

Indiana Vocational Rehabilitation Comprehensive Statewide Needs Assessment January 2022

The Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act requires Vocational Rehabilitation state agencies to conduct a comprehensive statewide needs assessment every three years. The needs assessment includes review of data on the general population in Indiana as well as data on individuals being served in the Indiana VR program. A survey is also conducted to gather input from individuals with disabilities and their families, stakeholders, employers, VR staff and others regarding the needs of individuals with disabilities in Indiana, particularly as they pertain to employment and transition services. Feedback is also obtained on an ongoing basis through the Commission on Rehabilitation Services, regular VR staff meetings, and a variety of workgroups with stakeholders. The comprehensive statewide needs assessment establishes VR program priorities for the next three performance years 2022-2024 (July 1, 2022 – June 30, 2025).

Data Collection

While Indiana's formal comprehensive statewide needs assessment is conducted every three years, data is gathered continuously. The triennial comprehensive statewide needs assessment is a joint effort of VR and the Commission on Rehabilitation Services. The commission provides ongoing input, especially in the acquisition of satisfaction data. For this needs assessment, the commission provided input into the development and content of the survey used for the assessment and feedback on the final report. Commission members had an opportunity to review and offer comments prior to the release of the comprehensive statewide needs assessment report. Indiana's 2021 comprehensive statewide needs assessment reflects a synthesis of quantitative and qualitative data addressing the state's overall vocational rehabilitation needs.

The data collection techniques used in the development of this report included (a) a review of demographic data for Indiana, (b) a review of data on individuals receiving VR services, (c) feedback from the Commission on Rehabilitation Services, and (d) input from VR applicants and participants, individuals with disabilities and their families, service providers, employers, educators, VR staff, Workforce Development staff, WIOA partners, and advocates.

Demographic/Economic Data

Prevalence

According to the 2020 Census, Indiana's population is 6,785,528 (Census, n.d.), and 13.7% among the noninstitutionalized population in 2015-2019 (nearly 930,000), age 18-64, reported a disability. This is a slight decrease compared to 2012-2016 (14%).

The American Community Survey, 2015-2019 five-year estimates can be found at the [Census website](#).

Employment

Indiana's unemployment rate was 3% in November 2021, below the national rate of 4.2% (Department of Workforce Development, November 2021). Indiana's DWD reported that the state's total labor force is 3.32 million (DWD, December 2021), and "the state's 62.5% labor force participation rate remains above the national rate of 61.8%" ([para. 9](#)).

The U.S. Department of Labor December 2021 disability employment statistics reports the following for individuals ages 16 and over:

Labor Force Participation

- People with disabilities: 22.3% (increase from 20.5% in 2020)
- People without disabilities: 67.2% (increase from 67.1% in 2020)

Unemployment Rate

- People with disabilities: 7.9% (decrease from 12.6% in 2020)
- People without disabilities: 3.5% (decrease from 7.9% in 2020)

7.9% of the projected disability population in Indiana, or approximately 73,000, is an estimate of the number of individuals with disabilities in Indiana with a disability who are seeking employment and may be eligible for VR services.

Note: Labor Force Participation refers to the percentage of the population who are working or looking for work while the Unemployment Rate is the number of unemployed people as a percentage of the labor force.

2021 data from the U.S. DOL shows the following labor force participation and unemployment rate for youth:

Labor Force Participation for Youth:

- Age 16-19 with Disability: 24.3%

- Age 16-19 with No Disability: 36.8%
- Age 20-24 with Disability: 46.7%
- Age 20-24 with No Disability: 72%

Unemployment Rate for Youth:

- Age 16-19 with Disability: 21.1%
- Age 16-19 with No Disability: 11.4%
- Age 20-24 with Disability: 16.5%
- Age 20-24 with No Disability: 8.7%

(Recent statistics can be found at [Department of Labor.](#))

The Wagner-Peyser National Quarterly report for 2020 (DOL, March 2021) showed that 192,419 individuals with disabilities received services from Wagner-Peyser. Services to individuals with disabilities is 5.3% of the total served.

Employment Demand in Indiana

Indiana uses short-term and long-term job projection data to obtain information about occupations that will be in demand from 2019-2029. The occupation groups expected to have the most job growth are as follows: healthcare support, transportation and material moving, healthcare practitioners and technical, business and financial operations, computer and mathematical, community and social service, and education training and library. (See [Hoosiers by the numbers](#)).

The Indiana DWD compiles data from the U.S. Bureau of Labor Statistics each month and publishes a monthly Employment Report. The November 2021 report outlines job growth in private sector employment with a gain of 69,400 jobs from May to November 2021. Industries with the largest job gains include manufacturing (5,000), leisure and hospitality (3,300), professional and business services (2,900), trade, transportation and utilities (2,300), and construction (1,500).

Next Level Jobs Indiana provides support to Hoosiers to obtain tuition-free training in high-paying, in demand industries, and supports employers with Employer Training Grants to reimburse employers to train employees in high-growth fields. High-growth, high-income jobs have been identified in the following industries: advanced manufacturing, building and construction, health and life sciences, IT and business services, and transportation and logistics.

Transportation

The American Public Transportation Association (n.d.) reports that 45% of Americans have no access to public transportation.

The Indiana Department of Transportation, (2020, June) provides the following statistics concerning the status of transportation in Indiana as of 2020.

- Indiana maintains a public transit network of 63 urban and rural systems that receive formula funding, a number which remained the same from 2019 to 2020. The primary goal of is to furnish reliable, safe, and efficient public transit services and enhance personal mobility throughout Indiana’s urban and rural areas.
 - Urban Systems – 21 receive 5307 formula funding
 - Rural Systems – 42 receive 5311 formula funding
 - 78 of 92 counties in Indiana have public transit service available
- Public Transit Fleet for 2020
 - Total Public Transit Fleet for Indiana – 1,970 vehicles
 - Urban vehicles – 1,210, with 98.76% wheelchair accessible
 - Rural vehicles – 760, with 91.05% wheelchair accessible
 - Total Vehicles – 1,970 with 95.79% wheelchair accessible
- Specialized Transportation Program Vehicles for 2020
 - Total number of active vehicles – 686
 - Number of vehicles funded in 2020 – 55
 - Specialized Transportation vehicle fleet wheelchair accessible – 85%

INDOT (2020, June) also reported the following in relation to how individuals transport to work:

- Public transportation – 1% of workers age 16 and older used public transportation to get to work in Indiana compared to the national average of 5%
- Drive Alone to Work – 82.6% of workers aged 16 years and over, national average 76.3%
- Car Pooled to Work – 8.9% of workers aged 16 years and over, national average 9%
- Zero Car Households – 165,133 (6.4%) of the total 2.5 million households

INDOT has “rural demand” response systems that are transit systems in urban areas with populations less than 50,000 and rural countywide and multi-county systems with varying population sizes (INDOT, 2020, June). These systems operate 50% or more of their total vehicle miles in demand response – flexible routing and scheduling according to passenger needs.

The 41 rural demand response systems serve more than 2.9 million people. This represents 44% of the state's population. The average service area population is 71,704. The sizes of the individual service areas are between 6,057 and 274,569 people. The Section 5310 Program through INDOT is designed to serve areas where accessible public transit for seniors and persons with disabilities is unavailable, inadequate, or inappropriate in rural and small urban areas (INDOT, 2020, June). The program provides vehicles and related accessibility equipment to private non-profit organizations and eligible public bodies. Indiana annually distributes about \$1.5 million to rural areas and \$1.3 million for small urban areas on an 80% federal and 20% local matching basis. INDOT typically funds about 30 to 40 applicants (these might be towns, not-for-profit groups, etc.) per year at amounts ranging from \$36,000 to \$100,000.

Poverty

The Census Bureau (USC, Quickfacts, n.d.) indicates that the poverty rate in Indiana in 2019 was 11.9%.

Supplemental Security Income

According to Social Security data (n.d.), 127,699 Indiana residents received Supplemental Security Income benefits in 2019. Of those, 121,818 received SSI benefits due to being blind or disabled, with 88,8710 of those being of working age (18-64 years).

According to the October 2021 Ticket to Work Summary and Assignment report (SSA/TTW, n.d.), Indiana has 287,798 beneficiaries eligible for the Ticket to Work program. There are 73 Employment Networks available in the state. There were 10,797 tickets identified as being in-use by VR and ENs. This same report identifies 4,847 tickets in use by VR, 4,487 assigned to VR, and 1,463 assigned to ENs.

Indiana has a Benefits Information Network (BIN) of certified liaisons that assists individuals in assessing the impact of employment on benefits. Indiana VR purchases this assessment of benefits through the trained liaisons. The BIN liaisons completed 930 benefits analysis plans in SFY20 and 747 in SFY21. (S. Level personal communication, December 21, 2021). There are 141 Certified BIN liaisons as of June 2021.

Health Insurance Coverage

U.S. Census Bureau data showed that among the civilian noninstitutionalized population in Indiana in 2015-2019, 8.4% did not have health insurance coverage. That is down from 14% in 2013.

The national uninsured rates were 8.6% in 2020 and 8.6% in 2016 (Health Insurance Coverage in the United States, 2020). Employer-based insurance covered 54.4% of the U.S. population in 2020. Medicaid covered 17.8%, Medicare 18.4% and military coverage 2.8%. Information from the Centers for Medicare and Medicaid Services (CMS, n.d.) indicated that in 2019, Indiana had 1,260,564 individuals receiving Part A and/or Part B Medicare benefits.

April 2021 data (Medicaid.gov, n.d.) indicates that 1,730,531 individuals in Indiana were receiving Medicaid health insurance coverage.

Educational Attainment

According to the Indiana Department of Education “Memorandum to State Board of Education Regarding Child Counts” for December 1, 2020, there was a non-duplicated child count of 169,169 students in special education. This is down from the year before by 22 students (-.013%). The breakdown according to disability is shown in the chart below.

Child Count Comparisons (December 2, 2019, and December 1, 2020)
 Source: DOE-Special Education and DOE-Special Education for Voucher Students
 Ages: 5B (kindergarten eligible)-22
 Unduplicated State Totals by Disability

Primary Exceptionality Category	December 2019 Count	December 2020 Count	Increase/Decrease
Multiple Disability	1,961	1,862	-99
Orthopedic Impairment	1,378	1,301	-77
Blind or Low Vision	924	914	-10
Deaf or Hard of Hearing	2,293	2,303	10
Emotional Disability- Full Time	6,766	6,422	-344
Emotional Disability - All Other	6,019	5,857	-162
Specific Learning Disability	54,379	53,106	-1,273
Developmental Delay (Ages 5B-8}	5,187	7,807	2,620
Language/Speech Impairment	33,170	32,895	-275
Mild Cognitive Disability	9,417	8,979	-438
Moderate Cognitive Disability	3,336	3,202	-134
Severe Cognitive Disability	308	270	-38
Deaf Blind	28	26	-2
Autism Spectrum Disorder	16,413	16,281	-132

Primary Exceptionality Category	December 2019 Count	December 2020 Count	Increase/Decrease
Traumatic Brain Injury	429	403	-26
Other Health Impairment	27,183	27,541	358
Total Unduplicated Count	169,191	169,169	-22 (-.013%)

The following is information as to Indiana’s progress in meeting the Federal Indicators for the Individuals with Disabilities Education Act in 2019, (LEAD, n.d.):

- 24.17% of youth no longer in secondary school had Individualized Education Plans in effect at the time they left school and were enrolled in higher education within one year of leaving high school (Indicator 14a).
- 64.33% of youth who are no longer in secondary school had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school (Indicator 14b).
- 75.83% of youth who are no longer in secondary school had IEPs in effect at the time they left school and were enrolled in higher education or in some other postsecondary education or training program; or they were competitively employed or in some other employment within one year of leaving high school (Indicator 14c). (M. Oja personal communication, December 18, 2021).

Veterans with a Service-Connected Disability

According to the DOL Bureau of Labor Statistics (2021):

- In 2020, 18.5 million men and women were veterans, accounting for about 7% of the civilian non-institutional population age 18 and over. About 10% of all veterans were women (para. 4).
- Veterans with a service-connected disability had an unemployment rate of 6.2% in August 2020, indicating a slight difference from veterans with no disability (7.2%). Veterans account for 7.6% of the unemployed labor in Indiana.

[Census Bureau](#) population estimates as of July 2021, show that an estimated 380,690 veterans reside in Indiana.

Individuals with Intellectual and Developmental Disabilities

StateData of the Institute for Community Inclusion provides online data regarding day and employment services for individuals with intellectual and developmental disabilities. Data for 2019 (StateData, n.d.) indicates that the number of Indiana individuals in day and employment services was 13,883 with funding of \$66,314,010 (see Table 1). The total number in integrated employment in Indiana was 13% (an 3% increase from 2016), while nationwide it was 22% (also a 3% increase from 2016). Indiana’s funding for integrated employment was 3.9% of the spending, while nationwide it was 11.3%.

Table 1 - Day and Employment Services

	Indiana 2019		Nation 2019	
	Number	Percent	Number	Percent
Total in day and employment services	13,883		657,826	
Total in integrated employment services	1,748	13%	141,678	22%
Total funding for day and employment services	\$66,314,010		\$9,639,272,494	
Total funding for integrated employment services	\$2,600,985	3.9%	\$892,111,994	11.3%

The mean hourly wages and hours worked for 2017/2018 was also provided (StateData, n.d.). (see Table 2).

Indiana had 17% of the individuals working in integrated settings compared to the nation’s 19% in integrated employment of all types. Of these, 17% in Indiana were in individual jobs with 14% nationwide. The mean wage in Indiana was \$8.73 for 30.1 hours worked, while nationwide was \$8.94 for 27.6 hours worked.

Table 2 – Day and Employment Services Wages and Hours for Employment

		Indiana 2017/2018			Nation 2017/2018	
	Percent	Mean wages earned in 2 weeks	Mean hours worked 2 weeks	Percent	Mean wages earned in 2 weeks	Mean hours worked in 2 weeks
In an integrated job <i>(individual supported job + group-supported employment + competitive job)</i>	17%	*	*	19%	*	*
In an individual job <i>(individual job with or without publicly- funded supports)</i>	17%	\$8.73	30.1	14%	\$8.94	27.6
In an individual job without publicly- funded supports	9%	\$8.71	31.8	5%	\$9.32	30.0
In an individual job with publicly-funded supports	7%	\$8.76	27.8	7%	\$9.51	26.5
In a group-supported job	1%		40.0	5%	\$8.18	24.5
Employment support unknown	2%	*	*	5%	*	*

* = Data not available

The 2021 DESOS (Day and Employment Services Outcome Systems) Report (Grossi, 2021) reflects data from 70% (59) of entities providing day and/or employment services through the Division of Disability and Rehabilitative Services. Providers entered data for 9,775 individuals. Overall findings demonstrate:

- A decrease in sheltered employment (25% to 19%).
- Transition age youth and young adults are more likely to be in competitive integrated employment than older populations.

- Each older age group shows a decrease in competitive integrated employment and an increase in sheltered employment and nonemployment day programs.

The DESOS provides the following data:

- 23% were served in competitive integrated employment.
- 19% were served in sheltered/facility-based work.
- 25% were in an alternative to work (e.g., seeking employment, volunteer work).
- 32% were in non-employment day services.
- Average wage of those employed in individual jobs was \$9.80 an hour, working an average of 21.3 hours per week.
- Of individuals working in sheltered employment, 52% had a mild intellectual disability, 26% had a moderate intellectual disability, and 8% had an autism diagnosis.
- Of those in individual jobs, 63% relied on family and friends for transportation, and 33% used public transportation.
- Individuals were employed primarily in food service, grocery/retail, and custodial/housekeeping. Other kinds of jobs reported included automotive, entertainment, day care worker, customer service, and animal care.
- Individuals placed into individual jobs under supported employment may require extended services to help them maintain their job. Of those placed in individual jobs under supported employment:
 - 25% did not receive any extended services.
 - 28% received 1-4 hours of extended services per month.
 - 37% received 5-10 hours of extended services per month.
 - 2% received 11-15 hours of extended services per month.
 - 6% received over 16 hours of extended services per month.

