitute.org/greatmindswork/
Individuals with Intellectual Disabilities	
OLS at Bellevue College	http://olsatbellevuecollege.com/