Employment First

In 2017, legislation regarding Employment First was passed in Indiana, identifying competitive integrated employment as the first and preferred option for working age individuals with disabilities. Below is an excerpt from the Employment First Act.

Sec. 7. (a) It is the policy of the state to advance competitive integrated employment, including self-employment, as the first and preferred option when providing services to an individual with disabilities who is of working age, regardless of the nature or the severity of the individual's disability. The policy applies to programs and agencies that provide services and support to help obtain employment for individuals with disabilities.

(b) State agencies shall follow the policy described in subsection (a) and ensure that the policy is implemented effectively in the state agencies' programs and services. State agencies shall implement the policy in a manner that is consistent with an individual's right to make an informed choice about employment options that meet an individual's needs and preferences.

With the implementation of Employment First legislation in 2017, the responsibilities of the Indiana Commission on Rehabilitation Services were expanded. A new responsibility of the commission is to provide recommendations concerning the implementation and progress toward advancing competitive integrated employment for individuals with disabilities as described in IC 22-9-11.(5).

In 2018, the Commission on Rehabilitation Services established an Employment First committee and began to work on developing an Employment First Plan, to outline strategies to improve employment outcomes for Hoosiers with disabilities. A draft plan was completed and posted for public comment in late 2019. After review of more than 200 public comments, resulting in additional revisions to the plan, the Commission on Rehabilitation Services members approved Indiana's Employment First plan in September 2020. The Employment First Committee and the entire Commission continued to identify strategies and prioritize implementation steps while meeting remotely during fiscal year 2021 due to the pandemic. The Committee also continued to collaborate with the Work to Include Coalition, funded by the Governor's Council for People with Disabilities, on Employment First efforts.

In May 2021, a convening of state agencies took place where agencies were informed of the required data collection and implementation of Employment First within their agencies to be able to report out on progress to moving the plan forward.

The Employment First committee has engaged with the Indiana State Personnel Department, resulting in increased awareness around the opportunities for hiring job seekers with disabilities in state government. This collaboration also resulted in presenting a training to Human Resources (HR) staff across state agencies to review myths and facts around hiring individuals with disabilities, and to share resources and educate HR managers about Employment First. Engagement has also more recently occurred with the Governor's Office of Equity, Inclusion and Opportunity who have expressed interest in supporting the plan. The Division of Disability and Rehabilitative Services (DDRS) and Bureau of Rehabilitation Services (BRS) Director met with the Office of Equity, Inclusion and Opportunity in January 2022 to discuss specific roles in supporting the implementation of the Employment First plan.

COVID Impact

VR shifted priorities in March 2020 in response to the COVID-19 pandemic. The ability to continue to deliver services to VR participants while implementing safety measures became top priority. Highlights of VR's rapid response included the following:

- Distributed letters to all current VR participants to increase awareness that VR services continued to be available, and shared helpful COVID-19 related resources and information.
- Communicated specific ways that VR can be helpful during these unprecedented times, including helping individuals with disabilities whose employment may have been negatively impacted by the pandemic.
- Encouraged VR staff to increase the frequency of communication with VR participants to help with engagement, and to check in regularly to provide support and revisit participant employment goals, as necessary.
- Development of remote service delivery guidance to VR employment providers.
- Development of virtual service delivery guidance to VR staff including flexibilities for obtaining signatures, training on virtual platforms, and best practice recommendations for keeping participants engaged in their VR process.
- Provided training and best practices to Pre-Employment Transition Services providers to continue service delivery to students with disabilities.
- Implemented safety and cleaning protocols in local offices, e.g., signage regarding distancing and masks, Plexiglass barriers, deep cleaning, etc.

In addition to the actions bulleted above, BRS developed a questionnaire to obtain information regarding the impact of the pandemic on the employment status of VR participants. The questionnaire was also used to identify VR service needs to assist participants in returning to their places of employment or pursuing new employment efforts. VR and provider staff reached out to participants individually to gather the information needed to complete the questionnaire. Results showed that 64.5% of participants reported some type of job interruption, primarily furloughs and layoffs. Subsequently, of those who had interruptions in their job, 40% have returned to work, 50% remain in VR services, and 10% exited VR without employment.

Indiana VR Updates

Several new initiatives, program improvements, and notable program changes have occurred over the last few years. The following section highlights these key updates.

Staffing

VR services are carried out across five geographic regions, each with a region manager. There are 24 area offices in 19 separate locations with each of the area offices having a supervisor, and each location having a secretary. Changes regarding the distribution of both staff and coverage areas have continued to occur over the past few years to appropriately shift resources where needed.

Indiana VR has 46 VR Intake Counselors. The intake counselors have the responsibility of working with a VR referral through application, obtaining needed diagnostics, and determining eligibility and disability service priority category. A VR Caseload Counselor then assumes responsibility for leading the Discovery process, Individualized Plan for Employment (IPE) development, service provision and goal attainment to the point of case closure. There are 124 VR Caseload Counselors. Seven working lead Itinerant VR Counselors perform a variety of functions including covering vacant caseloads and mentoring new staff.

Additionally, 64 VR Case Coordinators provide fiscal and paraprofessional support throughout the entire VR services process and facilitate the movement of participants from application to case closure.

In 2019, Indiana created eight VR Youth Counselor positions to assist with Pre-Employment Transition Services and general transition outreach to students, families, schools, and providers. They completed local area needs assessments to better understand availability of and access to pre-ETS, develop methods of expanding pre-ETS, improve relationships among VR, schools and providers, and determine the technical assistance and training needs of schools, providers, and VR staff. These assessments led to our youth counselors bringing pre-ETS to more school systems throughout the state, assisting with training of pre-ETS career coaches, and providing community and business outreach to increase work-based learning activities and strengthen overall programming for students with disabilities. Additionally, youth counselors act as liaisons between local education agencies and VR, working on improving referrals processes, attending case conferences, and assisting schools and VR with understanding each other's systems to improve outcomes for transition aged youth.

Additionally, approximately 30 employees work in Central Office in various capacities including policy development, training, finance, federal reporting, information technology, Ticket to Work, transition services including Pre-ETS, Randolph-Sheppard blind vending, Deaf and hard of hearing services, independent living, community and business engagement, and other administrative and support functions.

BRS has made tremendous improvements in staff retention through numerous strategies, including a salary adjustment, reduction in caseload sizes, increased staff recognition,

streamlined communication, modified training and onboarding, and more. VR Counselor retention has exceeded 90% over the last two years.

VR Employment Service Revisions

In July 2015, the Bureau of Rehabilitation Services, which houses the VR program, implemented substantial revisions to how employment services are carried out by VR Employment Service Providers. The current employment services approach was designed to address the unintended consequences of the prior results based funding model by increasing flexibility and individualization, increasing access to discovery activities and supported employment, and to shift employment services from a system-centric approach to a more consumer-centric approach.

BRS continued to evaluate the impact of these revisions, identify emerging best practices and address areas of improvement since the revisions were initially implemented. The workgroup that was heavily involved in the development of the revisions continues to meet to share successes and challenges. In December 2020, a discovery cohort was established to further review best practices and areas of improvement, conduct mini pilots, and submit recommendations for further revision. Both VR and employment service provider staff have participated in this cohort and will be submitting recommendations by Spring, 2022.

Individual Placement and Support

BRS and the Indiana Division of Mental Health and Addiction have been in collaboration over the last three years to improve employment services access and outcomes for individuals with mental health diagnosis. BRS and DMHA co-lead a taskforce on mental health and employment, comprised of representatives with lived experience, consumer organizations, the National Alliance on Mental Illness, community mental health centers, and VR staff. A website 'hub' was created to share resources on employment and mental health, reduce stigma, and increase awareness about employment as part of the recovery process. Most recently, two community mental health centers have been selected as early adopter Individual Placement and Support sites. DMHA, BRS, and the Indiana Office of Medicaid Policy and Planning have collaborated on a funding document to outline braided and sequenced funding guidance to the early adopter sites. DMHA and BRS have successfully applied for and secured two rounds of technical assistance from the U.S. DOL, Office of Disability Employment Policy to support these initiatives.

System Modernization

BRS began development of a new case management system in 2017 to replace the current 'home grown' system that has been in place for the past 20 years. The new case management

system, AWARE, is used by more than 30 state VR agencies nationwide. BRS also began development of a VR Claims Payment System Vendor Portal in 2017 to streamline and modernize VR claims payment processing. Both new systems were implemented in May 2019 and helped BRS to realize improved efficiency, data collection and reporting, customer service, and quality assurance. Subsequently, further enhancements have been realized including the implementation of DocuSign to streamline the electronic signature process for participants. BRS has also begun to use the Quality Assurance module in Aware, completing an initial QA project in 2021 on participant engagement. BRS has also seen great benefit in the use of Tableau to expand data analysis capabilities.

Order of Selection

BRS implemented an order of selection on August 1, 2017, due to a lack of sufficient staffing and fiscal resources to adequately serve all eligible individuals in the VR program.

Under the order of selection, two of three priority categories are closed with only those eligible individuals with the most significant disabilities (priority category 1) being served.

Approximately 87% of eligible individuals are determined to be individuals with a most significant disability and are prioritized to receive services. As of December 2021, approximately 1,000 eligible individuals have been released from the order of selection waitlist. Additional releases are planned for 2022. Further information about order of selection can be viewed in the state plan.

BRS continues to maintain community resources guides for each VR geographic service area on the VR website, order of selection [resource page](#). Other resources posted at this site include a Frequently Asked Questions document, order of selection myths, and a podcast recording about how order of selection impacts VR applicants and eligible individuals.

Pre-Employment Transition Services

With the advent of the Workforce Innovation and Opportunity Act, VR agencies must earmark 15% of federal VR funds for the provision of Pre-Employment Transition Services to students with disabilities. Students with disabilities is defined as students in secondary or postsecondary school between the ages of 14 through the school year in which the student becomes 22, who are eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act, or is an individual with a disability for purposes of Section 504 of the Rehabilitation Act. Students may be eligible for and receiving VR services, or they may be “potentially eligible.” VR considers a potentially eligible student to be a student

with a disability as defined above who is not currently receiving VR services under an Individualized Plan for Employment.

Indiana provides Pre-ETS to students with disabilities in all 92 counties through both contracted community rehabilitation programs and internal VR staff. Both students who are eligible for VR services as well as those potentially eligible for VR services receive Pre-ETS. Over 7,000 students, served by 12 contracted providers, received pre-ETS through the program year ending June 2021.

Additionally, Pre-ETS contracts were amended in the fall of 2021 to align contractors' updated budget estimates with actual contract budgets to assist VR in reaching their 15% pre-ETS required spend. Additionally, stipends for students participating in certain work-based learning activities were added to contracts to encourage more student involvement in work-based learning, which is a clear predictor of post high school success.

Enhanced Collaboration, including Collaboration with WIOA Core Partners

VR collaborated with several entities throughout the year, including the Indiana Department of Education, the Bureau of Developmental Disability Services, DMHA, OMPP, the Department of Workforce Development and local WorkOne centers, Indiana University, Indiana Institute on Disability and Community, IU Hands in Autism, Arc of Indiana, Self-Advocates of Indiana, local education agencies, INARF, INData, and others. Examples of collaboration activities included the following:

- Developing and updating written agreements with DWD, local WorkOne centers, and DOE.
- Conducting Pre-ETS mentoring days in local businesses in partnership with WorkOne, DOE, local education agencies, and Self-Advocates of Indiana.
- Information sharing through numerous workgroups and councils, including the Employment Advisory Group with representatives from VR staff and Employment Service Providers, the Mental Health and Employment Taskforce, INARF, and IIDC.
- Training to VR staff and Employment Service Providers, in partnership with IU and Public Consulting Group (PCG).

Establishment Projects

BRS entered into contracts with 47 VR Employment Service Providers for Establishment projects in April 2017 to improve capacity for the provision of quality employment services, including supported employment. The objective of the project was to enhance employment service provider staffing capacity and training, with an emphasis on foundational, hands-on skills

training. The contract period for Establishment projects ran for a four-year period, ending March 2021.

During the four-year project, community rehabilitation programs encountered substantial changes and challenges which required internal modifications and innovative thinking, in order to continue to improve staff capacity and training, to ensure timely and quality employment services were provided to VR participants, including supported employment services. Of particular note was the implementation of an order of selection for Indiana VR in August 2017 which shifted the population served in VR, and the COVID-19 pandemic starting in March 2020.

Data from the four-year Establishment projects has been reviewed and, in light of the above changes mentioned, overall findings include the following:

Table 3 - Establishment Project Findings Summary

Performance Metric	Outcome
Decrease in the average number of days to initiate new VR referrals	On average, the number of business days to initiate face-to-face services upon receipt of initial referral decreased and met the required performance metric each year.
Increase in the number of Individuals receiving supported employment or on-the-job supports, short-term, per person	There was a substantial increase in the number of individuals receiving supported employment or on-the-job supports, short-term, compared to the initial reported statewide baseline. The overall data shows that community rehabilitation programs devoted more time in provision of supported employment services to assist VR participants with achieving stabilization and successful job retention.
Increase in the average number of hours spent on supported employment or on-the-job supports, short-term, per person	There was an increase in the average amount or duration of supported employment or on-the-job supports received by participants, with a slight decrease in years 3 and 4. The average for year 3 was still in line with previous years; however, the drop in year 4 is likely associated with the onset of the COVID-19 pandemic and the impact this had on participants.
Increase in the number of placements in competitive integrated employment	There was an initial increase in the number of placements in competitive integrated employment, with a drop in years 3 and 4. However, the statewide average held steady other than a decrease in year 4, which is likely associated with the COVID-19 pandemic.
Increase in the number of individuals who retained	There was an increase in the number of individuals who retained employment at least 90 days following stabilization, with a drop in years 3 and 4. The average

employment at least 90 days following stabilization	remained steady, with a drop in year 4, which is likely associated with the COVID-19 pandemic.
Increase in the average number of hours worked per week for individuals in competitive integrated employment	The average number of hours worked per week for individuals in competitive integrated employment remained constant throughout the Establishment project period.
Increase in the average pay for individuals in competitive integrated employment	The average pay for individuals in competitive integrated employment continued to increase throughout the Establishment Project period. Comparing the reported statewide average baseline data to end-of-year four data showed an overall 27% increase.

Further information is outlined in Charts 1-8 below.

Training

BRS contracts with the Indiana University, Center on Community Living and Careers to support training for VR staff through web-based modules. BRS also employs an in-house Training Manager who oversees VR staff training. Over the last few years, BRS has redesigned staff training and professional development with a multi-phasal approach. The first phase includes interactive, self-paced online training courses supported by CCLC, as well as individual and group training and coaching and mentoring by supervisors and Itinerant counselors. The second phase includes enhanced content to augment counselor knowledge and skills and is required of all counselors without a Master’s in Rehabilitation Counseling. The third phase covers specialty caseloads and specific populations. Most recently, BRS implemented counseling skills training cohorts to help refine counseling skills.

BRS also contracts with Public Consulting Group for employment services provider training. PCG provides web-based foundational training, topical training events, and also supports a coaching network to provide hands-on mentoring to new employment specialists and those seeking to enhance their skills.

VR Business and Community Engagement

The Indiana Business & Community Engagement team is based in central office and assists employers with their disability inclusion efforts in communities across the state. Historically, much of the work has centered on relationship building and awareness building through in-person meetings, presentations, employer worksite tours, and networking events. As with every aspect of daily life, the COVID-19 pandemic forced employers to pause and rethink how they operated during daily business activities. It was no different for the Business & Community Engagement team. In March 2020, much of the Business and Community Engagements team’s work was paused and directed to pandemic related needs, while also shifting to a virtual

environment. At present, in the 'new normal,' days are filled with virtual activities with a gradual return to some in-person and on-site activities. The team continues to adapt to the current circumstances and support employers across the state.

Social media has typically played a significant role in sharing yearly information for Disability Awareness Month in March, and National Disability Employment Awareness Month in October. During the beginning of the pandemic, the BRS social media platforms of Twitter and Facebook were important tools to communicate information about resources around the pandemic and the changes in service delivery for BRS programs to participants and stakeholders.

A [webpage](#) for the Business & Community Engagement team was developed that outlines many resources for employers. The site includes a variety of links to materials about disability etiquette, resources for accommodations, information on work incentives and tax credits for employers who hire persons with disabilities, and additional information.

The team also collaborated with the Employment First Advisory Committee to create an Employment First Employer Toolkit and produced the presentation on the Employment First Initiative to the Indiana State Personnel Department. The first virtual employer training on Disability Etiquette was also debuted in (Month?) 2020. The management staff at The Barrington of Carmel participated in an interactive training that covered topics to raise awareness around hiring individuals with disabilities, develop basic etiquette skills, and gain an understanding on how hiring people with disabilities strengthens diversity. During the summer of 2021, VR partnered with James Emmett and Company and Indiana Beach for their summer employment hiring initiative.

VR Participant Input through Ongoing Satisfaction Surveys

Immediately upon case closure, all individuals who received VR services under an IPE and whose cases were closed either with or without employment, receive a customer satisfaction survey. Two different versions are released for different case closure types (with or without employment). A business reply envelope is also included. If no response is received within 30 days of mailing, a second request is released. If the participant is blind or visually impaired, this survey is often completed by phone with a designated staff member in central office.

During program year 2020 (ending June 2021), participants completed and returned 1,123 surveys to BRS (540 from cases closed with employment, and 583 from cases closed without employment after receiving services). This represents a 45% survey response rate for

participants exiting VR with employment, and a 23% response rate for those exiting without employment.

Those participants whose cases were closed with employment had many more positive comments than negative comments, and this has remained true since 2012. In the same vein, those whose cases were closed without employment provided more negative comments than positive comments.

The following table contains results of the responses to the closed-ended questions for PY20 separated by closure type.

Table 4 - Survey Outcomes

<i>Questions</i>	<i>Closed with Employment – Yes, satisfied</i>	<i>Closed with Employment - No, not satisfied</i>	<i>Closed without Employment – Yes, satisfied</i>	<i>Closed without Employment - No, not satisfied</i>
1) Satisfied with fringe benefits	84.21%	15.79%	N/A	N/A
2) Satisfied with job	96.11%	3.89%	N/A	N/A
3) Received services timely	90.83%	9.17%	74.22%	25.78%
4) Received the services I needed	96.34%	3.66%	71.80%	28.20%
5) Satisfied with the services received	96.95%	3.05%	77.11%	22.89%
6) Like the way I was treated	96.89%	3.11%	74.84%	25.16%
7) Able to meet in a convenient location	96.49%	3.51%	88.58%	11.42%
8) Would recommend VR to others	96.69%	3.31%	81.665	18.34%
<i>Satisfied Overall</i>	94.81%	5.19%	72.73%	27.27%

Indiana continues to experience high VR customer satisfaction ratings even among unsuccessful case closures.

VR Services Trends 2019-2021

The data tables provided below pertain to individuals receiving VR services during federal fiscal years 2019-2021, that is, between October 1, 2018, and September 30, 2021. Due to insufficient resources to serve all eligible individuals, VR implemented an order of selection August 1, 2017, after receiving approval from the Rehabilitation Services Administration (RSA). The order of selection continued during the period of review for the data tables below. BRS anticipated seeing some shifts in the population served by VR as well as services and outcomes provided, as a result of the implementation of the order of selection.

Under the order of selection, two of three priority categories are closed with those eligible individuals in Priority Category 1 (those with the most significant disabilities) prioritized for VR services, and those eligible individuals in Priority Categories 2 and 3 deferred for VR services.

Priority Category	Level of Severity
Priority Category 1	Eligible individual with a most significant disability
Priority Category 2	Eligible individual with a significant disability
Priority Category 3	All other eligible individuals

Due to a variety of factors, including both the implementation of an order of selection and Pre-ETS, the population served in VR has shifted significantly from 2016 to 2018, with an increase in the percentage of participants who are youth. The continuation of the order of selection and onset of the COVID-19 pandemic resulted in a drop in the number of VR participants during 2019-2021, as outlined in the tables below.

Table 5 – Total Individuals Served

	*VR eligible individuals receiving services	**VR eligible individuals deferred under an order of selection	Pre-ETS potentially eligible students (no IPE)	Total eligible VR served + Pre-ETS
FFY19	13,403	784	4,184	17,587
FFY20	12,284	674	3,871	16,155
FFY21	11,999	511	2,647	14,646

Indiana experienced a 10.5% decrease in VR participants receiving services from FFY19 to FFY21. A decline in the number of VR participants served has been reported as a national trend. When reviewing the total VR participants served across all VR agencies nationally, there was a 9.5% drop in VR participants nationally (RSA Annual Report performance year 2018 and performance year 2020). Considering that Indiana VR continues under an order of selection with two of three service priority categories closed, the decline is aligned with the national trend that has occurred following the implementation of the Workforce Innovation and Opportunity Act (WIOA) in 2014. This may be at least partially attributed to the requirement to shift 15% of VR funding to Pre-Employment Transition Services and the increase in the number of states who have operated under an order of selection at some point since WIOA implementation. It may be possible that individuals with disabilities are more often securing employment without seeking VR services or utilizing other workforce programs or resources. BRS recognizes a need to identify strategies to serve more individuals who require VR services, such as increasing the number of students receiving Pre-ETS who apply for VR services and increasing outreach efforts to underserved populations.

Table 6 – Eligible VR Individuals Served by Disability Priority Category

	FFY19		FFY20		FFY21	
Priority Category 1: Most Significant Disability	8,889	81.9%	8,636	87.7%	8,448	90.6%
Priority Category 2: Significant Disability	1,798	16.6%	1,120	11.4%	792	8.5%
Priority Category 3: All Other VR Eligible Individuals	163	1.5%	88	.9%	83	.9%

Eligible individuals in priority category one, those with the most significant disabilities, were prioritized for services upon implementation of the order of selection in August 2017. Table 7 outlines the percentage of all eligible VR individuals served in each priority category during FFY19 to FFY21. The percentage of individuals served in priority category one has continued to increase significantly, representing 90.6% of total individuals served in FFY21, compared to 42.6% in FFY16.

Table 7 – Total Individuals Served: Primary Disability

	FFY19	FFY20	FFY21
Developmental disability	37.5%	38.2%	38.0%
Mental illness	30.2%	31.0%	30.8%
Other	2.1%	2.2%	2.1%
Physical disability	18.6%	18.6%	18.2%

Sensory disability - hearing	4.9%	2.9%	3.8%
Sensory disability - vision	6.7%	7.1%	7.2%

Individuals with a primary impairment of developmental disability and mental illness represent the largest percentage of VR eligible individuals served, as is consistent with prior years. The distribution of individuals served by primary disability has remained consistent over the last three years.

Table 8 – Total Individuals Served: Gender

	FFY19		FFY20		FFY21	
Female	4,538	41.8%	5,758	41.4%	3,805	40.81%
Male	6,299	58.1%	4,071	58.5%	5,501	59.0%
Does not wish to identify	13	0.1%	15	.15%	17	.18%

During FFY19-FFY21, the percentage of males receiving VR services is greater than the percentage of females receiving services. This trend has remained consistent during the three-year period evaluated.

Table 9 – *Total Individuals Served: Race/Ethnicity

	FFY19		FFY20		FFY21	
American Indian or Alaska Native	139	1.4%	142	1.4%	123	1.2%
Asian	113	1.2%	131	1.3%	125	1.2%
Black or African American	1,406	14.4%	1,493	14.7%	1,468	14.6%
Does Not Wish to Identify	4	.0%	19	.2%	39	.4%
Hispanic or Latino	341	3.5%	349	3.4%	361	3.6%
Middle Eastern	31	.3%	39	.4%	42	.4%
Native Hawaiian or Other Pacific Islander	27	.3%	35	.3%	33	.3%
White	7,711	79.1%	7,969	78.3%	7,870	78.2%

**Numbers are duplicated as individuals may be counted in more than one category, therefore the total for all percentages may equal more than 100%.*

In FFY21, the majority of individuals served in VR (78.2%) were White, with the second largest population at 14.6% who were individuals who are Black or African American. The percent of individuals who are White has decreased slightly over the last few years (79.8% in FFY18), while the percent of individuals who are Black or African American has increased slightly (14.1% in FFY18). The below data compares total individuals served by race/ethnicity in VR compared to the Indiana population of individuals with disabilities by race/ethnicity.

Table 10 - Indiana disability population by race and VR participants served by race

Indiana	Number of people with a disability (all ages)	*Percentage of disability population by race/ethnicity	Served by VR PY20 (ages over 14)	Percentage of VR participants served by race
Total for Indiana	894,735 (13.5% of the total population)		12,284	
Race				
White	764,451	85.4%	10,323	84.0%
African American	84,964	9.5%	1,946	15.8%
American Indian/Alaska Native	N	N	168	1.4%
Asian	8,576	<1%	154	1.3%
Other race(s)	31,203	3.5%	351	2.9%
Ethnicity				
Hispanic or Latino (of any race)	34,758	3.9%	463	3.8%

*Calculated by dividing number of people in each category by total count of people with a disability in Indiana.

[Census - Table Results](#) and ETA-9169 PY20 (Indiana Rehabilitation Federal Report)

Proportionally, VR serves a higher percentage of individuals who are African American and individuals who are Asian compared to the total Indiana disability population; conversely, a slightly lower percentage of individuals who are White, and individuals of other races.

Table 11 – Total Individuals Served: Age

	FFY19	FFY20	FFY21
14-20 years	.5%	2.3%	7.0%
20-30 years	43.5%	44.5%	42.9%
30-40 years	16.6%	16.6%	16.4%
40-50 years	13.2%	13.2%	12.6%
50-60 years	15.6%	14.2%	13.5%
60-70 years	8.8%	7.6%	6.4%

70+ years	.11%	1.54%	1.13%
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Nearly half of all individuals served were 30 years of age or younger with a continued drop in individuals age 40-70 served. The increased focus on serving students through Pre-ETS could be contributing to the increase in this younger population served in VR.

Table 12 – VR Eligible and Potentially Eligible Students Served Through Pre-ETS

	VR eligible and received Pre-ETS	Potentially eligible Pre-ETS only (no VR IPE)	Total students received Pre-ETS
PY19	244	4,184	4,428
PY20	546	3,871	4,417
PY21	Not yet available	Not yet available	Not yet available

Over 4,000 students with disabilities received services during PY19 and PY20. The majority of students who received Pre-ETS in both years were those potentially eligible students who were not yet receiving VR services under an IPE.

Table 13 – Eligible VR Individuals who Exited by Type of Exit

	Closed after eligibility and before services implemented		Closed after services with employment		Closed after services without employment		Total eligible individuals who exited
FFY19	726	13.5%	1,804	33.5%	2,851	53.0%	5,381
FFY20	851	16.7%	1,470	28.8%	2,780	54.5%	5,101
FFY21	817	18.0%	1,200	26.4%	2,534	55.7%	4,551

Of all closures, the portion of cases closed after services with employment, often referred to as a ‘successful rehabilitation,’ increased from FFY19 to FFY21 by 2.7%, while the percent of cases closed without employment after receiving services decreased by 7.1%. Of total cases closed in FFY21 compared to FFY19, a higher portion (4.5%) were individuals exiting the system prior to receiving services. Overall closure counts dropped from FFY19 to FFY21 due to a reduced number of individuals served resulting from order of selection and the COVID-19 pandemic.

Table 14 – Ratio of Eligible Individuals who Exit Prior to Receiving Services

	Total eligible	Closures prior to services	% eligible individuals who exit prior to receiving services
FFY19	5,326	758	14.2%
FFY20	5,081	602	11.8%

FFY21	4,023	482	12.0%
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Table 14 offers a view of the potential ‘drop out’ rate of individuals, specifically reviewing the number of newly-eligible individuals in each FFY in comparison to the number of eligible individuals who exit VR prior to receiving any services (prior to IPE or implementation of the IPE). The percentage of eligible individuals who exited the VR program prior to receiving services in FFY21 decreased by 2.2% compared to the same exits in FFY19. Although exits before services represented a higher portion of all closures as outlined in Table 13, the percent of eligible individuals exiting prior to receiving services decreased overall.

Table 15 – Successful Closures by Primary Disability

	FFY19		FFY20		FFY21	
Developmental disability	829	46.6%	742	46.8%	592	49.5%
Mental Illness	569	31.2%	494	29.8%	383	30.7%
Other disability	27	1.1%	40	1.2%	33	2.8%
Physical disability	468	10.3%	335	12.2%	292	10.0%
Sensory disability - hearing	831	4.6%	105	4.9%	78	3.5%
Sensory disability - vision	139	5.5%	92	5.2%	96	3.5%
Total	2,863		1,804		1,474	

Indiana VR anticipated a trend toward decreased successful case closures after the implementation of the order of selection in August 2017, largely due to serving a reduced number of eligible individuals compared to years prior. A further decrease in number of exits with employment occurred in FFY20 and FFY21 as a result of the pandemic. As mentioned previously, VR collected information for VR participants through a questionnaire in Spring 2020 to assess impact of the pandemic on their employment status. Approximately two-thirds of participants were impacted in some way, most commonly through lay-offs and furloughs. While many eventually returned to work, closure from VR was greatly delayed due to length of time off work and the additional supports needed to successfully return to work. Of all successful exits, nearly half are individuals with a primary impairment of developmental disability, with nearly one-third of individuals experiencing a mental health condition as a primary impairment.

Table 16 – VR Services Expenditures by Category

	FFY19	FFY20	FFY21
Assessment	\$1,456,321	\$1,527,173	\$1,404,346
Restoration and Prosthetic or Orthotic Appliances	\$775,641	\$650,953	\$605,981
Training/Education	\$3,810,938	\$3,361,034	\$2,955,376
Employment Services	\$15,897,182	\$15,385,157	\$16,914,502

Reader, Interpreter and Personal Assistance Services	\$2,965,510	\$2,500,482	\$2,328,073
Living Expenses	\$560,952	\$390,719	\$406,750
Rehabilitation Technology	\$4,969,941	\$5,606,452	\$5,581,017
Other	\$1,887,156	\$1,605,968	\$1,825,249
Total	\$32,323,641	\$31,027,938	\$32,021,293
Difference from prior year	<u>\$(6,699,603)</u>	(\$1,295,703)	\$993,355
		-4.1%	3.2%

In reviewing service expenditures to VR applicants, VR eligible individuals, and VR individuals receiving services under an IPE, total service expenditures decreased by 4.1% from FFY19 to FFY20, and then increased again in FFY21. BRS projects further increases in client service spend over the next two years as more individuals are released from the order of selection waitlist. Employment Services represents the largest expenditure service group, at approximately 50% of total client services spend, followed by rehabilitation technology and training/education.

Table 17 - Average annual cost per eligible VR individual receiving services under an IPE

	Average cost	Difference in average cost from prior year	
FFY19	\$2,671.12	\$55.14	2.1%
FFY20	\$2,684.42	\$13.30	.5%
FFY21	\$2,632.25	-\$52.17	-1.9%

The average annual cost per VR eligible individual served under an IPE stayed fairly level over the last three years, with a slight decrease in FFY21 (1.9%). The increase in remote service activity and resulting decrease in travel and mileage costs due to the COVID-19 pandemic may be a contributing factor, as historically average cost has increased yearly.

Table 18- Measurable Skill Gains rate

	MSG rate
PY19	36.9%
PY20	64.2%
PY21	Not yet available

Indiana VR has made tremendous progress with improving participant Measurable Skill Gains (MSGs) over the last two years, increasing from 36.9% in PY19 to 64.9% in PY20. PY21 MSGs will be calculated after the end of PY21 (6/30/22). MSG is defined as the percentage of participants

who, during a program year, are a) in an education or training program that leads to a recognized post-secondary credential or employment and b) who are achieving documented academic, technical, occupational, or other forms of progress towards such a credential or employment.

Establishment Project Outcomes

VR Employment Service Providers who received Establishment Project funding upon contract execution of April 1, 2017 were required to provide information regarding training, staffing, and progress toward contract metrics each quarter. The tables below provide an overview of some key outcomes across the four-year establishment project period:

Baseline: Program Year 2016 (PY16)

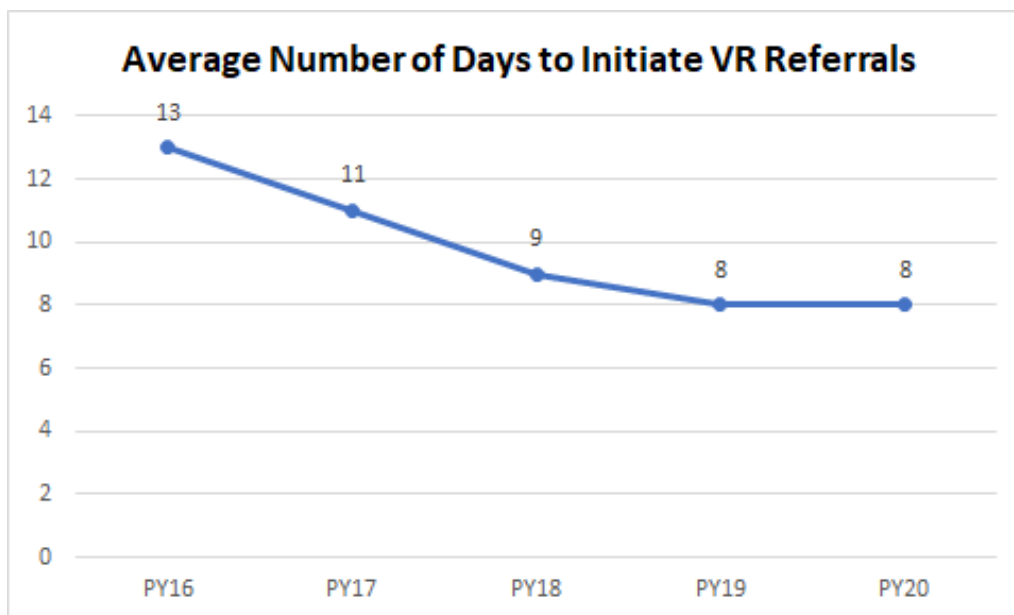
Year 1: Program Year 2017 (PY17)

Year 2: Program Year 2018 (PY18),

Year 3: Program Year 2019 (PY 19)

Year 4: Program Year 2020 (PY20)

Please note that this data does not represent all VR providers or all VR participants, but rather the 40 providers who had Establishment project contracts. Those providers represented approximately half of Indiana VR employment service providers (also referred to as community rehabilitation programs).



PY17 and PY18 Activity

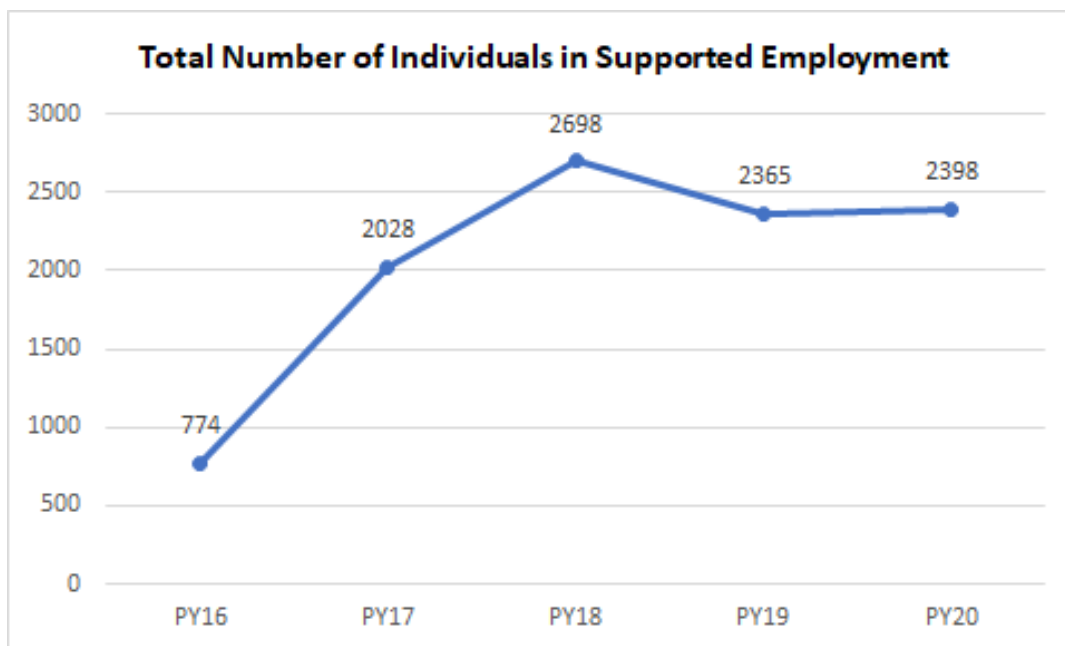
The average number of days to initiate new VR referrals decreased by two (2) days in year one of the project and by an additional two (2) days in year two of the project, overall meeting the set project metric of initiating services face-to-face within ten (10) business days of receipt of initial referral from VR by end of year 1 and sustaining or further decreasing the number of days through year 2.

PY19 and PY20 Activity

The average number of days to initiate new VR referrals decreased by one (1) day in year three of the project and was sustained in year four of the project, overall meeting the set project metric of initiating services face-to-face within eight (8) business days of receipt of initial referral from VR by end of year three and sustaining or further decreasing the number of days through year four.

Having the average number of days meet the performance measure for each program year of the establishment projects was an outstanding accomplishment for community rehabilitation programs, as it shortened the length of time it took to initiate face-to-face contact for new VR referrals, and allowed VR services to begin quicker, as appropriate.

Chart 2 – Number of Individuals in Supported Employment



As indicated above, the data does not represent all VR participants or all VR providers. This data represents supported employment data for participants served by a subset of VR providers.

PY17 and PY18 Activity

In PY16, the reported baseline number of individuals in supported employment was 774, a statewide average of 19 per contracted establishment provider. This number significantly increased to 2,028 in PY17, resulting in a statewide average of 51, with a 162% increase. In PY18, the number of individuals in supported employment again increased to 2,698, resulting in a statewide average of 67, with a 33% increase. When comparing activity for the first two years of the Establishment projects, PY16 to PY18 resulted in a 249% increase in the number of individuals in supported employment.

The overall metric for this performance measure was a 30% increase in the number of individuals receiving VR-funded supported employment or on-the-job supports short-term by end of year two (PY18), and therefore, the statewide sum in both program years by far surpassed the required end of year two metric. The results of both program years were a significant accomplishment as supported employment services were underutilized in prior years. As a result of the establishment projects, community rehabilitation programs devoted more time in the provision of supported employment services to assist VR participants in achieving stabilization and successful job retention.

PY19 and PY20 Activity

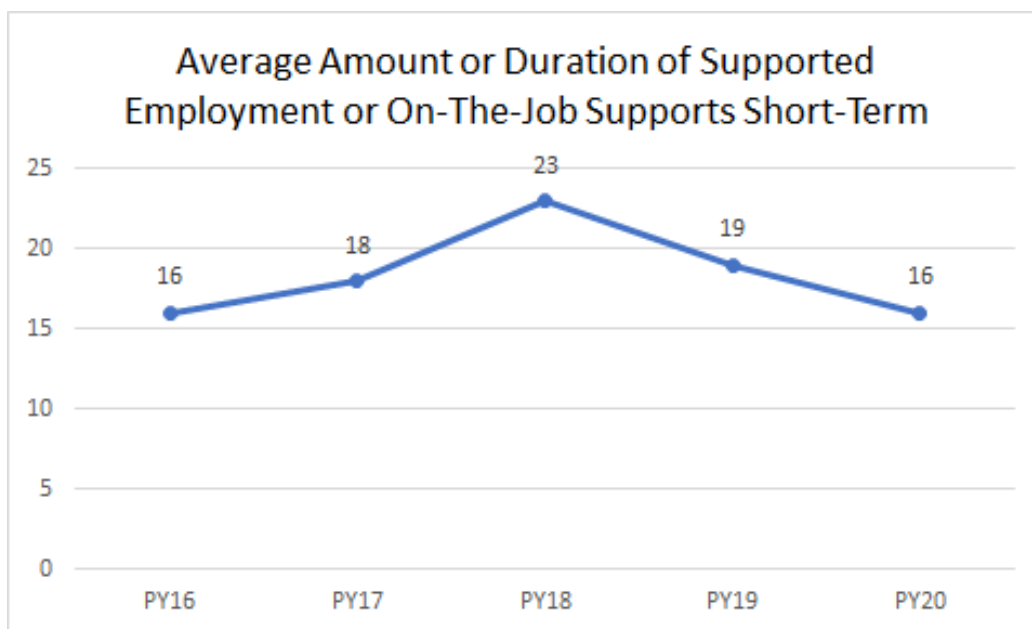
In PY19, the reported number of individuals in supported employment was 2,365, a statewide average of 74, with a 27% increase. In PY20, this number slightly increased to 2,398, a statewide average of 75, with a 1% increase from PY19. When comparing activity for the remaining two years of the Establishment projects, increased supported employment utilization from PY18 to PY20 was a 29% increase in the number of individuals in supported employment.

The overall metric for the two final years was at least a 10% increase in the number of individuals receiving VR-funded supported employment or on-the-job supports short-term by end of year three (PY19) and an additional 10% increase by end of year four (PY20). PY19 met the overall metric for this performance measure; however, PY20 did not meet the additional 10% metric increase, largely contributed to the COVID-19 pandemic.

Again, even though the results differ from the first two years of the establishment projects, and the overall metric wasn't met in year four, the results still indicate that community rehabilitation programs are focused on utilizing supported employment, with more than a 200% increase in the number of individuals receiving supported employment services from

baseline to end of the project period. As a result of the establishment projects, community rehabilitation programs devoted more time providing supported employment services to assist VR participants in achieving stabilization and successful job retention.

Chart 3 – Average Number of Hours for the Amount or Duration of Supported Employment or On-The-Job Supports Short Term, Per Person



As indicated above, the data does not represent all VR participants or all VR providers. This data represents supported employment data for participants served by a subset of VR providers.

PY17 and PY18 Activity

In PY16, the baseline reported number of average hours spent on supported employment services or on-the-job supports short-term, per person, was 658, resulting in a statewide average of 16 hours. In PY17, the sum increased to 710, a statewide average of 18 hours, with an 8% increase. In PY18, the sum increased to 922, a statewide average of 23, with a 30% increase. When comparing activity for the first two years of the Establishment projects, PY16 to PY18 resulted in a 40% increase in the number of average hours spent on supported employment services or on-the-job supports short-term provided, per person.

The project metric was met, as the goal was a 30% increase in the amount or duration of supported employment services or on-the-job supports short-term that participants received by end of year 2. Through the establishment project, it is clear that community rehabilitation

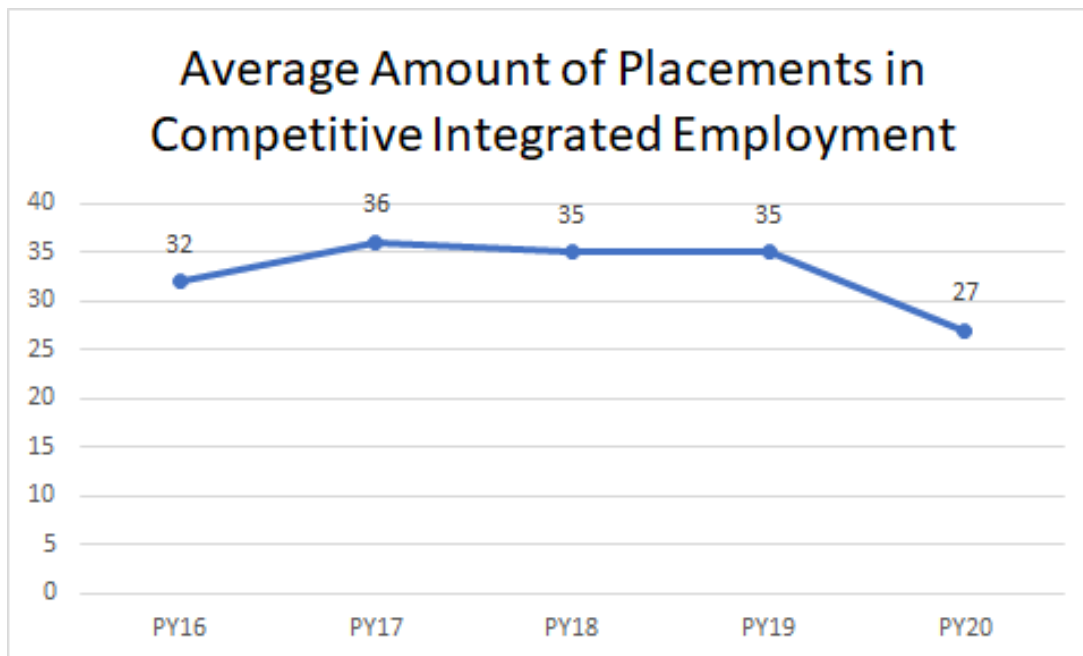
programs devoted more time providing supported employment services to assist VR participants with achieving stabilization and successful job retention.

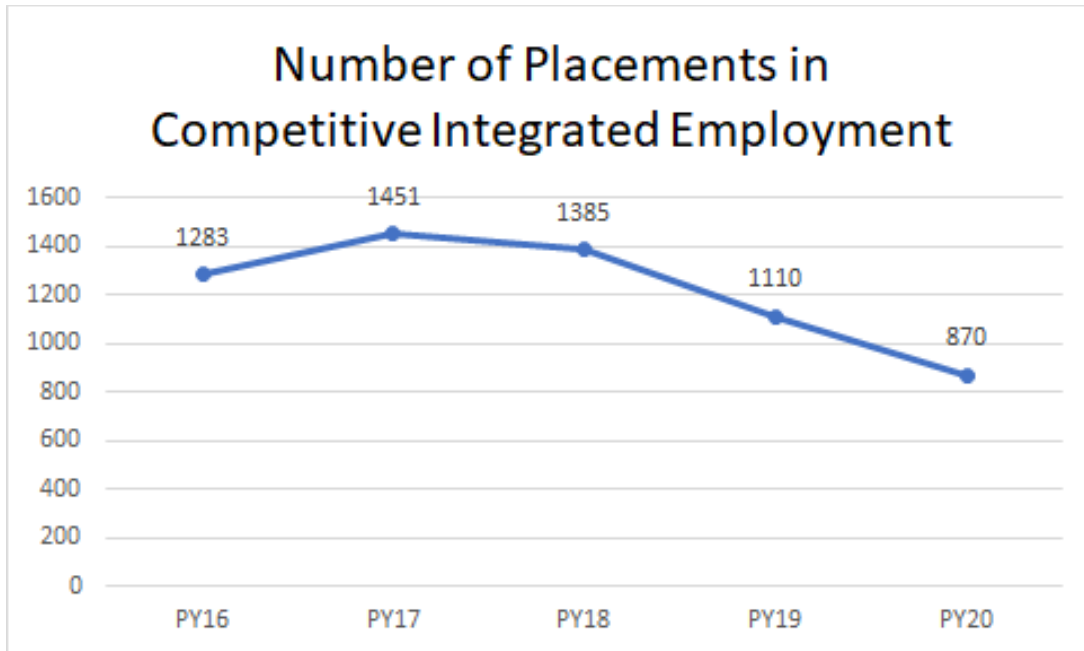
PY19 and PY20 Activity

In PY19, the reported number of average hours spent on supported employment services or on-the-job supports short-term, per person, was 603, resulting in a statewide average of 19 hours, with an 8% decrease from the baseline. In PY20, the sum slightly decreased to 522, a statewide average of 16 hours, with a 13% decrease from PY19.

The overall metric for year three (PY19) was a 10% increase in the amount or duration of supported employment or on-the-job supports short-term, per person, and an additional 10% increase by end of year four (PY20). Neither of the goals were met in PY19 or PY20, which is likely largely contributed to the COVID-19 pandemic. Not only was participants' employment impacted by the pandemic as shared previously, but providers also reported increased difficulty with staff retention and recruitment during this time. Some VR participants also asked to pause services for a period of time due to the pandemic.

Chart 4A and 4B – Placements in Competitive Integrated Employment (Average and Sum)





As indicated above, the data does not represent all VR participants or all VR providers. This data represents competitive integrated employment outcomes for a subset of VR providers.

PY17 and PY18 Activity

In PY16, the reported baseline number of placements in competitive integrated employment was 1,283, a statewide average of 32. In PY17, this number increased to 1,451, a statewide average of 36, resulting in a 13% increase.

In PY18, the number of placements reported was 1,385, a statewide average of 35, resulting in a decrease of 5% from PY17. Even with the slight decrease in year two, the number reported is a significant accomplishment as VR entered into Order of Selection on August 1, 2017, and the number reflected represents a higher population of individuals served with the most significant disabilities as compared to prior years.

When comparing activity for the first two years of the establishment projects, PY16 to PY18 resulted in an 8% increase for the number of placements in competitive integrated employment.

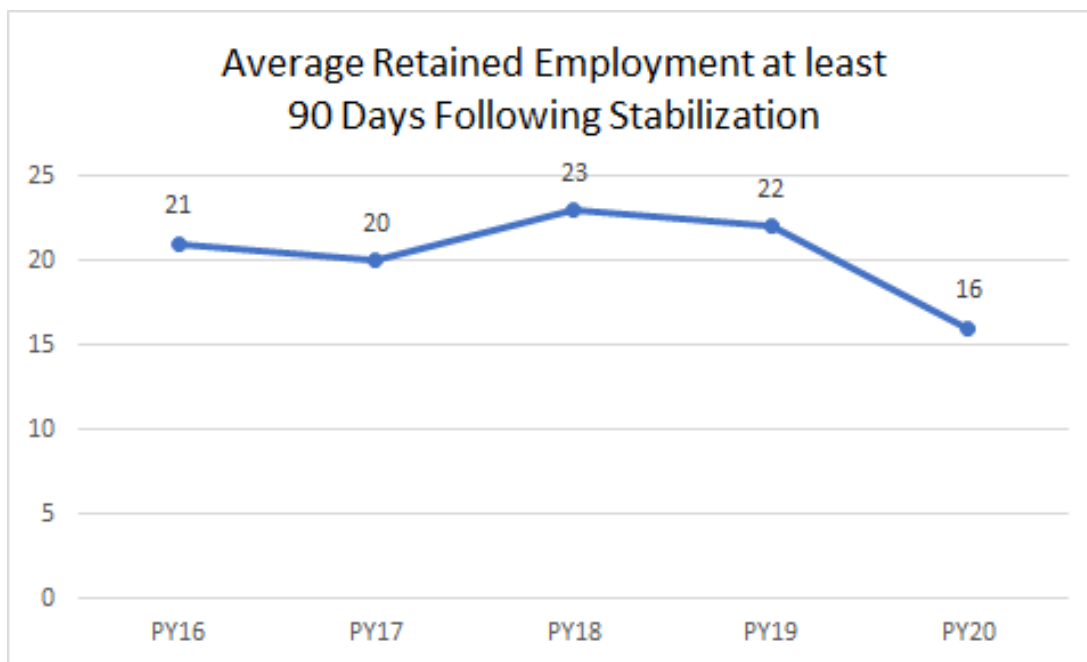
PY19 and PY20 Activity

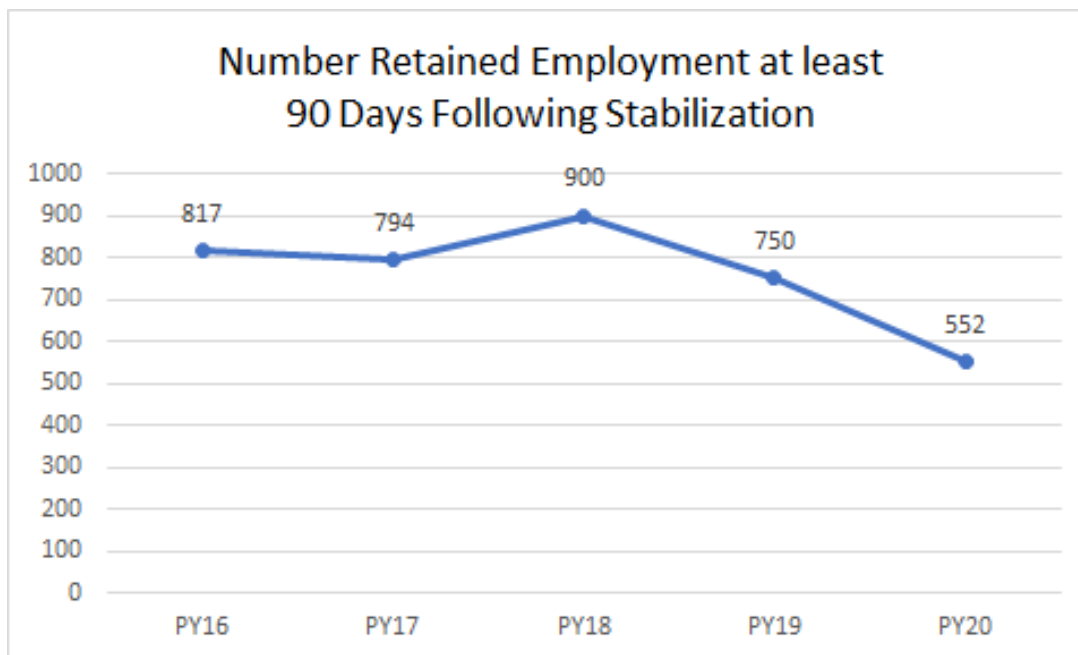
In PY19, the number of placements reported was 1,110, a statewide average of 35, resulting in a 1% decrease. In PY20, the number of placements reported was 870, a statewide average of 27, resulting in a 22% decrease.

The decrease in number of placements for Establishment project providers from PY17 to PY20 aligns with the overall decrease in VR placements. Contributing factors including implementation of an order of selection in 2017, closing two of three disability service priority categories, which subsequently decreased the number of VR participants who were served. The COVID-19 pandemic also had a substantial impact on year four of the project.

For PY19 and PY20, a metric was designated for a 10% increase in the number of placements in competitive integrated employment by end of year three (PY19) and an additional 10% increase by end of year four (PY20). Neither of these metrics were met; however, the average remained steady for years one through three of the establishment projects, representing an increase from the baseline, and then decreased in year four of the project, which was likely impacted by the COVID-19 pandemic.

Chart 5A and 5B – Retained Employment at least 90 Days Following Stabilization (Average and Sum)





As indicated above, the data does not represent all VR participants or all VR providers. This data represents employment retention data for a subset of VR providers.

PY17 and PY18 Activity

In PY16, the reported baseline number of individuals who retained employment at least 90 days following stabilization was 817, an average of 21 across establishment project providers. In PY17, this number slightly decreased by 3%, with a sum of 794, and a statewide average of 20. In PY18, the reported number peaked at 900, and a statewide average of 23, representing a 13% increase. When comparing activity for the first two years of the establishment projects, PY16 to PY18 resulted in a 10% increase.

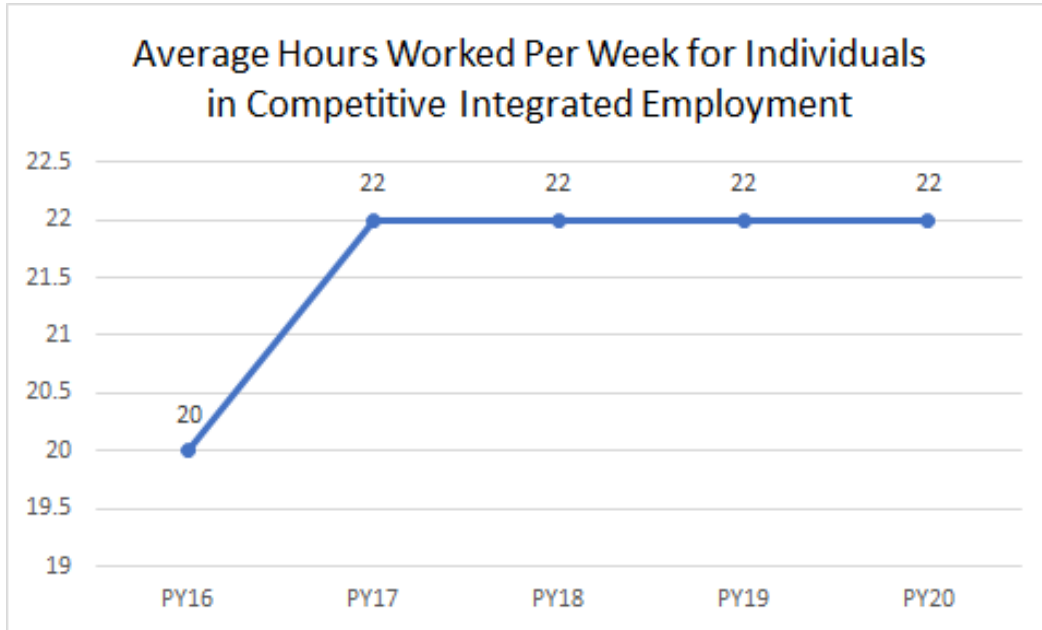
PY19 and PY20 Activity

In PY19, the reported number of individuals who retained employment at least 90 days following stabilization was 750, a statewide average of 22, representing a 2% increase. In PY20, the reported number of individuals who retained employment at least 90 days following stabilization was 552, a statewide average of 16, resulting in a 26% decrease.

For PY19 and PY20, a metric was designated for a 10% increase in the number of individuals who retained employment at least 90 days following stabilization by end of year three (PY19) and an additional 10% increase by end of year four (PY20). Neither of these metrics were met; however, the statewide average held steady for years 1-3 of the Establishment projects. For

year four of the establishment projects, the decrease in retention can largely be contributed to the COVID-19 pandemic.

Chart 6 – Average Hours Worked Per Week for Individuals in Competitive Integrated Employment



As indicated above, the data does not represent all VR participants or all VR providers. This data represents average employment hours worked for participants served by a subset of VR providers.

PY17 and PY18 Activity

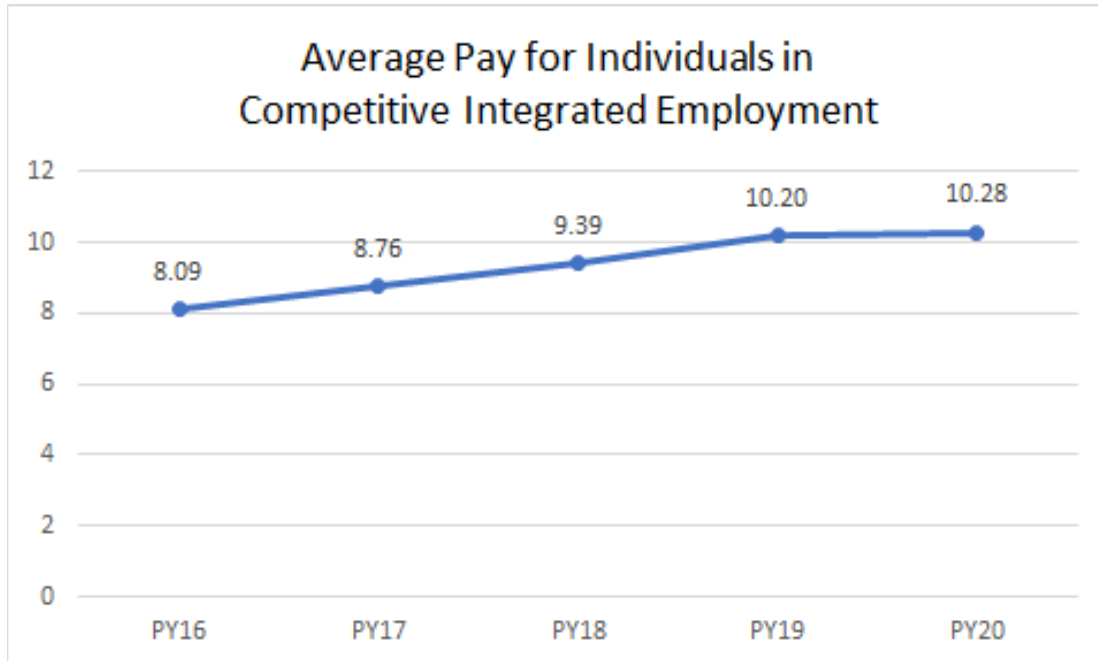
In PY16, the average reported number of hours worked in competitive integrated employment was 789, an Establishment provider average of 20. In PY18, the average number reported increased to 864, an average of 22, representing a 10% increase. In PY18, this number again increased to 880, holding steady at an average of 22, representing a 2% increase. When comparing activity for the first two years of the Establishment projects, PY16 to PY18 resulted in a 12% increase.

PY19 and PY20 Activity

In PY19, the average reported number of hours worked in competitive integrated employment was 705, continuing to hold steady at a statewide average of 22. In PY20, the number slightly decreased to 692, but still held steady at a statewide average of 22.

For PY19 and PY20, a metric was designated for a 10% increase in the average hours worked per week for individuals in competitive integrated employment by end of year three and an additional 10% increase by end of year four. Neither of these metrics were met; however, the statewide average reported number of hours worked in competitive integrated employment held steady for years 2-4, despite the impact of the COVID-19 pandemic during year four.

Chart 7 – Average Pay for Individuals in Competitive Integrated Employment



As indicated above, the data does not represent all VR participants or all VR providers. This data represents average employment wages for participants served by a subset of VR providers.

PY17 and PY18 Activity

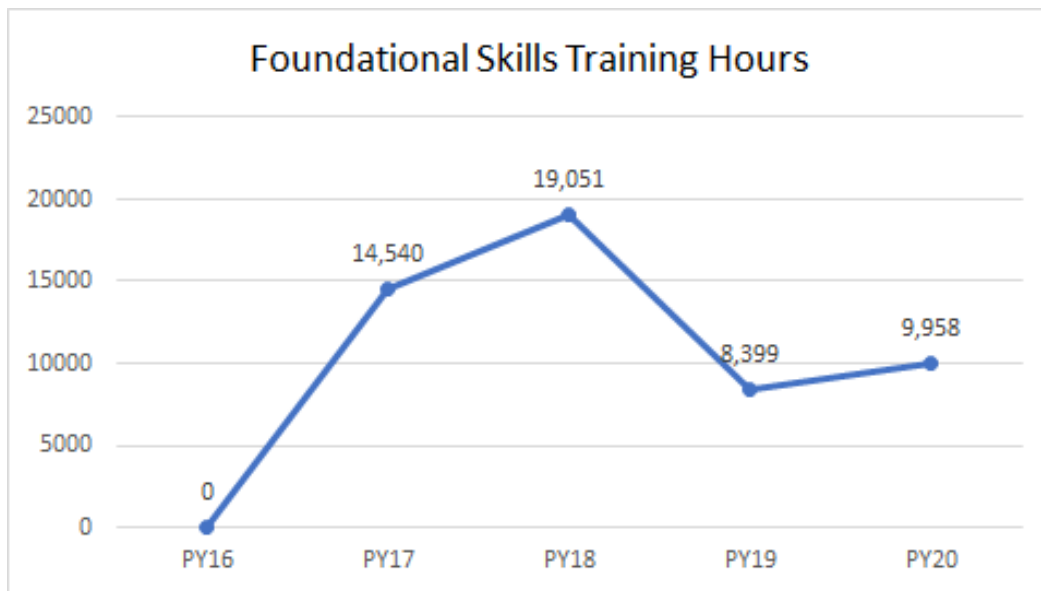
In PY16, the reported average hourly wage in competitive integrated employment was \$8.09 per hour. In PY17, the average hourly wage increased to \$8.76, representing an overall increase of 8%. In PY18, the average hourly wage in competitive integrated employment increased to \$9.39, representing an overall increase of 7%. When comparing activity for the first two years of the Establishment projects, PY16 to PY18 resulted in a 16% increase.

PY19 and PY20 Activity

In PY19, the reported average hourly wage continued to increase, to \$10.20 per hour, representing a 9% increase, and in PY20, another increase to \$10.28, representing a 1% increase.

For PY19 and PY20, a metric was designated for a 5% increase in the average hourly wage for individuals in competitive integrated employment by end of year three and an additional 5% increase by end of year four. The metric was met for year three but was not met for year four. However, it is important to note that the reported number of average hourly wages in competitive integrated employment continued to rise each year, representing an overall 27% increase for the four-year establishment projects.

Chart 8 – Foundational Skills Training Hours



PY17 and PY18 Activity

In PY16 and prior years, community rehabilitation programs did not historically track the number of foundational skills training hours achieved by employment services staff. For the establishment projects, foundational skills training was a requirement of all new and seasoned employment services staff and consisted of hands-on, applied training provided by seasoned or supervisory staff, or a qualified trainer. Hands-on applied training could have consisted of a new employment specialist shadowing a seasoned employment specialist at the VR participant's worksite; receiving coaching on how to complete a discovery profile and identifying how to

make it meaningful; or having a new employment specialist discuss natural supports with a VR participant while receiving coaching, technical assistance, or mentoring from a seasoned employment specialist or direct supervisor. These are just a few examples of hands-on applied training where a new employment specialist could have received coaching, technical assistance, or mentoring and is certainly not an all-inclusive list.

Through the establishment projects, providers were required to develop or enhance internal training and mentoring provided to employment services staff in order to provide more timely and quality employment services to individuals with disabilities, specifically individuals with the most significant disabilities.

As community rehabilitation programs developed or enhanced internal training and mentoring for employment services staff, the baseline for foundational skills training hours went from 0 in PY16 to the following:

- PY17 = 14,540 hours
- PY18 = 19,051 hours, representing a 31% increase
- PY19 = 8,399 hours, representing a 56% decrease
- PY20 = 9,958 hours, representing a 19% increase

Establishment project contracts included a metric for newly-hired staff to complete a minimum of 25 hours of foundational skills training and for seasoned staff to complete at least 10 hours. As new hires became seasoned throughout the course of the four-year project, the total number of training hours required to be completed decreased. There were also a small number of providers who did not complete the project and therefore data collected in the latter half of the project represents a smaller number of providers than data collected during the first two years. These factors account for the higher number of training hours reported in years one and two compared to years three and four.

The number of training hours, especially during the first two years, clearly identify that community rehabilitation programs spent a great amount of time providing hands on, applied training to newly-hired and seasoned employment services staff. Submitted reports indicate that the training metric was met through a combination of developing or enhancing internal training and mentoring programs as well as utilizing a qualified trainer. At times, community rehabilitation programs would coordinate efforts to have employment services staff attend training together, which was a great way to connect with peers in different counties and collaborate on training efforts, while reducing training and travel expenses for staff.

A large focus of the Establishment projects was to develop or enhance internal training, to ensure that robust mentoring, counseling, and one-on-one guidance was regularly provided to

newly-hired and seasoned employment services staff, which is especially important given high staff turnover experienced by many providers. Developing or enhancing robust in-house enabled newly-hired staff to receive the appropriate training in a more timely and thorough manner in order to quickly build a caseload, and to ensure the continuous increase in the VR employment service providers' effectiveness in providing VR employment services, including supported employment to VR participants.

Needs Assessment Survey

BRS conducted a needs assessment survey in October 2021, which was distributed to a wide range of stakeholders, VR staff, VR participants, and the Commission on Rehabilitation Services. It was also posted on social media platforms and disbursed through numerous list serves. A link was also sent by email to all active VR participants. Efforts were made to reach as many respondents as possible including providing the opportunity for individuals to make a toll-free call to the Bureau of Rehabilitation for assistance with completing the survey.

The survey, which was developed on Qualtrics, was designed so that respondents could complete the full range of survey questions or complete only the questions of interest. The survey allowed respondents to skip questions they did not wish to answer. The number of responses received exceeded the number of responses from the prior needs assessment survey, with 1,974 individuals responding to the most recent survey (conducted in the fall of 2021) compared to 1,375 responses for the prior survey (conducted in the winter of 2019).

Commission on Rehabilitation Services Input

As the process of obtaining information for the needs assessment started, a presentation was made to the Commission on Rehabilitation Services. Commission members provided guidance into the development of the questions and distribution strategy for the survey. Additionally, a summary of findings from the survey was shared with the commission in November 2021 with additional feedback obtained regarding VR priorities.

Needs Assessment Survey Results

Respondents: There were 1,974 individuals that responded to the survey. The respondents self-identified the following roles. (Note: Respondents were allowed to select more than one role.)

Person with a disability	29.87%	750
Student with a disability (age 14-22 and in school)	3.27%	82
Youth with a disability (age 14-22 may be in school or not)	3.31%	83
Family member of an individual with a disability	23.93%	601
Employer/Human Resources staff	3.31%	83
Advocacy organization	3.98%	100
Bureau of Developmental Disability Services staff	0.8%	20
Case manager	7.77%	195
Community Rehabilitation Provider staff	5.54%	139
Mental Health Center staff	2.15%	54
School staff	2.15%	54
WorkOne staff	0.64%	16
Vocational Rehabilitation staff	4.62%	116
Other	8.68%	218
Total	100%	2,511

Individuals with disabilities and family members represented the group with the largest response rate at 29.87%, and 23.93% respectively.

Survey Respondent Demographics: Race/Ethnicity of Combined Respondents

Asian or Pacific Islander	1.35%	27
Black or African American	8.47%	170
Hispanic or Latino	2.54%	51
Native American or Alaskan Native	0.65%	13
White or Caucasian	78.57%	1577
Multiracial or Biracial	1.44%	29
A race/ethnicity not listed here	0.65%	13
Prefer not to answer	6.33%	127

Survey Respondent Demographics: Race/Ethnicity of respondents reporting as a person with a disability

Asian or Pacific Islander	1.69%	13
Black or African American	13.93%	107
Hispanic or Latino	3.52%	27
Native American or Alaskan Native	1.30%	10
White or Caucasian	72.53%	557
Multiracial or Biracial	2.34%	18
A race/ethnicity not listed here	0.65%	5
Prefer not to answer	4.04%	31

Individuals who identified as a person with a disability were a more diverse population than all combined respondents, with higher representation in the following race or ethnic groups: Black or African American, Hispanic or Latino, Native American or Alaskan Native, Multiracial or Biracial, compared to combined respondents.

Survey Respondent Demographics: Age range of Combined Respondents

Age 24 or younger	8.81%	174
Age 25-34	9.83%	194
Age 35-44	16.31%	322
Age 45-54	23.91%	472
Age 55-64	25.03%	494
Age 65 or older	11.60%	229
Prefer not to answer	4.51%	89

Survey Respondent Demographics: Age range of respondents reporting as a person with a disability

Age 24 or younger	15.73%	117
Age 25-34	15.59%	116
Age 35-44	16.26%	121
Age 45-54	20.16%	150
Age 55-64	20.16%	150
Age 65 or older	9.54%	71
Prefer not to answer	2.55%	19

Individuals who identified as a person with a disability were a younger group than combined respondents, with higher representation in the age 24 and younger, and age 25-34 age groups, compared to combined respondents.

Survey questions can be viewed in Attachment A. The following is a summary of survey questions and responses.

What issues/barriers do people with disabilities face in finding jobs?

Highest reported barriers by combined respondents:

- | | |
|--|--------|
| 1. Employers' willingness to hire individuals needing significant support | 16.95% |
| 2. Concerns of individual or family about loss of benefits (examples: Social Security, Medicare, Medicaid, housing assistance) | 15.24% |
| 3. Transportation (example: can't drive, bus not reliable) | 14.99% |
| 4. Expectations about individuals with disabilities working | 11.03% |
| 5. Lack of information or confusion about available services | 9.06% |

Highest reported barriers by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. Employers' willingness to hire individuals needing significant support | 18.21% |
| 2. Concerns of individual or family about loss of benefits (examples: Social Security, Medicare, Medicaid, housing assistance) | 15.52% |
| 3. Expectations about individuals with disabilities working | 14.19% |
| 4. Transportation (example: can't drive, bus not reliable) | 12.10% |
| 5. Lack of information or confusion about available services | 9.53% |

Both combined respondents, and respondents with a disability, selected the same five barriers, however, respondents with disabilities ranked expectations about individuals with disabilities working as a higher barrier than transportation, in contrast to combined respondents.

What are the biggest barriers students with disabilities have when making the transition from school to work?

Highest reported barriers by combined respondents:

- | | |
|--|--------|
| 1. Transportation (example: can't drive, bus not reliable) | 12.50% |
| 2. Gap in services from school to work (student leaves school without connections to services) | 11.35% |
| 3. Employers' willingness to hire individuals needing significant support | 10.86% |
| 4. Concerns of individual or family about loss of benefits (examples: Social Security, Medicare, Medicaid, housing assistance) | 9.90% |
| 5. Lack of information or confusion about available services | 9.51% |

Highest reported barriers by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. Employers' willingness to hire individuals needing significant support | 12.51% |
| 2. Expectations from professionals about individuals with disabilities working | 11.97% |
| 3. Transportation (example: can't drive, bus not reliable) | 10.50% |
| 4. Concerns of individual or family about loss of benefits (examples: Social Security, Medicare, Medicaid, housing assistance) | 9.88% |
| 5. Gap in services from school to work (student leaves school without connections to services) | 9.65% |

While reported barriers were similar across both groups overall, of note is that respondents with disabilities reported expectations from professionals about individuals with disabilities working as the second highest barrier, and this was not included in the top five barriers for combined respondents. Also of note is that while transportation was ranked as the top barrier by combined respondents, both employers' willingness to hire individuals needing significant support and expectations from professionals ranked as higher barriers than transportation by respondents with disabilities.

What are the needs of students with disabilities as they transition to employment and/or post-secondary education?

Highest reported needs by combined respondents:

- | | |
|--|--------|
| 1. Skills to get ready for work and independent living | 26.89% |
| 2. Work experience, internships | 23.85% |
| 3. Self-advocacy and self-determination skills | 19.22% |
| 4. Job exploration counseling | 17.73% |
| 5. Counseling on post-secondary education programs | 10.01% |

Highest reported needs by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. Skills to get ready for work and independent living | 24.95% |
| 2. Work experience, internships | 23.82% |
| 3. Self-advocacy and self-determination skills | 21.00% |
| 4. Job exploration counseling | 16.57% |
| 5. Counseling on post-secondary education programs | 10.55% |

Responses were very similar across both groups.

What would improve VR services for students and youth with disabilities?

Highest reported needed improvements by combined respondents:

- | | |
|---|--------|
| 1. Additional opportunities for work experience | 17.17% |
| 2. Increased knowledge of resources and opportunities that support employment | 15.39% |
| 3. Better coordination between VR and schools | 15.15% |
| 4. Earlier access to VR services | 12.23% |
| 5. Additional opportunities for career exploration | 10.64% |

Highest reported needed improvements by respondents reporting as a person with a disability:

- | | |
|---|--------|
| 1. Additional opportunities for work experience | 18.43% |
| 2. Increased knowledge of resources and opportunities that support employment | 15.93% |
| 3. Better coordination between VR and schools | 14.30% |
| 4. Additional opportunities for career exploration | 12.58% |
| 5. Earlier access to VR services | 11.89% |

Responses by both groups were similar, except respondents with disabilities ranked additional opportunities for career exploration as a higher area of improvement v. earlier access to VR, in contrast to combined respondents.

How can employers be more involved with helping students and youth with disabilities transition to work and/or post-secondary education?

Highest reported responses by combined respondents:

- | | |
|---|--------|
| 1. Provide more work experiences/internships | 24.72% |
| 2. Increase their awareness of employment resources and supports (example: Vocational Rehabilitation, job coaching, accommodations) | 24.08% |
| 3. Mentor students and youth | 16.95% |
| 4. Provide job fairs at schools (mock interviews/application practice) | 15.04% |
| 5. Offer tours at business sites | 9.28% |

Highest reported responses by respondents reporting as a person with a disability:

- | | |
|---|--------|
| 1. Increase their awareness of employment resources and supports (example: Vocational Rehabilitation, job coaching, accommodations) | 24.49% |
| 2. Provide more work experiences/internships | 21.73% |
| 3. Mentor students and youth | 17.81% |

- | | |
|--|--------|
| 4. Provide job fairs at schools (mock interviews/application practice) | 13.71% |
| 5. Offer tours at business sites | 10.06% |

Responses by both groups were similar, except combined respondents ranked increased work experience/internships as a higher need v. increased awareness of employment resources and support, in contracts to respondents with disabilities.

The survey presented a few questions about the needs of individuals with the most significant disabilities and who might need supported employment to keep a job.

Do you know that VR can provide supported employment services for up to 24 months?

59.45% of combined respondents indicated 'yes' with 40.55% answering 'no.' 52.86% of individuals with disabilities indicated 'yes' with 47.14% answering 'no.' This indicates that over half of the respondents were aware that VR can provide supported employment services for up to 24 months.

What employment barriers exist for individuals with the most significant disabilities?

Highest reported barriers by combined respondents:

- | | |
|--|--------|
| 1. Employers' willingness to hire individuals needing significant support | 22.09% |
| 2. Transportation (example: can't drive, bus not reliable) | 15.23% |
| 3. Expectations of employers about individuals with disabilities working | 13.81% |
| 4. Not enough employment specialists or job coaches | 10.73% |
| 5. Expectations of professionals about individuals with disabilities working | 9.10% |

Highest reported barriers by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. Employers' willingness to hire individuals needing significant support | 22.95% |
| 2. Expectations of employers about individuals with disabilities working | 16.17% |
| 3. Expectations of professionals about individuals with disabilities working | 13.57% |
| 4. Transportation (example: can't drive, bus not reliable) | 11.73% |
| 5. Not enough employment specialists or job coaches | 7.99% |

A notable difference between the two groups is that individuals with disabilities ranked expectations of both employers and professionals as higher barriers compared to combined

respondents. Combined respondents ranked transportation and not enough employment specialists as higher barriers compared to respondents with disabilities.

What would improve employment services and outcomes for individuals with the most significant disabilities?

Highest reported needed improvements by combined respondents:

- | | |
|--|--------|
| 1. Education to employers about the value of hiring individuals with disabilities | 20.72% |
| 2. Additional opportunities for work experience | 19.76% |
| 3. Targeted efforts to transition individuals out of subminimum wage employment (sheltered workshops) and into competitive integrated employment | 13.32% |
| 4. Additional training to employment specialists and job coaches | 11.60% |
| 5. Additional opportunities for career exploration | 10.04% |

Highest reported needed improvements by respondents reporting as a person with a disability

- | | |
|--|--------|
| 1. Education to employers about the value of hiring individuals with disabilities | 21.68% |
| 2. Additional opportunities for work experience | 18.95% |
| 3. Targeted efforts to transition individuals out of subminimum wage employment (sheltered workshops) and into competitive integrated employment | 12.96% |
| 4. Additional training to employment specialists and job coaches | 12.70% |
| 5. Additional opportunities for career exploration | 10.03% |

Responses were very similar across both groups.

Are you aware of services available to employers such as disability awareness training and resources for 503 compliance provided by Vocational Rehabilitation and their partners to support employers in hiring individuals with disabilities?

48.75% of combined respondents indicated 'yes' with 51.25% answering 'no.' 52.73% of individuals with disabilities indicated 'yes' with 47.27% answering 'no.' Respondents with disabilities were more likely to have awareness of these resources than combined respondents.

What would help employers increase hiring of individuals with disabilities?

Highest reported responses by combined respondents:

- | | |
|--|--------|
| 1. Assist employers with making necessary accommodations | 18.86% |
| 2. Assist employers in linking with other businesses who have successfully hired individuals with disabilities | 16.41% |

- | | |
|---|--------|
| 3. Increase employers' knowledge of resources (example: Job Accommodation Network, Vocational Rehabilitation, supported employment) | 15.56% |
| 4. Employers increase opportunities to provide work-based learning experiences to individuals with disabilities | 14.06% |
| 5. Disability awareness training | 13.56% |

Highest reported responses by respondents reporting as a person with a disability:

- | | |
|---|--------|
| 1. Assist employers with making necessary accommodations | 20.63% |
| 2. Assist employers in linking with other businesses who have successfully hired individuals with disabilities | 16.31% |
| 3. Employers increase opportunities to provide work-based learning experiences to individuals with disabilities | 15.15% |
| 4. Disability awareness training | 13.71% |
| 5. Increase employers' knowledge of resources (example: Job Accommodation Network, Vocational Rehabilitation, supported employment) | 13.56% |

Overall responses between the two groups were similar, however respondents with disabilities ranked increased opportunity for work-based learning higher compared to combined respondents.

How can VR and other Indiana workforce programs (example: WorkOne, Adult Education) support increased access to workforce services for people with disabilities?

Highest reported responses by combined respondents:

- | | |
|--|--------|
| 1. Increase communication about available programs and services | 22.17% |
| 2. Coordinating services among multiple partners | 17.50% |
| 3. Disability awareness training | 14.87% |
| 4. Making the referral process between workforce programs easier | 13.50% |
| 5. Increased VR presence in WorkOne Centers | 11.05% |

Highest reported responses by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. Increase communication about available programs and services | 20.95% |
| 2. Disability awareness training | 16.53% |
| 3. Coordinating services among multiple partners | 15.68% |
| 4. Making the referral process between workforce programs easier | 12.00% |
| 5. Cross-training of staff | 11.37% |

Respondents with disabilities ranked a need for disability awareness training higher than combined respondents. One other difference between the two groups is that combined respondents ranked increased VR presence in WorkOne Centers in their top five responses, while individuals did not. Additionally, respondents with disabilities ranked cross-training of staff in their top five responses, while combined respondents did not.

What are positive things that are happening between WorkOne and VR?

This was an open-ended survey question. Respondent comments varied widely across the state. Noted positives include increased communication between WorkOne and VR staff, increased availability of a variety of training programs at the WorkOne Centers, availability of VR staff in the WorkOne Centers, and VR presence on workforce development boards, coalitions, etc. In many areas the cross-training of staff in both agencies on programs and services were noted positives along with the cross-referral process resulting in improved communication and collaboration.

What opportunities do you see for increased collaboration among workforce programs to improve employment outcomes for individuals with disabilities?

This was an open-ended survey question. Common feedback regarding improving employment outcomes were comments pertaining to employer buy-in to disability hiring. Expansion of services such as work experience, job shadowing, externship, mentoring, job fair participation, networking with HR representatives, and the development of secondary school education to work programs were identified. Employers indicated a continuing need for resources and guidance in job site accommodations, disability awareness, building basic employment skills to include independent living, and the availability of post-hire support services.

Additional areas identified by respondents included continuing efforts to improve communication, cross-training of VR and WorkOne Center staff, VR staff embedded in WorkOne Centers, and transportation barriers statewide.

What racial/ethnic groups are unserved or underserved?

Highest reported unserved/underserved racial/ethnic groups by combined respondents:

- | | |
|------------------------------|--------|
| 1. African American or Black | 24.14% |
| 2. Hispanic or Latino | 21.10% |
| 3. Multi-racial | 10.29% |

Highest reported unserved/underserved racial/ethnic groups by respondents reporting as a person with a disability:

- | | |
|------------------------------|--------|
| 1. African American or Black | 23.27% |
| 2. Hispanic or Latino | 18.81% |
| 3. Caucasian | 10.23% |

Both groups ranked African American or Black and Hispanic or Latino as the two most unserved or underserved racial or ethnic groups, however combined respondents ranked multi-racial as the third most underserved or underserved racial or ethnic group, while respondents with disabilities ranked Caucasian as their third underserved or unserved racial or ethnic group.

What would improve services for racial/ethnic minority groups?

Highest reported needed improvements by combined respondents:

- | | |
|---|--------|
| 1. Increased outreach about available programs and services | 20.31% |
| 2. Diversity, equity and inclusion training for staff | 16.47% |
| 3. Ways to address language barriers | 16.47% |
| 4. Improved transportation options | 15.08% |
| 5. Access to peer mentors | 11.95% |

Highest reported needed improvements by respondents reporting as a person with a disability:

- | | |
|---|--------|
| 1. Increased outreach about available programs and services | 19.74% |
| 2. Diversity, equity and inclusion training for staff | 17.29% |
| 3. Ways to address language barriers | 15.07% |
| 4. Improved transportation options | 13.79% |
| 5. Access to peer mentors | 12.03% |

Responses were very similar across both groups.

Who is not being served well enough?

Highest reported responses by combined respondents:

- | | |
|---|--------|
| 1. Individuals with mental health conditions | 13.40% |
| 2. Individuals with the most significant disabilities (need more support to get and keep a job) | 13.09% |
| 3. Individuals with intellectual and developmental disabilities | 7.95% |
| 4. Individuals with autism | 7.75% |
| 5. Individuals residing in rural areas | 7.40% |

Highest reported responses by respondents reporting as a person with a disability:

- | | |
|---|--------|
| 1. Individuals with mental health conditions | 13.18% |
| 2. Individuals with the most significant disabilities (need more support to get and keep a job) | 12.27% |
| 3. Individuals with disabilities pursuing career paths and advanced degrees | 7.58% |
| 4. Individuals with intellectual and developmental disabilities | 5.78% |
| 5. Individuals with traumatic brain injuries | 5.60% |
| 6. Individuals who are Deaf or hard of hearing | 5.60% |

While both groups reported individuals with mental health diagnosis and individuals with the most significant disabilities as the top two populations not being served well enough, respondents with disabilities included individuals pursuing career paths and advanced degrees, individuals with traumatic brain injury, and individuals who are Deaf or hard of hearing as top populations not being served well enough. Combined respondents included individuals with autism and individuals residing in rural areas as top populations not being served well enough.

What would improve services for the underserved populations you selected in the previous question?

Highest reported improvements by combined respondents:

- | | |
|---|--------|
| 1. Increased outreach about available programs and services | 21.60% |
| 2. Improved transportation options | 20.46% |
| 3. Increased training for employment specialists or job coaches | 14.38% |
| 4. Diversity, equity and inclusion training for staff | 13.06% |
| 5. Ways to address language barriers | 9.27% |

Highest reported improvements by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. Increased outreach about available programs and services | 20.21% |
| 2. Improved transportation options | 17.75% |
| 3. Diversity, equity and inclusion training for staff | 15.54% |
| 4. Increased training for employment specialists or job coaches | 11.40% |
| 5. Review of policies and practices to ensure equitable access to services | 11.14% |

Respondents with disabilities ranked diversity, equity and inclusion training for staff above increased training for employment specialists or job coaches, in contrast to combined respondents. Respondents with disabilities included review of policies and practices to ensure equitable access in their top five, while combined respondents did not. Combined respondents included ways to address language barriers in their top five, while respondents with disabilities did not.

What are gaps in services provided by Employment Service Providers?

Highest reported gaps by combined respondents:

- | | |
|--|--------|
| 1. Not enough employment services staff (example: employment specialists, job coaches, etc.) | 19.98% |
| 2. How long it takes to get a job | 17.55% |
| 3. Lack of communication or follow up | 15.44% |
| 4. Coordinating services between VR and employment service providers | 14.67% |
| 5. Not enough providers to serve specific populations (example: mental health, low vision, etc.) | 13.84% |

Highest reported gaps by respondents reporting as a person with a disability:

- | | |
|--|--------|
| 1. How long it takes to get a job | 19.14% |
| 2. Coordinating services between VR and employment service providers | 16.37% |
| 3. Not enough employment services staff (example: employment specialists, job coaches, etc.) | 16.09% |
| 4. Lack of communication or follow up | 14.70% |
| 5. Not enough providers to serve specific populations (example: mental health, low vision, etc.) | 14.01% |

Both groups selected the same five items as the largest gaps, however the order shifted between the two groups. For example, respondents with disabilities ranked the length of time it

takes to get a job as the top gap, while combined respondents indicated the top gap was that there are not enough employment specialists.

Do Employment Service Providers need to expand services to meet the needs of job seekers?

64.86% of combined respondents indicated ‘yes’ with 5.43% answering ‘no,’ and 29.71% answering ‘unsure.’ 64.31% of individuals with disabilities indicated ‘yes’ with 6.73% answering ‘no,’ and 28.96% answering ‘unsure.’ Most respondents overall indicated a need for providers to expand services to meet the needs of job seekers.

Employment Service Providers need to expand services to meet the needs of job seekers in what populations?

Highest reported responses by combined respondents:

- | | |
|---|--------|
| 1. Individuals with diverse needs (example: job seekers with multiple disabilities) | 15.80% |
| 2. Individuals with mental health conditions | 11.70% |
| 3. Transition-aged youth | 10.34% |
| 4. Individuals with intellectual or developmental disabilities | 9.63% |
| 5. Individuals with criminal history | 8.86% |

Highest reported responses by respondents reporting as a person with a disability:

- | | |
|---|--------|
| 1. Individuals with diverse needs (example: job seekers with multiple disabilities) | 16.60% |
| 2. Individuals with mental health conditions | 10.92% |
| 3. Individuals who are homeless | 10.19% |
| 4. Individuals with a criminal history | 9.24% |
| 5. Individuals with physical or mobility impairments | 7.77% |

Both groups identified a need to expand services to meet the needs of job seekers who are individuals with diverse needs, individuals with mental health conditions, and individuals with criminal history.

Do Employment Service Provider staff need more training?

58.89% of combined respondents indicated ‘yes’ with 7.08% answering ‘no,’ and 34.03% answering ‘unsure.’ 55.82% of individuals with disabilities indicated ‘yes’ with 11.99%

answering 'no,' and 32.19% answering 'unsure.' More than half of respondents overall indicated a need for more training for provider staff.

Employment Service Provider staff need more training in what areas?

Highest reported training needs by combined respondents:

1. Customizing job opportunities	15.70%
2. Providing services to meet the specific needs of individuals	15.38%
3. Identifying good job matches	15.12%
4. Developing relationships with employers	14.62%
5. Identifying individuals' strengths and talents	11.76%

Highest reported training needs by respondents reporting as a person with a disability:

1. Identifying good job matches	16.23%
2. Providing services to meet the specific needs of individuals	15.96%
3. Customizing job opportunities	14.12%
4. Identifying individuals' strengths and talents	12.53%
5. Developing relationships with employers	11.74%

Both groups included the same items in their top five selected training needs, however the ranking within the top five differed between groups. For example, respondents with disabilities ranked identifying good job matches and providing services to meet the specific needs of individuals as higher than customizing job opportunities, in contracts to combined respondents.

Overall Themes:

1. There were several notable differences in responses from individuals reporting as a person with a disability, compared to combined respondents. Individuals with disabilities indicated a higher emphasis on the need for increased expectations about individuals with disabilities working compared to combined respondents. Individuals with disabilities also included a need to better serve individuals pursuing career pathways and advanced degrees, and emphasized finding good job matches and meeting the specific needs of individuals over customizing jobs.
2. Capacity and training was also a common theme, particularly for employment service providers.

3. Communication and coordination were referenced throughout the survey. Respondents identified a need for improvement in this area between VR and various entities (e.g., school, WorkOne, employment service providers).
4. A need for increased employer engagement through strategies such as educating about the value of hiring individuals with disabilities, assisting employers with accommodations, and linking them to other business who have experience in hiring job seekers with disabilities.
5. Work-based learning experiences were identified as a need and an important strategy, as well as mentoring.
6. Identified underserved and unserved populations included African American or Black, and Hispanic or Latino racial and ethnic groups, as well as individuals with diverse needs and individuals with mental health conditions. Increased outreach, diversity equity and inclusion training, and addressing transportation barriers were identified strategies to improve services to unserved and underserved populations.

VR Priorities for 2022-2024

BRS has received considerable input from the statewide needs assessment survey and identified VR priorities for 2022-2024 through review of the thoughtful comments and suggestions obtained through the survey, review of data and performance of the VR program, feedback from the Commission on Rehabilitation services, and additional feedback obtained from VR staff and stakeholders. Five priority areas, in no particular order of importance, are outlined below:

Priority 1: Improving Employment Outcomes

In addition to the strategies included under priority area one, priorities two through five below are also anticipated to positively impact employment outcomes for VR participants.

1.A. Raising expectations around employment for individuals with disabilities

Education to businesses, schools, families, and other stakeholders is an ongoing need. This strategy aligns closely with Indiana's employment first plan and efforts to improve competitive

integrated employment outcomes for Hoosiers with disabilities. BRS will identify specific strategies to promote increased expectations, such as further incorporation of the LifeCourse Framework in transition and pre-ETS service delivery. Strategies 1.B. and 1.C. will also help to support improve expectations.

1.B. Increasing opportunities for work-based learning

Work-based learning is one of the best tools we have for increasing employment outcomes, raising expectations, and improving skills of job seekers with disabilities. BRS will continue to ensure that both VR participants and pre-ETS participants have access to work-based learning opportunities including paid internships. Increased business engagement (1.C.) will also help to generate additional opportunities for work-based learning.

1.C. Improving employer engagement

BRS will continue to partner with the Department of Workforce Development and local workforce boards to expand business partnerships, and to support awareness and hiring events during both National Disability Awareness month in March and National Disability Employment Awareness Month in October each year. Additionally, BRS will explore strategies to better connect job seekers to openings through technology, and hold focus groups with VR field staff to assess how the BRS Business and community engagement director can best support and collaborate with local staff.

1.D. Increasing the quality of outcomes

BRS recognizes a need to implement strategies to improve VR participant employment wages, expand opportunities to new and diverse employment industries, and better promote and support participants in pursuing career pathways and postsecondary credentials. BRS has sought technical assistance from the VR Technical Assistance Center and will be prioritizing training on career pathways to VR staff in 2022. Many of the other priority areas and strategies included in this section will also support improved quality of outcomes, such as improved provider capacity and improved collaboration with partner organizations and agencies.

1.E. Enhancing counseling on benefits and work incentives

While BRS has a robust statewide benefits information network, areas of improvement have been identified. BRS will identify and implement strategies such as expansion of the benefits information network to include access to follow-up services after placement to increase utilization of work incentives and address participant questions and concerns through various phases of their employment process.

Priority 2: Employment Service Provider Capacity

BRS will identify and implement strategies to improve provider capacity, such as review of rate structures, service definitions, and training processes, as well as opportunities to streamline administrative tasks and documentation requirements. The VR employment advisory group will continue to be a forum for providing feedback, as well as quarterly meetings with INARF and quarterly meetings with community mental health providers. VR participant feedback regarding employment services on VR participant satisfaction surveys will also be viewed and considered in the identification of best practices as well as areas for further improvement.

Additionally, BRS will continue to support a training contract for providers and will seek opportunities for expansion of the coaching network, to ensure hands-on mentoring is available to new employment specialists and those needing to increase their skills in the provision of employment services to VR participants.

Priority 3: Collaboration

BRS has developed effective partnerships with several internal and external agencies and stakeholders, however efforts to further enhance collaboration with targeted partners has been identified as a need.

3A. Transition School to Work

BRS will revisit practices in transition school to work and collaboration with local schools with the goal of increasing the number of students who apply for VR services and who access pre-ETS.

3B. Workforce Partners

BRS will seek opportunities to enhance collaboration with workforce partners and better leverage resources in serving mutual participants. BRS will identify and implement strategies such as increased presence of VR staff in WorkOne centers and the use of embedded staff to assist individuals in accessing services.

3C. State agency collaboration

BRS will continue to enhance collaboration with the Indiana Division of Mental Health and Addiction, particularly targeted to the implementation of the evidenced based supported employment model, individual placement and support. BRS and DMHA will jointly support IPS early adopter sites and ensure braided and sequenced funding supports the sustainability of these sites. DMHA and BRS will be evaluating data and outcomes of the early adopter sites, identify areas of improvement, and explore strategies for expansion and sustainability of IPS in Indiana.

Additionally, BRS will collaborate closely with the Indiana Bureau of Development Disability Services to implement strategies to promote competitive integrated employment for individuals employed at subminimum wage. BRS and BDDS will review data, review best practices, and identify opportunities to support 14(c) entities in transitioning individuals into competitive integrated employment.

Priority 4: Reducing Order of Selection wait lists while sustaining VR staff capacity

BRS is targeting quarterly releases of eligible individuals from the order of selection wait list over the next few years. BRS will closely review both VR and provider staff capacity, as well as resource availability, to assess the pace at which individuals can be released. BRS will review data on each release regarding the percent of individuals who entered services in order to inform BRS regarding the timing and size of subsequent releases. As capacity gaps are identified, BRS will identify strategies to address these.

Priority 5: Unserved and Underserved Populations

BRS identified a need to improve services to individuals with mental health conditions when completing the prior needs assessment in 2019. Much focus on improving employment services and outcomes for individuals with mental health conditions has occurred over the past three years, including enhanced partnership with DMHA on the development of a taskforce, obtaining technical assistance from the DOL/ODEP, developing a web-based resource hub on employment and mental health, targeted training to VR and provider staff, and implementing IPS early adopter sites. These efforts have laid a foundation but further progress is needed to improve access to services that support employment as well as outcomes for participants with mental health conditions. Additional strategies will be identified and implemented such as further training, increased capacity of community mental health centers to provide VR employment services, and investigating options for expansion and sustainability of IPS.

Strategies will also be identified to improve services to individuals with diverse needs, and individuals in racial and ethnic minority groups including individuals who are African American or Black and individuals who are Hispanic or Latino. This may include improved outreach and further enhancements to current diversity, equity, and inclusion initiatives. Other priority areas and strategies outlined above, such as enhanced collaboration and capacity building with providers will also support better serving all VR participants, including those with diverse needs.

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Attachment A

2021 Survey

Indiana Comprehensive Statewide Needs Assessment

Vocational Rehabilitation wants to provide the best services possible and needs your ideas. Your answers to the survey questions are very important. They will help Vocational Rehabilitation improve services for individuals with disabilities. The survey will end on October 31, 2021. Thank you in advance for your help.

Check the boxes that best describe your role(s). Check all that apply.

- Person with a disability
- Student with a disability (age 14-22 and in school)
- Youth with a disability (14-24 and may be in school or not in school)
- Family member of an individual with a disability
- Employer/Human Resources staff
- Advocacy organization
- Bureau of Developmental Disability Services staff
- Case manager
- Community rehabilitation provider staff (e.g., Employment Service Provider staff)
- Mental health center staff
- School staff
- WorkOne staff
- Vocational Rehabilitation staff
- Other _____

Check the box that best describes you.

- Asian or Pacific Islander
- Black or African American

- Hispanic or Latino
- Native American or Alaskan Native
- White or Caucasian
- Multiracial or Biracial
- A race/ethnicity not listed here
- Prefer not to answer

What is your age?

- Age 24 or younger
- Age 25-34
- Age 35-44
- Age 45-54
- Age 55-64
- Age 65 or older
- Prefer not to answer

What issues/barriers do people with disabilities face in finding jobs? Select your top three choices.

- Concerns of individual or family about loss of benefits (examples: Social Security, Medicare, Medicaid, housing assistance)
- Employers' willingness to hire individuals needing significant support
- Expectations about individuals with disabilities working
- How long it takes to get services (example: time from referral to job placement)
- Job seeker's lack of needed skills
- Lack of information or confusion about available services
- Need for extensive or ongoing supports at work
- Number of personnel skilled in providing employment services
- Transportation (example: can't drive, bus not reliable)
- Concerns related to the COVID-19 pandemic (please explain)
- Other _____
- Other _____

Students and Youth with Disabilities Needs: The next questions are about students (ages 14-22 in school) and youth (ages 14-24 in or out of school). Your answers will help VR improve services for students and youth.

What are the biggest barriers students with disabilities have when making the transition from school to work? Select your top three choices.

- Concerns of individual or family about loss of benefits (example: Social Security, Medicare, Medicaid, housing assistance)
- Employers' willingness to hire individuals needing significant supports
- Expectations from professional about individuals with disabilities working
- Expectations from families about individuals with disabilities working
- Gap in services from school to work (student leaves school without connections to services)
- How long it takes to get services (example: time from referral to job placement)
- Lack of information or confusion about available services
- Lack of opportunities for career or vocational training in high school
- Lack of opportunities for career or vocational training in post-secondary school
- Number of personnel skilled in providing employment services to individuals
- Students' lack of needed skills
- Transportation (example: can't drive, bus not reliable)
- Concerns related to the COVID-19 pandemic (please explain)
- Other _____
- Other _____

What are the needs of students with disabilities as they transition to employment and/or post-secondary education? Select your top three choices.

- Job exploration counseling
- Work experience, internships
- Counseling on post-secondary education programs
- Skills to get ready for work and independent living
- Self-advocacy and self-determination skills
- Other _____

What would improve VR services for students and youth with disabilities? Select your top three choices.

- Additional opportunities for work experiences
- Additional opportunities for career exploration
- Better coordination between schools and VR

- Earlier access to VR Services
- Increased availability of Pre-Employment Transition Services (Pre-ETS)
- Increased knowledge of resources and opportunities that support employment
- Increased expectations for competitive integrated employment
- Increased involvement with families to address expectations and impact of work on benefits
- Other _____

How can employers be more involved with helping students and youth with disabilities transition to work and/or post-secondary education? Select your top three choices.

- Mentor students and youth
- Increase their awareness of employment resources and supports (example: Vocational Rehabilitation, job coaching, accommodations)
- Offer tours at the business site
- Provide more work experiences/internships
- Provide information about their business to students
- Provide job fairs at schools (mock interviews/application practice)
- Other _____
- Other _____

The next few questions are about the needs of individuals with the most significant disabilities (needs help in three or more areas for an extended period of time to get a job) and supported employment (providing job coaching and additional supports to individuals as needed) to keep a job:

Do you know that VR can provide supported employment services for up to 24 months?

- Yes
- No

What employment barriers exist for individuals with the most significant disabilities? Select your top three choices.

- Employers' willingness to hire individuals needing significant support
- Expectations of families about individuals with disabilities working
- Expectations of professionals about individuals with disabilities working

- Expectations of employers about individuals with disabilities working
- Flexibility of when employment specialists work (are they available during needed work hours)
- Not enough employment specialists or job coaches
- Employment specialists and job coaches lack the needed skills to support individuals with most significant disabilities in employment
- VR Counselors lack the needed skills to support individuals with most significant disabilities in employment
- Transportation (example: can't drive, bus not reliable)
- Other _____

What would improve employment services and outcomes for individuals with the most significant disabilities? Select your top three choices.

- Education to employers about the value of hiring individuals with disabilities
- Additional training to VR Counselors
- Additional training to Employment specialists and job coaches
- Additional opportunities for work experiences
- Additional opportunities for career exploration
- Increased expectations for competitive integrated employment
- Increased involvement with families to address expectations and impact of work on benefits
- Targeted efforts to transition individuals out of subminimum wage employment (sheltered workshops) and into competitive integrated employment
- Other _____

The next few questions are about the experiences of employers regarding hiring of individuals with disabilities:

Are you aware of services available to employers such as disability awareness training, and resources for 503 compliance provided by Vocational Rehabilitation and their partners to support employers in hiring individuals with disabilities?

- Yes
- No

What would help employers increase hiring of individuals with disabilities? Select your top three choices.

- Assist employers in linking with other businesses who have successfully hired individuals with disabilities
- Assist employers with making necessary accommodations
- Employers increase opportunities to provide work-based learning experiences to individuals with disabilities
- Increase employers' knowledge of resources (example: Job Accommodation Network, Vocational Rehabilitation, supported employment)
- Disability awareness training
- Provide employers with tax incentives information
- Assist job seekers with disabilities in building specific skills (please specify)

- Other _____
- Other _____

The next few questions are about partnerships with the statewide workforce development system:

How can VR and other Indiana workforce programs (example: WorkOne, Adult Education) support increased access to workforce services for people with disabilities? Select your top three choices.

- Accessibility of WorkOne centers
- Coordinating services among multiple partners
- Cross-training of staff
- Disability awareness training
- Increased VR presence in WorkOne Centers
- Making the referral process between workforce programs easier
- Increase communication about available programs and services
- Other _____

What are positive things that are happening between workforce partners (example between WorkOne programs and VR)?

What opportunities do you see for increased collaboration among workforce programs to improve employment outcomes for individuals with disabilities?

The next few questions are about unserved or underserved groups.

What racial or ethnic groups are unserved or underserved? Select your top three choices.

- African American/Black
- American Indian or Alaskan Native
- Asian
- Burmese
- Caucasian
- Hispanic or Latino
- Middle Eastern
- Multi-racial
- Native Hawaiian or Other Pacific Islander
- Other _____

What would improve services for racial/ethnic minority groups? Select all that apply.

- Diversity, equity, and inclusion training for staff
- Improved transportation options
- Increased outreach about available programs and services
- Increased expectations about employment
- Ways to address language barriers
- Review of policies and practices to ensure equitable access to services
- Access to peer mentors
- Other _____
- Other _____

Who is not being served well enough? Select your top three choices.

- Individuals with most significant disabilities (need more support to get and keep a job)
- Individuals with traumatic brain injuries
- Individuals with autism
- Individuals with mental health conditions

- Individuals experiencing substance use
 - Individuals with intellectual and developmental disabilities
 - Individuals who are Deaf or hard of hearing
 - Individuals who are blind or have vision loss
 - Individuals with disabilities pursuing career paths with advanced degrees
 - Individuals residing in rural areas
 - LGBTQ community
 - Individuals in racial or ethnic minority groups (please specify)
 - Religious minorities (such as Amish)
 - Students or youth with disabilities
 - Veterans
 - Individuals with criminal histories
 - Individuals employed at subminimum wage (example: sheltered workshops)
 - Individuals in rural communities
 - Other _____
 - Other _____
-

What would improve services for the underserved populations you selected in the previous question? Select your top three choices.

- Diversity, equity, and inclusion training for staff
- Improved transportation options
- Increased outreach about available programs and services
- Increased training for VR staff
- Increased training for employment specialists or job coaches
- Ways to address language barriers
- Review of policies and practices to ensure equitable access to services
- Other _____
- Other _____

The next few questions are about Employment Service Providers (employment specialists, job coaches, etc.) and Service Needs

What are gaps in services provided by Employment Service Providers? Select your top three choices.

- Coordinating services between VR and Employment Service Providers
- How long it takes to get a job

- Not enough employment services staff (e.g., employment specialists, job coaches, etc.)
- Not enough providers to serve specific populations, (e.g., mental health, low vision, etc.)
- Employment specialists and job coaches lack the needed skills to help job seekers with disabilities succeed in employment
- Lack of communication or follow up
- There are no service gaps
- Other _____

Do Employment Service Providers need to expand services to meet the needs of job seekers?

- Yes
- No
- Unsure

Employment Service Providers need to expand services to meet the needs of job seekers in what populations? Select your top three choices.

- Transition-aged youth
 - Individuals with criminal history
 - Individuals with substance use history
 - Individuals who are homeless
 - Individuals with diverse needs (e.g., job seekers with multiple disabilities)
 - Individuals living in a specific county, if so where?
-
- Individuals with mental health conditions
 - Individuals with a visual impairment
 - Individuals who are Deaf or hard of hearing
 - Individuals with physical or mobility impairments
 - Individuals with intellectual or developmental disabilities
 - Other disability population, if so what population?
-
- Individuals working at subminimum wage (example: sheltered workshop)
 - Services in rural areas
 - Services in urban areas
 - Other _____

Do Employment Service Provider staff need more training?

- Yes
- No
- Unsure

**Employment Service Provider staff need more training in what areas?
Select your top three choices.**

- Getting to know job seekers
- Identifying good job matches
- Customizing job opportunities
- Providing services to meet the specific needs of individuals
- Identifying individual's strengths and talents
- Supported employment (Job coaching and supports)
- Developing relationships with employers
- Diversity, equity, and inclusion
- Other _____

Overall comments or suggestions that have not been covered:
