

---

**San Diego State University**

**Interwork Institute**

**The District of Columbia  
Rehabilitation Services Administration,  
The State Rehabilitation Council,  
and  
The Statewide Independent Living Council  
Comprehensive Statewide Needs Assessment**

---

**Submitted to:**

District of Columbia Department on Disability Services  
District of Columbia Rehabilitation Services Administration  
District of Columbia State Rehabilitation Council  
District of Columbia Statewide Independent Living Council

**Prepared by:**

Chaz Compton, Ed.D. CRC  
Mark Tucker, Ph.D., CRC  
Robin Cook, Ph.D., CRC, PVE  
Mari Guillermo, Ed.D. CRC  
Anthony Sauer, EMMDS  
Katherine Thompson, M.S.  
Meredith Ross

**Interwork Institute, San Diego State University**  
December 4, 2014

## Acknowledgements

The comprehensive statewide needs assessment (CSNA) conducted on behalf of the District of Columbia Rehabilitation Services Administration (DCRSA), District of Columbia State Rehabilitation Council (SRC) and District of Columbia Statewide Independent Living Council (SILC) could not have been accomplished without the assistance of a number of persons who contributed greatly to various phases of the project. The needs assessment team would like to thank these persons for their contributions to the needs assessment effort.

The following persons were instrumental in helping to ensure that the research activities associated with this needs assessment were completed successfully:

- Andrew Reese, Deputy Director, DCRSA
- Dan Dougherty, Management Analyst, DCRSA
- Romeo Ymalay III, Project Manager, DCRSA
- Shawn Callaway, Chair, SRC
- Sylvia Bailey-Charles, Supervisory Business Relations Specialist, DCRSA
- Nicole Boykin, Business Services Supervisor (Acting), DCRSA
- Anita Curry, DCRSA
- Lavonne Chambers, DCRSA
- Darnise Bush, DCRSA
- Marsha Thompson, Secretary, Statewide Independent Living Council
- Richard Simms, Executive Director, DC Center for Independent Living

The project team would also like to thank those organizations that opened their doors to allow focus groups to be conducted on-site. These organizations include DCRSA, DC's Martin Luther King Library's Adaptive Services, Office of the State Superintendent of Education, St. Elizabeth's Hospital, the DC Center for Independent Living and RCM of Washington DC.

Finally, the project team would like to express their appreciation to each individual who took the time to share their thoughts and concerns by completing a survey, taking part in an interview, or participating in the focus group research.

## **Executive Summary**

The District of Columbia, Rehabilitation Services Administration, the State Rehabilitation Council, the District of Columbia's Center for Independent Living and the Interwork Institute at San Diego District University jointly conducted an assessment of the vocational rehabilitation (VR) and independent living (IL) needs of persons with disabilities in the District of Columbia. This comprehensive statewide needs assessment (CSNA) identified the VR and IL needs of persons with disabilities in the District for the purpose of more effectively meeting those needs, to provide planners with information pertinent to the allocation of resources, to provide a rationale for the development of DCRSA's State Plan, and to comply with the needs assessment mandate in the Rehabilitation Act.

The process that was developed for conducting the needs assessment involved four primary data-gathering approaches:

- Electronic surveys conducted with four stakeholder groups (persons with disabilities, representatives of organizations that provide services to persons with disabilities, businesses, and DCRSA and DCCIL staff) and hard copy surveys with a random sample of former and current DCRSA and DCCIL consumers,
- Focus groups conducted with four stakeholder groups (persons with disabilities, representatives of organizations that provide VR and IL services to persons with disabilities, DCRSA staff and businesses),
- Key informant interviews conducted with DCRSA staff, persons identified as knowledgeable about the VR and IL needs of persons with disabilities in the District, community partners, businesses operating in the District, and
- Analysis of a variety of existing demographic and case service data relevant to persons with disabilities in the District and those served by DCRSA and DCCIL.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) former, current or potential consumers of DCRSA and DCCIL located throughout the District; (b) representatives of organizations that provide services to persons who are potential or actual consumers of DCRSA and/or DCCIL; (c) DCRSA and DCCIL staff; and (d) representatives of businesses operating in the District or surrounding areas. The approach was designed to capture input from a variety of perspectives in order to acquire a sense of the multi-faceted needs of persons with disabilities in the District. Efforts were made to gather information pertinent to the following two main parts with eight sections:

- I. Part One – Assessment of vocational rehabilitation needs
  1. General agency performance
  2. Needs of persons with the most significant disabilities, including their need for supported employment
  3. Needs of persons with disabilities from different ethnic groups, including needs of persons who have been unserved or underserved by the VR program
  4. Needs of persons with disabilities served through other components of the statewide workforce investment system
  5. Needs of persons in transition
  6. Need to establish, develop or improve CRPs in the District
  7. Business needs, services and relations

II. Part Two – Assessment of independent living needs  
 8. Independent living needs

Table 1 summarizes the results of the research by type and group conducted for this assessment:

Table 1  
*Summary of Research Results by Method and Group*

Research Method	Research Group and Count					
	VR Consumers	IL Consumers	VR and IL Partner	DCRSA Staff	DCCIL Staff	Business
Individual Interview	5	3	14	38	4	16
Electronic Survey	210	19	34	36	-	21
Hard Copy Survey	33	54	-	-	-	-
Focus Group	16	16	47	8	-	-

The following summary highlights the results of the most commonly cited needs and themes derived from the surveys, focus groups, and key informant interviews in the two main parts and eight categories of the assessment:

**Part I: Assessment of Vocational Rehabilitation Needs**

Section One: Overall Agency Performance

The most common theme that emerged in this area concerned the narrow range of jobs that DCRSA consumers are obtaining. Most of the jobs are in the service industry, typically custodial jobs, which are not consistent with the functional capacities of many DCRSA consumers. The responsiveness of the organization to consumers remains an area of concern.

Subsection to Section One: Organizational Development

There were recurring themes around the development of the organization over the last year that were important enough to warrant their own section. These themes included an improving work culture at DCRSA, improved outreach to the community, and a need to continue to address those areas that are in need of improvement, such as the intake process and area, and responsiveness to clients and the community.

Section Two: Needs of persons with the most significant disabilities, including their need for supported employment

The needs identified most frequently in this section included benefits planning for Supplemental Security Income and Social Security Disability Insurance (SSI/DI) beneficiaries, the need for increased and improved supported employment (SE) providers and services, the need for expanded SE services for persons with mental health impairments, housing, and improved literacy. The need to approach the VR process holistically to meet the many and varied needs was a common theme.

Section Three: Needs of persons with disabilities from different ethnic groups, including needs of persons who have been unserved or underserved by the VR program

Persons with disabilities that are Hispanic, Ethiopian, Asian, Veterans, and persons with significant physical disabilities were cited as being underserved by DCRSA. The improved outreach efforts of DCRSA, especially to Wards 7 and 8 were noted by several persons.

Section Four: Needs of persons with disabilities served through other components of the statewide workforce investment system

America's Job Centers (AJCs) were characterized as being unfriendly to persons with disabilities and several people noted accessibility issues for people with blindness and deafness. Although the relationship between DCRSA and the Department of Employment Services (DOES) was characterized as improving, the AJCs are still not serving persons with disabilities well according to most of the people interviewed for this assessment.

Section Five: Needs of persons in transition

Transition was cited as an area where DCRSA has made improvements in the last year. The transition unit has expanded and this has allowed the agency to increase outreach and serve more consumers. The needs of transition-aged youth continue to include soft-skills development, literacy development and job search skills. Several improvements in DCRSA's outreach to schools was noted including the development of professional marketing materials and improved communication with schools.

Section Six: Need to establish, develop or improve CRPs in the District

The quality of vendor services remains a recurring theme during this assessment. Improved placement services for persons with sensory impairments was a recurring theme, as was the need for bilingual staff at HCA providers.

Section Seven: Business needs, relations and services

The need for assistance recruiting, hiring, retaining and accommodating qualified persons with disabilities was identified by businesses in the District. Many of the businesses contacted had never heard of DCRSA, but the ones that had worked with DCRSA

indicated a need to ensure that persons referred for jobs were ready for work and qualified for the position. Businesses identified a need for training on different disability types and what to expect from them in the work environment, as well as possible successful accommodations for these persons.

## **Part II: Independent living needs**

### **Section Eight: Independent Living Needs**

The need for affordable and accessible housing were the most frequently mentioned IL service needs identified in this study. Accessible transportation for wheelchair users, knowledge of consumer advocacy services and IL services for youth were also recurring themes. The relationship and communication between DCCIL and DCRSA was noted as in need of marked improvement. The responsiveness of both organizations to their consumers and each other was noted as lacking. They do not link their services together, which means that employment remains a significant need for IL consumers. The IL system in the District needs to improve communication about available services to persons with disabilities and outreach to underserved groups.

This report contains recommendations to address many of the needs identified in each of the categories. The project team understand that DCRSA may have begun addressing some of the needs identified in this report, but we offer the recommendations in support of those activities and to provide suggestions in case the agency has not initiated any activities in response to those needs. Some of the recommendations can be implemented relatively easily, while others require a complicated, multi-agency collaboration over several years. The recommendations are offered as helpful suggestions to improve services to persons with disabilities in the District.

## Table of Contents

Executive Summary.....	3
Table of Contents.....	7
Impetus for Needs Assessment.....	8
Purpose of Needs Assessment.....	8
Utilization of Needs Assessment Outcomes.....	9
Description of the Needs Assessment Process.....	9
Methodology.....	10
Part I: District of Columbia Comprehensive Statewide Needs Assessment of Vocational Rehabilitation Needs .....	19
Section 1: Overall Agency Performance.....	20
Subsection: Organizational Development Themes.....	35
Section 2: Needs of Persons with the Most Significant Disabilities, Including Their Need for Supported Employment .....	38
Section 3: Needs of Persons with Disabilities from Different Ethnic Groups, Including Needs of Persons Who Have Been Unserved or Underserved by the VR Program.....	48
Section 4: Needs of Persons with Disabilities Served Through Other Components of the Statewide Workforce Investment System.....	58
Section 5: Needs of Persons in Transition.....	62
Section 6: Need to Establish, Develop or Improve Community Rehabilitation Programs in the District .....	73
Section 7: Business Needs, Services and Relations .....	79
Conclusion.....	86
Part II District of Columbia Comprehensive Statewide Needs Assessment of Independent Living Needs .....	87
Executive Summary .....	88
Interview and Focus Group Summary, Themes, Conclusions and Recommendations .....	93
Independent Living Survey Results .....	97
The District's Independent Living System .....	103
Conclusion.....	111
Appendices:	
Appendix A: Individual Survey	
Appendix B: Community Partner Survey	
Appendix C: DCRSA Staff Survey	
Appendix D: Business Survey	
Appendix E: Independent Living Survey	
Appendix F: Focus Group Protocol	
Appendix G: Key Informant Interview Protocol	
Appendix H: Business Contact List	
Appendix I: Immigrant Serving Organizations Contact List	

## **The District of Columbia Comprehensive Statewide Needs Assessment**

### **Impetus for Needs Assessment**

The Rehabilitation Act of 1973 as amended requires all state vocational rehabilitation agencies to assess the rehabilitation needs of persons within the respective state and relate the planning of programs and services to those needs. According to Section 101 of the Rehabilitation Act, each participating state shall submit a state plan for vocational services that contains “the plans, policies, and methods to be followed in carrying out the state plan and in its administration and supervision, including the results of a comprehensive, statewide assessment of the rehabilitation needs of persons with severe disabilities residing within the state and the state’s response to the assessment.” In addition, Title 34 of the Code of Federal Regulations, Part 364.42 requires the State Independent Living Council (SILC) to develop a triennial State Plan for Independent Living. In response to this mandate and to ensure that adequate efforts are being made to serve the diverse needs of persons with disabilities in The District of Columbia, the District of Columbia Rehabilitation Services Administration (DC-RSA), in partnership with the State Rehabilitation Council and the State Independent Living Council, entered into a contract with the Interwork Institute at San Diego District University for the purpose of jointly developing and implementing a comprehensive statewide needs assessment of the vocational rehabilitation and independent living needs of persons with disabilities residing in Washington D.C.

DCRSA completed a comprehensive statewide needs assessment last year in partnership with the Interwork Institute. Although the Rehabilitation Act of 1973 as amended only requires a CSNA every three years, DCRSA entered into this process again this year because last year’s CSNA fulfilled the mandate for 2011. This assessment serves as the CSNA requirement for 2014 and will put the organization back on track to complete a CSNA once every three years.

### **Purpose of Needs Assessment**

The purpose of the comprehensive statewide needs assessment (CSNA) is to identify and describe the rehabilitation and independent living needs of persons within the District. In particular, the CSNA seeks to provide information on:

- The overall performance of DC-RSA as it relates to meeting the rehabilitation needs of persons with disabilities in the District;
- The rehabilitation needs of persons with the most significant disabilities, including their need for supported employment services;
- The rehabilitation needs of persons with disabilities who are minorities, or who have been unserved or underserved by the vocational rehabilitation program;
- The rehabilitation needs of persons in transition;
- The rehabilitation needs of persons served through other components of the statewide workforce investment system;
- An assessment of the need to establish, develop or improve community rehabilitation programs within the District;



- The needs of businesses as it relates to recruiting, hiring, accommodating and retaining persons with disabilities, and
- The independent living needs of persons with disabilities.

Data collection efforts solicited input from a broad spectrum of persons with disabilities, service providers, businesses, and DC-RSA staff. It is expected that data from the needs assessment effort will provide DC-RSA, the SRC and DCCIL with direction when planning for future program development, outreach and resource allocation.

### **Utilization of Needs Assessment Outcomes**

It is anticipated that information and data from the needs assessment project will provide a source of information for the strategic development of the VR and IL systems in the District. The data that appear in this report are relevant to the following activities:

1. Projecting needed services and redeployment of services,
2. Identifying common and unique needs of specific groups and populations,
3. Identifying perceived gaps in vocational rehabilitation and independent living services, and
4. Providing data and a rationale for the development of the DCRSA State Plan and the SILC State plan and any amendments to those plans.

### **Description of Needs Assessment Process**

The process that was developed for conducting the needs assessment involved four primary data-gathering approaches:

- Electronic surveys conducted with four stakeholder groups (persons with disabilities, representatives of organizations that provide services to persons with disabilities, businesses, and DCRSA and DCCIL staff). Hard copy surveys were sent to a random sample of former or current persons with disabilities served by DCRSA and DCCIL in addition to the electronic survey for these groups.
- Focus groups conducted with four stakeholder groups (persons with disabilities, representatives of organizations that provide services to persons with disabilities, DCRSA staff and businesses),
- Key informant interviews conducted with DCRSA and DCCIL staff and with persons identified as knowledgeable about the VR and IL needs of persons with disabilities in the District, and
- Analysis of a variety of existing demographic and case service data relevant to persons with disabilities.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) former, current or potential consumers of DCRSA and DCCIL located throughout the District; (b) representatives of organizations that provide services to, advocate for, or represent the interests of persons who are potential or actual consumers of DCRSA and/or DCCIL; (c) DCRSA and DCCIL staff; and (d) representatives of businesses operating in the

District. In addition, the approach was designed to capture input from a variety of perspectives in order to acquire a sense of the multi-faceted needs of persons with disabilities in the District. Responses to the individual survey reflect the opinions of current, former and potential clients of DCRSA and/or DCCIL. Efforts were made to gather information pertinent to the investigated categories through inquiries with persons who serve a broad range of persons with disabilities in the District (whether they are affiliated with DCRSA and/or DCCIL or not). Likewise, the DCRSA and DCCIL staff that was surveyed serves clients representing a broad range of backgrounds and experiences.

The needs assessment approach was designed to elicit quantitative and qualitative data about the needs of persons with disabilities. Focus group and key informant interview activities yielded qualitative data that may be used to complement and lend depth to the findings of the survey efforts and the analysis of extant data. The use of multiple data collection strategies, both quantitative and qualitative, facilitates data collection that captures both the breadth and the depth of concerns relevant to persons with disabilities in the District of Columbia. In addition, the use of multiple data collection approaches enhances the ability to generalize assessment findings to larger populations with a degree of confidence.

Inherent in any type of research effort are limitations that may constrain the utility of the data that is generated. Therefore, it is important to highlight some of the most significant issues that may limit the ability to generalize the needs assessment findings to larger populations. Inherent in the methods used to collect data is the potential for bias in the selection of participants. The findings that are reported reflect only the responses of those who could be reached and who were willing to participate. Persons who were disenfranchised, dissatisfied, or who did not wish to be involved with DCRSA and/or DCCIL may have declined to participate. A second significant concern is that the information gathered from respondents may not accurately represent the broader concerns of all potential constituents and stakeholders. Data gathered from service providers, for example, may reflect only the needs of persons who are already recipients of services, to the exclusion of those who are not presently served. Although efforts were made to gather information from a variety of stakeholders in the vocational rehabilitation process, it would be presumptuous to conclude with certainty that those who contributed to the focus groups, the key informant interviews, and the survey research efforts constitute a fully representative sample of all of the potential stakeholders in the vocational rehabilitation and/or independent living processes in the District.

## **METHODOLOGY**

The comprehensive statewide needs assessment was conducted using qualitative and quantitative methods of inquiry. The specific methods for gathering the data used in this assessment are detailed below.

## Analysis of Existing Data Sources

The project team at SDSU reviewed a variety of existing data sources for the purposes of identifying and describing DCRSA's and DCCIL's target population and sub-populations District-wide. Data relevant to the population of the District, the population of persons with disabilities in the District, and other demographic characteristics of residents of The District of Columbia were utilized in this analysis. Sources analyzed include the following:

- The 2013 American Community Survey
- The 2013 US Census Bureau Statistics
- 2014 Social Security Administration SSI/DI Data
- DCRSA case service data, and
- DCRSA data submitted and entered into the Federal Rehabilitation Services Administration's Management Information System (MIS).
- DCCIL's data submitted and entered into Federal RSA's MIS – 704 reports.
- Cornell University's 2012 Disability Status Report for the District of Columbia
- The Urban Institutes' Metro Trends
- Neighborhood Info – DC
- About DC.com
- The Literacy Project
- Rehabilitation Services Administration's Management Information System including VR and IL monitoring reports, annual reviews, data tables, and VR and IL State Plans

## Key Informant Interviews

*Instrument.* The instruments used for the key informant interviews (Appendix G) was developed by the researchers at SDSU and reviewed and revised by DCRSA.

*Survey population.* The key informant population consisted of DC-RSA staff, persons with disabilities and community partners. A total of 80 people were interviewed individually for this assessment. The total number included 38 DCRSA staff members, 2 DCCIL staff members, 2 SILC members, 14 community partners, 16 businesses and 8 consumers.

*Data collection.* Key informant interviews were conducted from June 16, 2014 to November 4, 2014. There were three teams of researchers that conducted individual and focus groups interviews during one-week blocks of time. Sixty - three of the interviews were conducted face-to-face and 17 were conducted by telephone. The general format of the interviews was consistent between DCRSA and DCCIL staff and representatives of agencies/organizations that provide services to, advocate for, or represent the interests of people with disabilities. First, participants were asked questions to ascertain their personal and professional expertise and their experience with DCRSA and/or DCCIL. Participants were then asked open-ended questions about their perceptions of the needs of persons with disabilities in the District. Finally, participants were asked to share their perceptions of how DCRSA or DCCIL could improve their ability to help meet those needs, especially as it relates to helping consumers obtain and retain employment or live independently.

*Efforts to ensure respondent confidentiality.* Names and other identifying characteristics were not recorded by the interviewer. Participants were informed that their responses would be treated as confidential information, would not be reported with information that could be used to identify them, and would be consolidated with information from other respondents before results were reported.

*Accessibility.* Each meeting location was evaluated to ensure accessibility for all participants, such as those that use wheelchairs. Persons that were deaf were provided with sign-language interpreters during the interview process. Interpreters were provided by DCRSA.

*Data analysis.* The interviewer took notes on the discussion as it occurred. The notes were transcribed and analyzed by the researchers at SDSU. Themes or concerns that surfaced with consistency across interviews were identified and are reported as common themes in the report narrative.

## **Surveys**

### ***Survey of Persons with Disabilities***

*Instrument.* The instrument used for the electronic survey of persons with disabilities (Appendix A) was developed by the project team and reviewed and revised by DCRSA.

*Survey population.* Persons identified for participation in this survey effort can be described as persons with disabilities who are current, former or potential clients of DCRSA or DCCIL.

*Data collection.* Data was gathered from this population through the use of an Internet-based survey and by mail. In partnership with the SRC, DCRSA and the project team identified persons with disabilities and invited them to participate in the electronic survey effort via e-mail. Once the survey was active, DCRSA sent an invitation and link to the survey by e-mail to their listserv, posted the link on their website, and posted a recruitment note and the survey link on the Facebook and Twitter pages. Approximately two weeks after the distribution of the initial invitation, another electronic notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. A third and final invitation was sent two weeks after the second invitation. The project team distributed 300 printed copies of the survey instrument (along with self-addressed, postage-paid return envelopes) to persons with disabilities. In addition, 100 hard copy surveys were set to DCRSA to be dispersed in their intake area. The project team was unable to send out any electronic surveys to IL consumers served by DCCIL as they do not gather this information from their consumers. Hard copy surveys had to be mailed to DCCIL to disperse manually to IL clients as DCCIL reported that they have very few actual addresses for the clients they serve as most are homeless. Two hundred hard copy surveys were mailed to DCCIL to distribute to their consumers. In addition to the above, the project team sent the electronic survey link to approximately 71 community programs that potentially served persons with disabilities. These programs included immigrant serving institutions, and secondary and postsecondary educational institutions. Survey responses

collected through the electronic and hard copy survey approach were entered into the software program SPSS by the project team at SDSU for analysis.

*Efforts to ensure respondent confidentiality.* Respondents to the individual survey were not asked to identify themselves when completing the survey. In addition, responses to the electronic and printed surveys were aggregated by the project team at SDSU prior to reporting results, which served to further obscure the identities of individual survey respondents.

*Accessibility.* The electronic survey was designed using an accessible, internet-based survey application. On the printed and electronic versions of the individual survey, respondents were provided with the name and contact information of the Research Director at SDSU in order to place requests for other alternate survey formats.

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

*Number of completed surveys.* The project team received 243 survey responses from persons with disabilities that are current, former or potential VR consumers and 73 survey responses from persons with disabilities that are current, former or potential IL consumers. It is difficult to gauge the actual return rates for the surveys because the project team has no way of knowing how many persons accessed the electronic survey link from the DCRSA website, Facebook page, or Twitter announcement. In addition, the team has no way of knowing which community programs dispersed the survey as requested or to how many people. If we utilize the known quantity of recipients, the VR return rate for the electronic and hard survey is around 10%. The IL electronic survey return rate was 19% and the hard copy survey return rate was 18%.

### ***Partner Survey***

*Instrument.* The instrument used for the electronic survey of community partners (Appendix B) was developed by the project team and reviewed and revised by DC-RSA.

*Survey population.* Persons identified for participation in this survey effort can be described as representatives of organizations that provide services, coordinate services, or serve an advocacy role for persons with disabilities.

*Data collection.* Data was gathered from this population through the use of an Internet-based survey. DCRSA, in partnership with the SRC, and the SDSU-II project team identified partners for participation in the survey effort. Once the survey was active, DCRSA sent an invitation and link to the survey by e-mail and included a link on their website and Facebook page, as well as using Twitter to advertise the survey. Approximately two weeks after the distribution of the initial invitation, another electronic notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. A third and final invitation was sent two weeks after the second invitation. The project team at SDSU-II identified an additional number of potential community partners that might serve persons with

disabilities as a subset of the total population they serve. This list was compiled from immigrant serving organizations in the District and consisted of 151 organizations, many of whom were faith-based or small community programs. The project team was able to contact and send an electronic survey link to 41 of these organizations. The complete list is contained in Appendix I. Survey responses collected through the electronic survey approach were then exported to SPSS by the project team at SDSU for analysis.

*Efforts to ensure respondent confidentiality.* Respondents to the partner survey were not asked to identify themselves or their organizations when completing the survey. In addition, responses to the electronic surveys were aggregated by the project team at SDSU prior to reporting results that served to further obscure the identities of individual survey respondents.

*Accessibility.* The survey was designed using an accessible, internet-based survey application. Respondents were also provided with the name and contact information for the Research Director at SDSU in order to place requests for other alternate survey formats.

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

*Number of completed surveys and return rate.* A total of 34 surveys were returned for this assessment. It is difficult to gauge an accurate return rate because there is no way to know how many partners accessed the survey from the DCRSA website, Facebook or from links forwarded by programs. If we use the known number of partners contacted (241), the return rate would be 14%.

### ***DCRSA Staff Survey***

*Instrument.* The instrument used for the electronic survey of DCRSA staff (Appendix C) was developed by the project team at SDSU and reviewed and revised by DCRSA.

*Survey population.* Persons identified for participation in this survey effort can be described as all staff working for DCRSA during June - October, 2014.

*Data collection.* Data was gathered from DCRSA staff through the use of an Internet-based survey. Staff was sent an electronic invitation and link to the survey from the Deputy Director. Approximately two weeks after the initial distribution, a subsequent notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. A third and final invitation was sent out approximately two weeks after the second invitation. Survey responses collected through the electronic survey approach were then exported to SPSS by the project team at SDSU for analysis.

*Efforts to ensure respondent confidentiality.* Respondents to the staff survey were not asked to identify themselves by name when completing the survey. Responses to the electronic surveys were aggregated by the project team at SDSU prior to reporting results. This served to further protect the identities of individual survey respondents.

*Accessibility.* The survey was designed using an accessible, internet-based survey application. Respondents were also provided with the name and contact information for the Research Director at SDSU in order to place requests for other alternate survey formats.

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

*Number of completed surveys.* A total of 36 electronic surveys were completed by DCRSA staff out of 87 total, for a response rate of 41%.

### ***Business Surveys***

*Instrument.* The instrument used for the survey of businesses in the District (Appendix D) was developed by the SDSU-II project team and reviewed by DCRSA.

*Survey population.* The survey population consisted of businesses of various sizes that operated within the District of Columbia during June – November, 2014. The businesses had varying levels of interaction with, and knowledge of, DCRSA. Some had worked closely with DCRSA and others had not heard of the organization.

*Data collection.* Data was gathered from businesses through the use of an Internet-based survey. Businesses were sent an electronic invitation and link to the survey from DCRSA and from the project team at SDSU-II. DCRSA sent the link to a list of the businesses that they had in their database, and the project team at SDSU-II sent the survey link to a list of businesses they gathered from various sources. Survey responses collected through the electronic survey approach were then exported to SPSS by the project team at SDSU for analysis.

*Efforts to ensure respondent confidentiality.* Respondents to the business survey were not asked to identify themselves or their organizations when completing the survey. In addition, responses to the electronic surveys were aggregated by the project team at SDSU prior to reporting results that served to further obscure the identities of individual survey respondents.

*Accessibility.* The survey was designed using an accessible, internet-based survey application. Respondents were also provided with the name and contact information for the Research Director at SDSU in order to place requests for other alternate survey formats.

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

*Number of completed surveys.* A total of 21 electronic surveys were completed by businesses in the District out of 251 total, for a response rate of 8%.

## Focus Groups

*Instrument.* The focus groups were conducted based on a protocol developed by the researchers at SDSU (Appendix F). The protocol was reviewed and revised by DCRSA. The central question raised in each of the VR focus group meetings was the following: “What are the most important employment-related needs encountered by people with disabilities?” The central question for the IL groups was, “What are the independent living needs of persons with disabilities in the District?” When appropriate the moderator introduced additional questions prompting respondents to discuss needs associated with independent living, preparing for, obtaining and retaining employment, and increasing the employment of persons with disabilities. Participants in the IL, partner agency and DCRSA staff groups were also asked to discuss the needs of persons with most significant disabilities; the needs of persons from cultural, racial, or ethnic minority groups; and the needs of students with disabilities transitioning from high school, as well as the need for establishing, developing or improving CRPs.

*Population.* There were a total of 20 focus groups conducted for the assessment. These groups consisted of seven consumer groups, eleven partner groups and two staff groups. Table 2 identifies the focus groups by type and number of attendees.

Table 2  
*Focus Groups by Type and Number Attended*

<b>Focus Group Type</b>	<b>Number of Groups</b>	<b>Number of Groups</b>
Consumer	7	32
Partner	11	47
DCRSA Staff	2	8
<b>Total</b>	<b>20</b>	<b>87</b>

There were two business focus groups scheduled, but in both cases, only one person showed up, so those two persons were interviewed individually and counted in the number of key informant interviews, not in the focus group numbers.

*Data collection.* The twenty focus groups were held in the District from June, 2014 to September, 2014. The format of the focus groups was consistent for all groups. A few minutes were devoted to introductions, personal background, and rapport building in order to establish a productive focus group environment. The focus group moderator explained the purpose of the focus group and provided a brief description of the larger needs assessment effort. The moderator explained the role of San Diego State University in the needs assessment effort and assured participants of the confidentiality of their statements. A note-taker recorded the discussion as it occurred.

*Efforts to ensure respondent confidentiality.* Names and other identifying characteristics were not recorded by the note-taker. Focus group participants were informed that their responses



would be treated as confidential information, would not be reported with information that could be used to identify them, and that information from multiple focus groups would be consolidated before results were reported. In addition, DC-RSA staff did not attend the focus groups consisting of persons with disabilities and partner agencies in order to ensure an open dialogue amongst participants.

*Accessibility.* DCRSA included a request for reasonable accommodation in their electronic invitations to all of the research groups. DCRSA arranged for reasonable accommodations as requested.

*Data analysis.* Notes were transcribed and analyzed by the researchers at SDSU. Results were organized according to the main categories under investigation in the assessment. Themes or concerns that surfaced with consistency across groups were identified and reported as consensual themes in the report narrative.

### **Analysis and Triangulation of Data**

The data gathered from the national and agency-specific data sets, key informant interviews, surveys and focus groups were analyzed by the researchers on the project team. The common themes that emerged regarding needs of persons with disabilities from each data source were identified and compared to each other to validate the existence of needs, especially as they pertained to the target populations of this assessment. These common themes are identified and discussed in the Results section.

### **Role of Stakeholders**

The completion of this comprehensive statewide needs assessment could not have been realized without a tremendous commitment from the Department on Disability Services, DCRSA, the SRC, the SILC and DCCIL. The following persons were instrumental in coordinating and completing much of the work for this assessment:

*From DCRSA and DDS:*

*Andrew Reese, Deputy Director of DCRSA.* Mr. Reese coordinated the CSNA process at DC-RSA, identifying the key staff persons and their roles and responsibilities. He worked closely with DDS and the SRC to identify and recruit a broad spectrum of partners and persons to provide feedback for the assessment.

*Dan Dougherty, Management Analyst, DCRSA.* Mr. Dougherty worked closely with the project team to coordinate all aspects of the CSNA. He compiled the lists of recipients for the electronic surveys and sent out the invitations to participate in the focus groups and take the electronic surveys. He coordinated the mailing of the hard copy surveys and helped to organize and sustain the entire CSNA effort. His help was invaluable and the entire team wishes to extend our deepest gratitude to him.

*Romeo Ymalay III, Project Manager, DCRSA.* Mr. Ymalay compiled data on services to DCRSA consumers that were essential in analyzing the agency's performance as it relates to

several standards. Mr. Ymalay transmitted this information to the project team in a timely manner which assisted in the ability to triangulate data from an agency-specific source.

*Nicole Boykin, Business Services Supervisor (Acting), DCRSA.* Ms. Boykin assisted in the gathering of agency-specific data for consumers that was essential in the analysis related to several areas of the study.

*Sylvia Bailey-Charles, Supervisory Business Relations Specialist, DCRSA*—Ms. Bailey-Charles provided the project team with the list of businesses to be invited to complete the survey. She also worked to coordinate the business focus groups and individual interviews.

*Anita Curry, Lavonne Chambers and Darnise Bush, DCRSA.* Provided scheduling and contact information that helped with focus groups and individual interviews at DCRSA and in the community.

*From the SRC:*

*Shawn Callaway, Chair, SRC.* Mr. Calloway went out of his way to provide information to the project team that helped with identifying community and business contacts for the assessment and in identifying service gaps for persons with disabilities in the District.

*From the SILC:*

*Marsha Thompson, Secretary.* Ms. Thompson assisted the IL project team by helping to arrange for interviews and providing invaluable information about the IL system in the District.

*From the DC Center for Independent Living:*

*Richard Simms, Executive Director.* Mr. Simms assisted the IL project team in recruiting partners and persons for the IL focus groups and provided important information to help evaluate the IL system in the District.

## **Dissemination Plans**

The CSNA report is delivered to DCRSA and the SRC. We recommend that DCRSA publish the report on their website for public access and that they notify the public of the availability of the report by posting the link on Facebook and Twitter.

# **Part I**

## **District of Columbia Comprehensive Statewide Needs Assessment of Vocational Rehabilitation Needs**

## SECTION ONE: OVERALL AGENCY PERFORMANCE

The first section of this CSNA addresses the overall performance of DCRSA in several areas including outcomes, processing speed and cost. Each of the data gathering methods will be detailed with pertinent statistics and recurring themes. Because of the recent completion of the previous CSNA, the project team will be focusing on articulating those findings that are unique to this CSNA, or are indicative of a trend or change from the previous report.

### *Recurring Themes Across all Data Collection Methods*

The following themes emerged in the area of Overall Agency Performance

- Improved and Increased DCRSA Outreach
- Improved Quality Assurance and Review
- A sense of steady improvement in the trust of management and the working relationship between administration and unit staff
- The need to broaden the diversity and widen the range of jobs that DCRSA consumers obtain.

### **National and/or Agency Specific Data Related to Overall Agency Performance**

Table 3 identifies several factors related to overall performance by DCRSA from 2011-2013. Data was obtained from DCRSA's system and verified with Federal RSA's 911 data. In a few instances, the data entered in Federal RSA's Management Information System (MIS) differed from DCRSA's data. In those instances, the project team used DCRSA's data.

Table 3  
*Overall Performance of DCRSA for 2011-2013*

Data Element	2011	2012	2013
Total applications	2210	1803	2420
Average eligibility determination time	59 days	41 days	47 days
Average plan development time	49 days	44 days	47 days
Persons whose cases were closed with employment outcomes	660	501	620
Persons whose cases were closed without employment outcomes	1198	1231	468
Total number of persons whose cases were closed after receiving services	1858	1732	1088
Employment rate	35.52%	28.93%	56.99%

Persons whose cases were closed with supported employment outcomes	181	244	145
Average cost per employment outcome	\$3,488.41	\$3,728.57	\$4,274.81
Average cost per unsuccessful employment outcome	\$1,946.16	\$2,263.38	\$3,238.23
Average hourly earnings for competitive employment outcomes	\$13.46	\$12.60	\$12.31
Average state hourly earnings	\$39.33	\$36.51	\$40.35
Percent average hourly earnings for competitive employment outcomes to state average hourly earnings	34.22%	34.51%	30.51%
Average hours worked per week for competitive employment outcomes	36.21	34.73	35.82
Percent of transition age served to total served	26.21%	25.43%	23.62%
Employment rate for transition population served	32.44%	35.28%	55.64%
Average time between application and closure (in months) for persons with competitive employment outcomes	21.2	24.5	22.4

The number of applications to DCRSA for services rose by more than 600 persons from 2012-2013. Although complete data was not available for 2014, we project based on nine months of data that the increase in applications continued to more than 2500 in 2014. Staff and partners indicated that DCRSA has made significant effort to increase outreach to the community, and this outreach appears to have had a positive effect on the number of persons with disabilities applying for services. Despite the increase in applications, DCRSA was able to stay well within the established 60 day time frame for eligibility determinations on average, and for IPE development on average. The number of persons closed successfully rehabilitated increased by over 100 in 2013, and the employment rate jumped dramatically. DCRSA was able to successfully pass the Federal RSA Standards and Indicators in 2013 and passed these in 2014 as well. The cost of successful and unsuccessful closures increased in 2013, while the average hourly earnings for employed persons dipped slightly in 2013, even though the average hourly wage for all jobs in the District rose by \$3.80 per hour in that same time period.

One of the themes that emerged from the data gathering methods was that DCRSA consumers were frequently being placed in custodial/janitorial jobs. To determine if this was the case, the project team requested data from DCRSA on job title at closure for all consumers closed in status 26 during fiscal years 2011, 2012 and 2013. The results of the data are contained in Table 4 below:

Table 4

*Occupations at closure for DCRSA consumers closed in Status 26*

Occupation Type	2011		2012		2013	
	Number	% of Total	Number	% of Total	Number	% of Total
Janitorial/maintenance	194	29%	159	32%	215	35%
Office Clerk/Admin Asst.	34	5%	26	5%	31	5%
Customer Service Representatives	18	3%	12	2%	28	5%
Food preparation	23	3%	31	6%	25	4%
Stock Clerk	16	2%	19	4%	16	3%
Retail Sales			8	2%	12	2%
Security Guard	9	1%			10	2%
Business Operations Specialist					7	1%
Child Care Workers	7	1%			7	1%
Cashiers	15	2%	10	2%	7	1%
Cooks	13	2%	17	3%		
Counselors	15	2%	7	1%		
Truck Drivers			10	2%		
Home Health Aide			8	2%		
Maid	10	2%	7	1%		
Bus Driver	7	1%				
Laborer	20	3%				
	344	52%	265	53%	358	58%

The project team included job titles that occurred a minimum of seven times and grouped like occupational titles where possible. In all three years, janitorial/custodial/maintenance workers were by far the most common types of jobs obtained. In order to support this finding with comparative data, an analysis of RSA-911 data from federal fiscal year 2013 was conducted in order to examine the types of jobs obtained by DC-RSA clients. The RSA-911 data set includes a variable that contains the Standard Occupational Classification (SOC) code describing the individual's occupation when their service record was closed. Of the 1,770 cases closed in the District of Columbia during federal fiscal year 2013 620 (35.0%) provided SOC code information. The number of different SOC codes reported was in excess of 150. The project team found that while most SOC codes were affiliated with five or fewer cases (i.e., a relatively small number of clients were placed in a particular occupation), thirty percent of all cases that included an SOC code (185 of the 630 cases) were affiliated with the SOC code for "Janitors and cleaners, except maids and housekeeping cleaners". The next most commonly occurring SOC code, "Customer service representatives", was associated with 28 cases (4.5% of the cases that included an SOC code). The findings from these two data sets supports the finding from the interviews that DCRSA is placing a large number of consumers in these jobs and should consider trying to broaden the range of job placements.

Another common theme that occurred in the interview process was that many DCRSA applicants are repeat clients that cycle through the system numerous times. In order to determine the frequency of this occurrence, the project team examined agency-specific data on this data

item. We looked at the number of cases that an individual applying for service in 2011-13 had prior to the time of their current application. The results are in Table 5 below:

Table 5  
*Number of Previous Cases at Application*

Case number	2011		2012		2013	
	Number	% of Total	Number	% of Total	Number	% of Total
1	1098	46.66%	861	45.94%	1403	57.98%
2	625	26.56%	494	26.36%	497	20.54%
3	313	13.30%	268	14.30%	249	10.29%
4	167	7.10%	144	7.68%	138	5.70%
5	95	4.04%	65	3.47%	69	2.85%
6	31	1.32%	26	1.39%	36	1.49%
7	14	0.59%	14	0.75%	19	0.79%
8	7	0.30%	0	0.00%	6	0.25%
9	1	0.04%	2	0.11%	3	0.12%
10	1	0.04%				
11	1	0.04%				

The data indicates that in 2011 and 2012, more than half of the consumers that applied for services had at least one previous case with DCRSA. This trend changes slightly in 2013, with almost 58% of the applicants being first time consumers. It is unclear why there are so many repeat consumers for DCRSA services, but when this data is triangulated with the individual and focus groups interviews, and the data on job title at closure, it appears that DCRSA is placing numerous consumers in low-paying low-skill jobs that have traditionally high turnover rates. This job instability does not lend itself to sustained self-sufficiency and consumers may very well need repeat assistance to find employment.

### **Correlation between Services and Employment Outcomes**

In order to examine the vocational rehabilitation services that correlated most strongly with employment outcomes, RSA-911 data from federal fiscal year 2013 was utilized. Cases selected were those closed during federal fiscal year 2013 that had an IPE date recorded in the case record (n = 1,210). Twenty-two different case services were recorded in the RSA-911 data and the data was recoded to reflect provision of each service on a yes/no basis for each case record. Reasons for case closure are also recorded in the RSA-911 data and a dichotomous variable was created that indicated whether each case was closed because an employment outcome was achieved, or the case was closed due to any other reason besides achieving an employment outcome.

Phi coefficients were computed to assess the strength of the association between each service (provided/not provided) and employment outcome (achieved/not achieved). Phi coefficients can range in value between -1.0 and +1.0, with values near -1.0 and +1.0 indicating stronger relationships and values near zero indicating weaker relationships. Negative phi coefficients indicate that provision of a service was associated with an increased likelihood of cases being closed for reasons other than achieving an employment outcome while positive phi coefficients indicate that the provision of a service was associated with an increased likelihood of cases being closed because an employment outcome was achieved.

In addition to assessing the strength of the association between services and case outcomes, the statistical significance (p) of each association was computed and presented in Table 6. It should be noted that Phi coefficients represent a measure of association (i.e., correlation) and are not indicative of a cause-and-effect relationship between services provided and achievement of employment outcomes. These types of analyses can indicate relationships or associations between services and case outcomes, but do not take into account the effects of other variables that might moderate the relationship (for example, and individual's prior work history, his or her motivations, the quality of the counseling relationship, other services provided and so forth) between services provided and case outcomes.

Five services (augmentative skills training, reader services, interpreter services, personal attendant services, and technical assistance services) were excluded from this analysis because these services were not provided to any of the 1,210 cases included in the analysis.

Table 6  
*Association between Service Provision and Achievement of Employment Outcome*

<b>Service</b>	<b>Phi</b>	<b>p</b>
On the job supports*	0.315	0.00
Transportation*	0.280	0.00
Other services*	0.203	0.00
Assessment*	0.198	0.00
Job placement*	0.188	0.00
Rehabilitation technology*	0.128	0.00
Job search*	0.074	0.01
Maintenance*	0.074	0.01
Vocational training	0.045	0.12
Counseling	0.029	0.31
On the job training	0.028	0.33
Job readiness training	0.013	0.66
Information and referral	-0.001	0.97
Diagnosis and treatment	-0.016	0.57
Miscellaneous training	-0.018	0.54
Remedial training	-0.029	0.31
College or university training	-0.037	0.20

\* indicates that the item is statistically significant at  $\alpha = .05$  level.



Eight services (on the job supports, transportation, other services, assessment, job placement, rehabilitation technology, job search, and maintenance) were found to have statistically significant positive associations with employment outcome (indicating that provision of the service was associated with an increased likelihood of the case being closed because an employment outcome was achieved). It is important to note, however, that all of the statistically significant associations fell within a range that would generally be considered “weak” associations (i.e., the correlations were not particularly strong).

## **Key Informant Interviews**

The following information and recurring themes related to overall agency performance emerged from the individual interviews conducted for this assessment:

- DCRSA improved its overall performance in 2013 and 2014, passing the Federal RSA Standards and Indicators.
- There is a general belief that too many DCRSA consumers obtain jobs that are not consistent with their primary employment factors. The range of jobs needs to widen and diversify in order to more fully meet the needs of consumers. Most of the jobs that consumers obtain are in the service sector, and most of those jobs are custodial. Part of the problem is that consumers that come to RSA for services are often in desperate need of finances and must find work, any work, as soon as possible. They do not have time to embark on a lengthy plan as they are faced with survival needs. These jobs typically have high turnover rates and consumers often come back to DCRSA for services several times.
- Responsiveness is still cited as a recurring concern by consumers and partners of DCRSA. The organization has focused improving customer service and there have been some improvements made, and some policy changes to ensure accountability, but there are still complaints in this area.
- The outreach efforts by DCRSA have had an impact on the organization and the community. There are more persons with disabilities applying for services, which means that expenditures have risen accordingly. DCRSA was in a position to apply for reallocation money this year as a result of increased expenditures and received \$4 million in reallocation funds.

## **Survey Results**

**Individual survey: employment-related needs.** Respondents to the individual survey were prompted with a number of questions which asked them about specific barriers to achieving their employment goals. Table 7 illustrates the responses to the questions about employment-related needs.

Table 7.  
*Employment-Related Needs, Individual Survey*

<b>Individual Survey</b>	<b>Identified as a barrier (%)</b>
Not enough jobs available	40.6
Not having education or training	38.6
Employers' perceptions about employing persons with disabilities	33.6
Not having job search skills	33.5
Other transportation issues	33.2
Not having job skills	32.2
Lack of accommodations	32.1
Other health issues	28.2
Lack of help with disability-related personal care	26.8
Mental health issues	25.2
Housing issues	25.1
Disability-related transportation issues	21.9
Perceptions regarding impact of income on benefits	21.3
Language barriers	14.9
Convictions for criminal offenses	12.9
Substance abuse issues	5.9
Childcare issues	4.2

Barriers identified by the greatest proportions of individual survey respondents included not enough jobs available, lack of education or training, employers' perceptions about employing people with disabilities, not having job search skills, and other transportation issues. Each of these concerns was identified as a barrier by over a third of the individual survey respondents. Several other concerns (e.g., not having job skills and lack of appropriate accommodations) were also identified as barriers with considerable frequency.

At the conclusion of the survey section prompting respondents to identify employment-related barriers, survey participants were asked an open-ended question to describe the most

significant barrier to achieving their employment goals. Two hundred-seven respondents provided narrative statements describing their perceptions of the most significant barriers they faced. The most common barrier expressed by respondents was having a lack of education, which was mentioned by thirty-one of the respondents. Other barriers to achieving employment goals mentioned by at least ten respondents were:

- Lack of training required to obtain employment
- A need for help with the job search process
- Barriers that respondents attributed directly to the disabilities
- A need for services from vocational rehabilitation staff

**Partner survey: employment-related needs.** Respondents to the partner survey were prompted with a number of questions similar to the individual survey that asked partners about reasons that DCRSA consumers found it difficult to achieve their employment goals. They were presented with a list of potential barriers to achieving employment goals and asked to indicate whether the barrier was (a) a barrier that was adequately addressed by DCRSA, (b) a barrier that was not adequately addressed by DCRSA, or (c) not a barrier. Table 8 illustrates the percentage of partner survey respondents that identified each potential barrier as one that was not adequately addressed by DCRSA.

Table 8  
*Employment-Related Needs, Partner Survey*

Partner Survey	Identified as a barrier (%)
Poor social skills	80.0
Not having education or training	76.0
Not having job search skills	70.8
Housing issues	68.0
Lack of accommodations	66.7
Mental health issues	66.7
Not having job skills	64.0
Lack of help with disability-related personal care	62.5
Perceptions regarding impact of income on benefits	62.5
Employers' perceptions about employing persons with disabilities	58.3
Other health issues	58.3

Substance abuse issues	58.3
Not enough jobs available	56.0
Disability-related transportation issues	54.2
Convictions for criminal offenses	54.2
Childcare issues	54.2
Other transportation issues	45.8
Language barriers	40.0

Partner surveys generally reflected a tendency for respondents to rate items as barriers not adequately met by DCRSA more frequently than respondents to the individual survey. The items identified by the greatest percentage of partner respondents included poor social skills, not having education or training, not having job skills, and housing issues. Not having education or training and not having job search skills were both among the top four items identified by respondents to the individual and partner surveys.

**Staff survey: employment-related needs.** Respondents to the DCRSA staff survey were prompted with a number of questions similar to the individual and partner surveys that asked them about reasons that DCRSA consumers found it difficult to achieve their employment goals. They were presented with a list of potential barriers to achieving employment goals and asked to indicate whether the barrier was (a) a barrier that was adequately addressed by DCRSA, (b) a barrier that was not adequately addressed by DCRSA, or (c) not a barrier. Table 9 illustrates the percentage of staff respondents that identified the potential barrier as one that was not adequately addressed by DCRSA.

Table 9  
*Employment-Related Needs, Staff Survey*

<b>Staff Survey</b>	<b>Identified as a barrier (%)</b>
Housing issues	63.3
Convictions for criminal offenses	50.0
Childcare issues	50.0
Poor social skills	46.7
Not having job search skills	40.0
Mental health issues	40.0

Not having job skills	40.0
Employers' perceptions about employing persons with disabilities	40.0
Not having education or training	36.7
Substance abuse issues	36.7
Lack of help with disability-related personal care	33.3
Not enough jobs available	33.3
Other health issues	30.0
Disability-related transportation issues	26.7
Language barriers	26.7
Lack of accommodations	23.3
Other transportation issues	23.3
Perceptions regarding impact of income on benefits	20.0

Staff surveys reflected a tendency for respondents to rate items as barriers not adequately met by DCRSA less frequently than respondents to the partner survey. The items identified by the greatest percentage of staff respondents were housing issues, convictions for criminal offenses, and childcare issues.

DCRSA staff were presented with an open-ended question asking if there was anything else that should be known about the primary barriers to achieving employment goals for DCRSA consumers. Twelve responses were provided; one theme evident across four of the responses indicated that a lack of education or training posed barriers for DCRSA clients.

**Staff survey: Staff-focused changes.** DCRSA staff were presented with a survey question prompting them to identify the top three staff-focused changes that would enable them to better assist their clients. Table 10 indicates the percentage of respondents that selected each response option.

Table 10

*Staff-Focused Changes That Would Enable Staff to Better Assist Consumers.*

Staff Survey	Percent
Smaller caseload	50.0
More effective community-based service providers	35.7

More administrative support	32.1
Better data management tools	28.6
Improved business partnerships	21.4
Better assessment tools	17.9
Additional training	17.9
More supervisor support	14.3
Decreased procurement time	14.3

Smaller caseloads were identified most often (by 50.0% of staff respondents) as the staff-focused change that would enable them to better serve DCRSA consumers. Other changes identified frequently by DCRSA staff were more effective community-based services providers, more administrative support, and better data management tools.

**Individual survey: barriers to accessing DCRSA services.** Individual survey respondents were presented with several questions about specific challenges or barriers to accessing DCRSA services. Table 1 illustrates the percentage of respondents who identified each of the response options as a barrier to accessing DCRSA services.

Table 11  
*Barriers to Accessing DCRSA Services, Individual Survey*

<b>Individual Survey</b>	<b>Percent</b>
Lack of information about the services available from DCRSA	45.1
Other difficulties working with DCRSA staff	33.6
Difficulties scheduling meetings with your counselor	31.9
Lack of disability-related accommodations	17.1
Difficulties completing the Individualized Plan for Employment	16.5
Limited accessibility to DCRSA via public transportation	15.4
Other challenges related to the physical location of the DCRSA office	14.9
DCRSA's hours of operation	11.4
Difficulties completing the DCRSA application	7.5
Language barriers	5.3

The barriers to accessing DCRSA services mentioned most frequently by respondents to the individual survey pertained to getting information about services available from DCRSA and interacting with DCRSA staff.

Near the conclusion of the survey, respondents were presented with an open-ended question asking if there were any other challenges or barriers not already mentioned that made it difficult for them to access DCRSA services. Forty-two respondents detailed other challenges or barriers they encountered in response to this question. The predominant types of challenges to accessing DCRSA services encountered by persons were:

- Not being able to meet or communicate with DCRSA staff in a timely manner
- Transportation
- Counselors being a barrier to accessing services

#### *Improvements to DCRSA Services*

Respondents were presented with a question that asked them what changes to DCRSA services might improve their experience with DCRSA and help them to achieve their employment goals. This was an open-ended question, and 164 respondents provided narrative statements describing a considerable variety of suggested changes. The theme that emerged most consistently in response to this question (which was mentioned more than twice as frequently as any of the other themes) pertained to the need to improve communication between DCRSA staff and clients. Other predominant themes that emerged in response to this question included:

- Assisting clients with job search activities
- Improving the attitudes of DCRSA staff toward clients
- Providing education assistance to clients
- Offering DCRSA services in additional locations

**Partner survey: barriers to accessing DCRSA services.** Partner survey respondents were given a list of barriers and asked to identify the top three reasons that people with disabilities found it difficult to access DCRSA services. Table 12 lists the barriers along with the percentage of partner survey respondents that identified the item among their top three barriers to accessing DCRSA services.

Table 12  
*Top Three Barriers to Accessing DCRSA Services, Partner Survey*

Partner Survey	Percent
Slow service delivery	44.1
Staff are not responsive to communication from clients or potential clients	41.2
Inadequate assessment services	14.7

Difficulties completing the DCRSA application	11.8
Difficulties completing the Individualized Plan for Employment	11.8
Staff do not meet clients in the communities where they live	11.8
Limited accessibility to DCRSA via public transportation	8.8
Inadequate disability-related accommodations	2.9
Language barriers	2.9
Difficulties accessing training or education programs	0
Other challenges related to the physical location of the DCRSA office	0

The barriers to accessing DCRSA services mentioned most frequently by respondents to the partner survey pertained to slow service delivery and staff responsiveness to client communication. These barriers were identified much more frequently than any of the other potential barriers presented to partner respondents.

Partner survey respondents were presented with an open-ended question asking if there were any other difficulties consumers encountered when trying to access DCRSA services. Thirteen respondents detailed other difficulties or challenges they encountered in response to this question. Only one theme emerged with any degree of consistency in response to this question. Four respondents cited barriers to accessing services created by the lack of timely communication between DCRSA staff and clients.

#### *Improvements to DCRSA Services*

Partner survey respondents were also presented with an open-ended question that asked them to identify the most important changes DCRSA could make to support their consumers' efforts to achieve their employment goals. Seventeen respondents provided narrative statements describing suggested changes. Respondents identified a variety of changes, although little consensus was apparent. Changes identified by three or more respondents were:

- Enhancing communication with clients and with partner agencies
- Improving recruiting procedures resulting hiring highly qualified staff

**Staff survey: barriers to accessing DCRSA services.** DCRSA staff survey respondents were given a list of barriers similar to those presented to partner survey respondents and asked to identify the top three reasons that people with disabilities found it difficult to access DCRSA services. Table 13 lists the barriers along with the percentage of staff survey respondents that identified the item among their top three barriers to accessing DCRSA services.



Table 13

*Top Three Barriers to Accessing DCRSA Services, Staff Survey*

<b>Staff Survey</b>	<b>Percent</b>
Slow service delivery	39.3
Inadequate assessment services	35.7
Other challenges related to the physical location of the DCRSA office	35.7
Limited accessibility to DCRSA via public transportation	28.6
Difficulties accessing training or education programs	25.0
Inadequate disability-related accommodations	21.4
Language barriers	17.9
Difficulties completing the DCRSA application	10.7
Difficulties completing the Individualized Plan for Employment	7.1
Staff do not meet clients in the communities where they live	7.1

The barriers to accessing DCRSA services mentioned most frequently by respondents to the staff survey pertained to slow service delivery, inadequate assessment services, and other challenges related to the physical location of the DCRSA office.

DCRSA staff were presented with an open-ended question asking if there was anything else that should be known about why persons with disabilities might find it difficult to access DCRSA services. Nine responses were provided. The barriers mentioned by more than one respondent pertained to the location where services were provided (two responses) and the community's lack of awareness of DCRSA (two responses).

*Improvements to DCRSA Services*

DCRSA staff were also presented with an open-ended question that asked them to identify the most important changes that DCRSA could make to support consumer efforts to achieve their employment goals. Fourteen respondents provided responses to the question. The most frequently cited changes included:

- Providing services in additional locations (three responses)
- Increasing awareness of DCRSA (two responses)
- Hiring additional DCRSA staff (two responses)
- Increasing outreach to employers (two responses)
- Establishing consistency in the way services are provided (two responses)

## Focus Group Results by Type

**Consumer Focus Groups.** The consumers that were interviewed for this assessment indicated that the slow responsiveness of DCRSA staff and the slow service delivery time was their primary complaint. Many were very pleased with the services they were getting, but not pleased with the time it took to get them. One consumer stated:

*“DCRSA has been helpful to me. My counselor listened to me and took me in and gave me strategies for addressing gaps in my employment. It does seem to take forever to get services.”*

Consumers expressed with some consistency that they had to wait a very long time to get a return call or e-mail from their counselor. The problem with inconsistent service delivery due to the change in counselors, or transfer of cases was mentioned frequently. One consumer in a focus group said:

*“Changing counselors is disruptive. You become comfortable with one person and then you are switched and have to rebuild that relationship. In my case, my new counselor was not responsive to me and I couldn’t hardly get in to see him. It was very hard.”*

Overall the feeling was that there was much work to do in the area of good customer service.

**Partner Focus Groups.** The focus groups conducted with community partners resulted in statements that consistently identified the slow service delivery process as a barrier for consumers. Many found the rehabilitation process cumbersome and slow, indicating that those clients who are strong self-advocates appeared to get services more quickly.

Community partner groups identified the frequency of lower-level service industry jobs like custodial work as occurring much too frequently for DCRSA consumers. They stressed the need for a broadening of the range of placements to include other types of jobs. One partner said:

*“Where are the referrals for office jobs, for other work than minimum wage? I think we are forcing people into boxes that they don’t all belong in.”*

**DCRSA Staff Focus Groups.** The focus groups conducted with DCRSA staff clearly articulated the need for consumers to find higher quality employment in a more diverse array of jobs. Staff indicated that improved evaluation services and an increase in the availability and usage of short-term training program would lead to better job matches and higher quality employment. Staff discussed the difficulty balancing quantity vs quality in terms of employment outcomes and indicated that high caseloads adversely affect the speed and quality of the VR process. The following comment was reflective of staff sentiment in this area:

*“The most challenging part of the job is trying to manage the caseload. The caseloads are so high that it is unrealistic to expect that one person can manage that many cases, and this makes it hard to provide services timely and effectively.”*

## SUBSECTION: ORGANIZATIONAL DEVELOPMENT THEMES

The organizational development section is being added to identify the recurring themes that emerged from the data collection methods but that are not needs of persons with disabilities in the District. DCRSA has engaged in several internal initiatives to address the concerns identified in the previous CSNA and Federal RSA monitoring. Staff and partners made several comments about these changes and they deserve to be included in this report. This section captures comments about the outreach efforts of the organization, the progress of internal initiatives, the progress in changing the culture at DCRSA and the work left to be done. This section also captures recurring themes about organizational development issues that don't fall neatly into any of the other categories in this report, but were mentioned enough that the project team wanted to be sure and include them.

### Key Informant Interviews

The following themes emerged from the individual interviews conducted for this CSNA:

- DCRSA has increased its outreach to the community and this has resulted in an increase in consumers served by almost a third.
- The intake area at DCRSA's main offices continues to be a source of concern and a challenge to customer service. Waiting times are described as consistently long and it can be a challenge for the Security Guard to contact someone at times. There has been progress since last year with some aesthetic changes to the area, but wait times and customer service concerns remain problematic.
- DCRSA created an intake unit to address some of the issues with the intake process, and there has been improvement in the processing speed of referrals. Eligibility determination timeframes remain a challenge according to those persons that were interviewed.
- Staff turnover, especially at the supervisory level, continues to put stress on the organization and adversely impacts staff and service delivery to consumers.

### Focus group Results by Type

**Partner focus groups:** The community partner focus groups indicated that they were seeing improvement in the operation, culture and outreach of DCRSA, but there was still much room for improvement. A typical comment regarding the overall function of DCRSA follows:

*"We have seen changes and I think they are improving, but it will be a long haul. They are trying."*

**DCRSA staff focus groups.** The clear consensus among staff is that the working environment has improved significantly during the last year. The Deputy Director received high praise for being genuine, consistent, focused on serving consumers, and having an open door policy. The following comment was typical:

*“Compared to last year, staff seem happier. The supervisors are more proactive and there is more communication.”*

Staff reinforced the theme that outreach has been a focus during the last year and that the outreach has made a difference. The theme was that the outreach is much better than it was prior to the current administration, but there remains much work to be done in this area. The desire to increase and improve outreach is tempered, however, by the resulting increase in caseload size, which is seen as problematic.

### **Recommendations for Overall Performance**

The following recommendations are offered to DCRSA as a result of the data gathered regarding overall program performance:

- DCRSA has been receiving training and technical assistance from the George Washington University regarding improving program performance. It is recommended that they continue this process even though TACE Center funding has been discontinued. Federal RSA has encouraged VR programs to use their basic grant funds for the purchase of training and technical assistance, so it is recommended that DCRSA utilize a portion of these funds to continue what they consider to be valuable training and TA.
- DCRSA has created brochures and marketing materials for the general program that are similar to what it has created for the transition program. The organization is encouraged to continue to develop and share these materials with the community to support the outreach efforts that have taken place in the last 18 months.
- The intake/appointment process at DCRSA needs to be modified to ensure that wait times are diminished and it is easy for the Receptionist to contact someone to escort clients to meetings. It may be that having one or two points of contact acting as Counselors of the Day could be charged with connecting consumers to their Counselors quickly.
- DCRSA should consider factoring in generational responses to organizational changes and initiatives, especially as it relates to motivation. There is a mix of millennial, Generation X and Baby Boomers in their staff. As the work force moves to a younger demographic, the organization might consider how to tailor organizational change efforts to different age groups before the change effort is implemented. This might help address some of the consistent concerns about resistance to change that were brought up from staff and partners.
- A recurring theme that arose was the power of positive examples and “telling the story” of the consumers touched by the organization as a motivating factor. DCRSA should gather and share best practice stories as teaching and motivation tools and gather success stories and share them with staff and the community via their website.
- If DCRSA is going to widen the range of employment outcomes for their consumers, they will need to approach the solution from a number of different angles. First, they will need to educate their staff on the extent of the issue and gather feedback from counseling staff on why the range of employment outcomes is limited. Second, they need to provide their counseling staff with tools and training on the use of labor market information to broaden their knowledge-base on available jobs. LMI tools like the Career Index can help counselors and consumers investigate a wide array of job possibilities. The use of tools

like the Career Index also encourage the career exploration process, which was cited by several participants as a “lost art.” Third, counselors need to be evaluated by more than just the number of employment outcomes they obtain so that they will be comfortable working on longer term plans with consumers. The performance measures under WIOA will help tremendously with this issue, so some advance training on these performance measures will be helpful. Fourth, counselors need to understand that they can spend case service funds for placement as an interim step to help a consumer obtain employment to survive while working on a longer-term plan with the client to obtain employment more consistent with his/her primary employment factors. Finally, counselors will need to nurture important partnerships that provide their consumers with skills and abilities that will prepare them for higher-level jobs. These partnerships include literacy programs (including both language and math literacy), adult vocational training and other short-term training programs, housing assistance, benefits planning, etc. A combination of these approaches should contribute to developing independence and self-sufficiency for DCRSA consumers and reduce the number of clients that return for services.

- The underutilization of Schedule A hiring by DCRSA remains a frequent comment by participants. A focused initiative that promoted Federal hiring by coordinating with Federal hiring managers, perhaps in partnership with CSAVR’s Business Relations Manager and the local NET Point of Contact could result in increased awareness and employment opportunities in career-level jobs.

## SECTION TWO: NEEDS OF PERSONS WITH THE MOST SIGNIFICANT DISABILITIES, INCLUDING THEIR NEED FOR SUPPORTED EMPLOYMENT

The second section of this CSNA addresses the needs of persons with the most significant disabilities including their need for supported employment.

---

### *Recurring Themes Across all Data Collection Methods*

---

The following themes emerged regarding the needs of persons with the most significant disabilities, including their need for supported employment:

- Improved relationship with DDA
- Significant needs of persons with mental health impairments
- Multiple needs of persons with multiple disabilities
- Lack of awareness of an extended service provider for persons with mental health impairments

### **National and/or Agency Specific Data Related to the Needs of Persons with the Most Significant Disabilities, Including their Need for Supported Employment**

The project team examined the number of persons by disability type served by DCRSA during the three year period under investigation. It was widely reported by those interviewed that DCRSA serves a very large number of persons with mental health and cognitive impairments (including learning disabilities). Table 14 identifies DCRSA consumers by primary disability type:

Table 14  
*Consumers by Primary Disability Type:*

Type of Disability	2011	2012	2013
Mental Health Impairment	1124	826	1070
% of total	48%	45%	45%
Blindness	39	25	30
% of total	2%	1%	1%
Deafness	38	67	56
% of total	2%	4%	2%
Physical Impairment	343	247	337
% of total	15%	14%	14%
Cognitive Impairment	632	483	679
% of total	27%	26%	28%

Hearing Loss	12	24	22
% of total	1%	1%	1%
Mobility Ortho/Neuro Impairment	103	113	125
% of total	4%	6%	5%
Other Vision Loss	14	20	37
% of total	1%	1%	2%
Communication	21	21	27
% of total	1%	1%	1%

It is clear that persons with mental health and cognitive impairments constitute the largest percentage of persons served by DCRSA (73% combined for 2012 and 2013). The project team analyzed the data further to identify the percentage of persons that were identified as having a primary or secondary disability of mental health or cognitive impairment. The total number of persons diagnosed with either a primary or secondary disability of this type was 1,982 or 83% of all applicants. This data supports the input that the project team received from the persons interviewed.

In order to determine how many of the consumers served by DCRSA are persons with the most significant disabilities, the project team did an analysis of the significance of disability determinations for 2011-2013. The results are in Table 15 below.

Table 15  
*Significance of Disability Categories*

Significance of Disability	2011	2012	2013
Most Significant	66%	53%	55%
Significant	26%	38%	39%
Not Significant	8%	9%	6%

Table 15 indicates that the rate of persons with most significant and significant disabilities combined increased from 2012-2013. This data supports the reports from staff and partners that DCRSA is serving persons with multiple disabilities that have multiple barriers and very significant disabilities.

The receipt of SSI or SSDI is an indication of the significance of disability of persons served by DCRSA. The eligibility criteria for SSA is much more stringent than the VR program, which is why persons that are SSA beneficiaries are presumed eligible for services and automatically considered at least significantly disabled by law. Table 16 identifies those persons that were coded as receiving either SSI, SSDI or both at the time of application for services:

Table 16  
*SSA Beneficiaries by Type*

Beneficiary Type	2011	2012	2013
SSI	178	462	633
% of total	8%	25%	26%
SSDI	60	152	189
% of total	3%	8%	8%
Both SSI and SSDI	22	32	20
% of total	1%	2%	1%

DCRSA has significantly increased the number of SSA beneficiaries that it serves from 2011-2013. The SSI only recipient category has grown the most over the three year period, indicating that DCRSA is serving an increasing population of persons with significant disabilities that have little or no work history. This information has significant implications for planners. In addition to understanding how to assist SSA beneficiaries to become self-sufficient, DCRSA has the potential to increase their SSA reimbursement dramatically if they can help these beneficiaries reduce dependence on SSA through earnings.

DCRSA has provided SE training to their staff since the last CSNA and has been working to ensure that funds spent on SE cases are in for persons that have an identified extended service provider. In order to determine if there has been progress in this area, the project team examined data that identifies how many cases coded as SE had a primary diagnosis of a cognitive impairment. Table 17 identifies the findings.

Table 17  
*SE cases coded with Cognitive Impairment*

	2011	2012	2013	2014
Number of SE cases	316	319	271	204
Number coded with cognitive impairment	104	106	95	101
Percent of Total	33%	33%	35%	50%

Table 17 indicates that the percent of persons coded with a primary disability of cognitive impairment increased dramatically from 2013 – 2014 (2014 data only goes through June 30, 2014). This indicates that DCRSA is making good progress in correctly coding SE cases. Until there is an identified extended service provider for persons with mental health impairments, one would expect that SE cases should consist primarily of persons with intellectual disabilities eligible for DDA services. The 2014 increase might also be an indicator of the improved communication and relationship between DCRSA and DDA that was a recurring theme.



## Key Informant Interviews

The following themes emerged from the individual interviews conducted for this assessment relating to the needs of persons with the most significant disabilities:

- DCRSA has developed a new SE policy that is going into effect in 2015. They have provided SE training to staff and have defined stabilization for movement to the extended service provider.
- Staff indicate that the relationship between DCRSA and DDA has improved markedly over the last year and a half and the number of shared cases is increasing.
- There is still no identified extended service provider for persons with mental health impairments.
- Many of the persons with disabilities served by DCRSA, in addition to having a history of incarceration or legal problems (reportedly between 70-80%), have substance abuse issues and have significant challenges with literacy. These consumers have developmental needs across many academic areas. This combination significantly impacts their ability to obtain and retain employment. These persons may have long gaps in their work history because of their background of incarceration, further affecting their employability.
- There is a need for holistic assessment at intake for consumers with the most significant disabilities, especially persons with blindness. The needs of persons with blindness occur across several different life areas and must be addressed to maximize the likelihood of successful job acquisition and retention.
- Many consumers with significant disabilities lack general computer skills and this adversely affects their ability to do job search in the digital age and to qualify for many jobs. Their ability to effectively compete for jobs is affected by their lack of preparedness for today's world of work. This was a recurring theme.
- Many consumers, especially those with significant mental health impairments, are in need of improved social and other soft skills.
- It was reported by many persons interviewed that SSI/DI receipt impacts the motivation of consumers to obtain work. Although DCRSA has resources to provide benefits planning for consumers in-house, and has clearly focused on trying to encourage the return-to-work behavior of their consumers, much confusion and uncertainty about how work affects benefits remains. There was a general theme that emerged that persons receiving SSI/DI may choose lower level work so as not to place them in jeopardy of losing their benefits completely. The concern revolves around the possibility of job loss and reapplication for SSA benefits. Many of these concerns are based on misunderstanding of work incentives, but they may be affecting return-to-work behavior of consumers nonetheless.
- The SSA reimbursement for DCRSA increased this year, but remains much lower than would be expected based on the number of persons receiving SSI/DI. Many of the beneficiaries do not stay at work long enough to qualify for reimbursement, and they rarely come off of benefits entirely due to work.
- There are limited postsecondary experiences available for persons with significant developmental disabilities, including Autism that are oriented toward employment.

- Affordable housing remains a major need for persons with disabilities, especially those with the most significant disabilities.

### Survey Results by Type

**Partner survey: barriers to achieving goals for persons with the most significant disabilities.** Partner survey respondents were asked if the barriers to achieving employment goals for consumers with the most significant disabilities were different than the general population of persons with disabilities. Of those who responded to this question, 79.2% indicated that the barriers were different. Survey respondents were then asked to identify the top three barriers to achieving employment goals for DCRSA consumers with most significant disabilities. Table 18 details their responses to this question.

Table 18

*Barriers to Achieving Employment Goals for Persons with Most Significant Disabilities, Partner Survey.*

Partner Survey	Percent
Employers' perceptions about employing people with disabilities	63.2
Not having education or training	31.6
Poor social skills	31.6
Not having job skills	26.3
Convictions for criminal offenses	21.1
Not having disability-related accommodations	21.1
Lack of help with disability-related personal care	21.1
Disability-related transportation issues	21.1
Not having job search skills	15.8
Mental health issues	10.5
Perceptions regarding impact of income on Social Security benefits	10.5
Not enough jobs available	5.3
Language barriers	5.3
Substance abuse issues	5.3
Other transportation issues	0.0
Housing issues	0.0

Other health issues	0.0
Childcare issues	0.0

The most commonly identified barriers to achieving employment goals for DCRSA consumers with most significant disabilities were employers' perceptions about employing people with disabilities, clients not having education or training, and poor social skills. Other barriers were identified somewhat less frequently than the top two barriers.

**Staff survey: barriers to achieving goals for persons with the most significant disabilities.** Staff survey respondents were asked if the barriers to achieving employment goals for consumers with the most significant disabilities were different than the general population of persons with disabilities. Of those who responded to this question, 66.7% indicated that the barriers were different. Survey respondents were then asked to identify the top three barriers to achieving employment goals for DCRSA consumers with most significant disabilities. Table 19 details their responses to this question.

Table 19

*Barriers to Achieving Employment Goals for Persons with Most Significant Disabilities, Staff Survey.*

Staff Survey	Percent
Not having education or training	47.4
Not having job skills	47.4
Mental health issues	47.4
Convictions for criminal offenses	42.1
Lack of help with disability-related personal care	36.8
Poor social skills	31.6
Not having disability-related accommodations	31.6
Employers' perceptions about employing people with disabilities	21.1
Substance abuse issues	21.1
Not having job search skills	15.8
Not enough jobs available	15.8
Other transportation issues	15.8
Housing issues	15.8

Disability-related transportation issues	5.3
Perceptions regarding impact of income on Social Security benefits	5.3
Language barriers	5.3
Other health issues	5.3
Childcare issues	5.3

The most commonly identified barriers to achieving employment goals for DCRSA consumers with most significant disabilities were not having education or training, not having job skills, and mental health issues. Not having education or training was identified as one of the top two barriers for persons with most significant disabilities by both partners and DCRSA staff.

**Partner survey: barriers to accessing DCRSA services.** Partner survey respondents were asked if the barriers to accessing DCRSA services for consumers with the most significant disabilities were different than the general population of persons with disabilities. Of those who responded to this question, 55.0% indicated that the barriers were different. These persons were then asked to identify the top three barriers to accessing DCRSA services for DCRSA consumers with most significant disabilities. Table 20 details their responses to this question.

Table 20

*Barriers to Accessing DCRSA Services for Persons with Most Significant Disabilities, Partner Survey.*

Partner Survey	Percent
Slow service delivery	54.5
Staff are not responsive to communication from clients or potential clients	45.5
Difficulties accessing training or education programs	27.3
Difficulties completing the application	27.3
Difficulties completing the Individualized Plan for Employment	27.3
Staff do not meet clients in the communities where the clients live	27.3
Inadequate assessment services	18.2
Inadequate disability-related accommodations	18.2
Limited accessibility of DCRSA via public transportation	9.1
Other challenges related to the physical location of the DCRSA office	9.1

Language barriers	0.0
-------------------	-----

The most commonly identified barriers to accessing DCRSA services identified by respondents to the partner survey were slow service delivery and staff being unresponsive to communication from clients or potential clients. The other barriers were mentioned considerably less frequently by partner survey respondents.

**Staff survey: barriers to accessing DCRSA services.** Staff survey respondents were asked if the barriers to accessing DCRSA services for consumers with the most significant disabilities were different than the general population of persons with disabilities. Of those who responded to this question, 53.6% indicated that the barriers were different. These persons were then asked to identify the top three barriers to accessing DCRSA services for DCRSA consumers with most significant disabilities. Table 21 details their responses to this question.

Table 21  
*Barriers to Accessing DCRSA Services for Persons with Most Significant Disabilities, Staff Survey.*

Staff Survey	Percent
Other challenges related to the physical location of the DCRSA office	53.3
Difficulties accessing training or education programs	40.0
Slow service delivery	33.3
Limited accessibility of DCRSA via public transportation	33.3
Inadequate assessment services	26.7
Inadequate disability-related accommodations	26.7
Difficulties completing the application	13.3
Language barriers	13.3
Difficulties completing the Individualized Plan for Employment	0.0
Staff do not meet clients in the communities where the clients live	0.0

The most commonly identified barriers to accessing DCRSA services identified by respondents to the staff survey were other challenges related to the physical location of the DCRSA office, difficulties accessing training or education program, slow service delivery, and limited accessibility of DCRSA via public transportation. The top barrier identified by partner survey respondents, slow service delivery, was among the top four most frequently identified barriers to accessing DCRSA services in the staff survey.

## Focus Group Results

**Consumer Focus Groups.** Consumers that are SSA beneficiaries frequently cited concern for the loss of benefits as a reason they did not seek higher-level employment. There was considerable confusion and fear expressed about how working would affect SSI/DI benefits, and a reluctance to in any way jeopardize the known quantity of the cash payments they receive every month. In addition, consumers had such a long and difficult journey to get benefits, that they are very hesitant to have to repeat the SSA eligibility process. One client articulated how the fear of benefit loss affected his desire to make more money at work:

*“My SSI check almost got cut because of my work, so I asked my supervisor to cut my hours or I would quit because SSI is hard to get back on.”*

Consumers indicated that discrimination by employers, a lack of education and job training, gaps in their employment history, a lack of transportation, poor job search and interview skills, no support for child care, and a tough job market all affected their ability to obtain and retain employment.

**Partner Focus Groups.** Community partners indicated that they have significant difficulty trying to find employment for DCRSA consumers that have criminal records, substance abuse histories, mental health impairments and literacy problems. Many of the referrals they get have limited or inappropriate social skills, further complicating the job matching and development process. A few of the most common statements are cited below:

*“Clients coming out of jails and prisons can’t pass background checks. This same problem applies to clients with minor offenses too.”*

*“The clients being referred to us lack soft skills. They don’t have appropriate clothing; they can’t read an application; they lack education in general. They don’t qualify for anything other than minimum wage jobs.”*

*“The clients we see have the stigma associated with not being able to read or having a learning disability, which affects their confidence and the types of jobs they can get.”*

Another common concern of community partners regarding supported employment was the lack of job coaching authorized when an SE client is placed. They indicated that DCRSA staff do not regularly authorize job coaching beyond 90 days, even though many of the clients they serve need job coaching for much longer in order to achieve stabilization on the job.

**DCRSA Staff Focus Groups.** The DCRSA staff that were interviewed in focus groups reiterated what the individual interviewees said about the difficulty placing consumers in employment that have mental health impairments, substance abuse histories and incarceration backgrounds. This combination, including literacy challenges, makes placement in Federal employment and other higher-end jobs very difficult because clients do not qualify for this kind of employment. One staff member stated:

*“We have major challenges working with clients that have criminal records and substance abuse issues. These two problems present challenges in trying to get Federal jobs.”*

Staff also indicated a need for more counselors knowledgeable about Supported Employment and more SE providers to serve their consumers with developmental disabilities and mental health impairments.

<b>Recommendations to more effectively meet the needs of persons with the most significant disabilities, including their need for supported employment</b>
--

- DCRSA should engage in a training program for staff on the role of DBH as an extended service provider for persons with mental health impairments that need SE services to successfully obtain and retain employment. Many staff were not aware of the availability of extended services from DBH.
- One possibility for funding for extended service provision for SSA beneficiaries not covered by DDA or DBH would be through the Partnership Plus model for Ticket to Work holders. DCRSA should consider working in concert with a CRP that is an approved Employment Network and “handing off the case” once the individual has achieved stability on the job. It was reported that DCRSA does use three Employment Networks for Partnership Plus, but has not done so for extended service provision.
- Given the significant and numerous challenges that many DCRSA consumers face with substance abuse and literacy, long-term successful vocational rehabilitation must include connections with helpful organizations that will address their literacy and sobriety needs.
- It was reported that DCRSA closes homemaker cases as IL-OIB cases rather than as “successfully rehabilitated.” DCRSA should examine whether this is in fact occurring and should be changed.
- Conduct a holistic assessment of consumers during the intake process that identifies support systems and needs in areas such as housing, finances, clothing, child care, and family. This type of holistic assessment will help DCRSA connect consumers to important resources and will encourage joint planning.
- Because of the long gaps in work history for many of DCRSA consumers, work experiences become important to help them acquire work skills and demonstrate their ability to potential employers. Consequently, DCRSA should continue to develop the capacity to provide these work experiences whenever possible. One possible avenue for this would be the use of temporary placement agencies like Manpower.
- DCRSA’s BRU has been providing employment readiness workshops for consumers. These are important helps in preparing consumers to obtain employment. Pursuant to available resources, DCRSA should consider expanding the scope of these workshops to target the identified needs of many of their consumers such as basic computer skills acquisition and soft skills development (including social skills).
- It is recommended that DCRSA examine the case recording process for the identification of the receipt of SSI/DI by consumers. The information shared with the project team about the number of consumers on SSI/DI during the interview process appears to be incongruent with the data in DCRSA’s case management system.

### **SECTION THREE: NEEDS OF PERSONS WITH DISABILITIES FROM DIFFERENT ETHNIC GROUPS, INCLUDING NEEDS OF PERSONS WHO HAVE BEEN UNSERVED OR UNDERSERVED BY THE VR PROGRAM**

Section three of the CSNA addresses the needs of persons with from different ethnic groups, including the needs of persons who have been underserved or unserved by the VR program. The project team examined ethnicity and geographic location in addition to specific referral sources. The issue of disability type was addressed primarily in Section Two of this report, but is addressed in this section as well.

#### *Recurring Themes Across all Data Collection Methods*

The following recurring themes emerged from the investigation of this section:

- Persons that are White, Hispanic and Asian continue to be underserved by the VR program. It was reported that Ethiopians might be underserved, but these claims are difficult to support based on the available data
- Veterans are an underserved group by DCRSA
- Wards 5, 7 and 8 are served at the highest rate by DCRSA
- Persons from different ethnic groups experience the same barriers to employment as the typical consumer of DCRSA, but they also have language barriers that pose challenges to their vocational rehabilitation

#### **National and/or Agency Specific Data Related to the Needs of Persons with Disabilities from Different Ethnic Groups, Including Needs of Persons who have been Unserved or Underserved by the VR Program**

The analysis of needs of persons from different ethnic groups, including those that may be underserved or unserved by DCRSA begins with an identification of the ethnic groups that DCRSA is currently serving by number and percent of total population served and then compares those numbers to the occurrence of the ethnicity in the District. Table 22 examines these figures for 2011-2014. The data for 2014 only includes up to June 30, 2014, so the total number is not as indicative as the percentage of totals cited.

Table 22  
*Ethnicity of DCRSA Consumers Compared to the General District Population*

<b>Ethnicity</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Asian	10	12	13	13
% of all consumers	0%	1%	1%	1%
% in DC	4%	4%	4%	4%



Difference	-3%	-3%	-3%	-3%
Black or African American	2088	1630	2111	1728
% of all consumers	89%	88%	89%	91%
% in DC	51%	51%	51%	51%
Difference	38%	37%	38%	40%
Hispanic or Latino	181	195	191	102
% of all consumers	8%	11%	8%	5%
% in DC	10%	10%	10%	10%
Difference	-2%	1%	-2%	-5%
* Multiracial	59	57	67	50
% of all consumers	3%	3%	3%	3%
% in DC	3%	3%	3%	3%
Difference	0%	0%	0%	0%
White	153	168	150	106
% of all consumers	7%	9%	6%	6%
% in DC	42%	42%	42%	42%
Difference	-37%	-35%	-36%	-36%

\*Includes Native American, Native Alaskan and Pacific Islander totals

The data indicates that Whites, Asians, and Hispanics may be underserved by DCRSA. Each of these ethnicities occurs in a greater percentage in the District than in DCRSA's consumer base, with the greatest disparity occurring for White persons. It was a recurring theme that persons that are White in the District generally do not need services from DCRSA and do not apply very frequently. DCRSA focuses its outreach efforts in those communities that are highest in need, which does not include many neighborhoods that are predominantly White. African-Americans continue to be the largest group served by DCRSA by far, and this trend is increasing based on the current 2014 data. It was frequently reported to the project team that DCRSA is outreaching to the Hispanic and Asian communities, and the results of those outreach efforts may have been felt in the 2012 data for Hispanics, but 2014 data indicates a downward trend in applications for Hispanic persons and no change for Asians.

Data from the American Community Survey is useful at this point in the report as it relates to the projected incidence of disability among different ethnic groups in the District. Table 23 identifies these projections.

Table 23  
*ACS Estimated of Disability Incidence in DC by Ethnicity*

Race	Total	Estimate (#) with a disability	Estimate (%) with a disability
White only	247,082	13,481	5.5

Black or African American only	306,433	54,437	17.4
American Indian or Alaskan Native	2,258	387	17.1
Asian alone	21,593	612	2.8
Hispanic or Latino (of any race)	62,399	4,810	7.7

The project team includes this information to inform the reader that there are persons with disabilities in fairly significant numbers among Hispanics and Whites that could be the focus of further outreach.

It was widely reported during the last CSNA that persons with disabilities residing in Wards 7 & 8 may be underserved. This same observation occurred again during this assessment, but not as frequently and often accompanied by a statement that DCRSA was doing a better job of outreach to these Wards. In the previous CSNA, DCRSA was unable to pull the data of persons served by Ward as their system did not capture the data about residence in this manner. During this CSNA, the Data Analysts were able to extract Ward data to help the project team determine if in fact Wards 7 & 8 were underserved. This was a labor intensive process for DCRSA, but essential in this part of the assessment. The data on Ward residence is integrated with other Ward data available from other data sources to paint a picture of the need of persons in each Ward. Table 24 below provides data by Ward on indicators or socioeconomic level.

Table 24  
*Socioeconomic Indicators by Ward*

Ward #	% 16 and over who are employed 2007-11	Unemployment Rate	Average Family Income 2007-11	Food Stamp client 2010	TANF client 2010	Percent Living in Poverty
Ward 1	71%	4.8%	\$99,428	9805	3174	15%
Ward 2	64%	2.4%	\$222,345	2469	480	15%
Ward 3	66%	2.6%	\$240,044	414	47	8%
Ward 4	60%	7.7%	\$115,482	12644	3965	12%
Ward 5	54%	11.0%	\$79,153	18074	6256	20%
Ward 6	70%	5.3%	\$129,674	15745	4520	16%
Ward 7	47%	14.0%	\$57,387	26834	11345	26%
Ward 8	45%	16.6%	\$43,255	36251	16672	36%

It is clear from this data that Wards 5, 7 and 8 respectively are those in greatest need economically. In virtually every measure of employment and socioeconomic status, these Wards are the bottom three. One would surmise that since these Wards are the areas most in need, they

would have the greatest need for services from DCRSA, and therefore, the greatest number DCRSA applicants. Table 25 identifies the number of persons served by DCRSA by Ward.

Table 25

*Applicants for DCRSA Services Based on Ward of Residence*

Ward #	2010 Total Population	% of total DC population	2011 % of RSA consumers	2012 % of RSA consumers	2013 % of RSA consumers
Ward 1	74462	12%	9%	9%	7%
Ward 2	76883	13%	4%	3%	4%
Ward 3	78887	13%	1%	2%	2%
Ward 4	75773	13%	11%	11%	9%
Ward 5	74308	12%	18%	19%	18%
Ward 6	76000	13%	13%	12%	10%
Ward 7	71748	12%	20%	23%	23%
Ward 8	73662	12%	24%	21%	26%

Although the population of the District is spread fairly equally amongst the Wards, data has shown that the need varies dramatically by Ward. It is clear from the data in Table 25 that Wards 5, 7 and 8 have the greatest percentage of applicants for DCRSA services (as they should if outreaching based on need), and that these Wards would not correctly be classified as underserved based on this data.

A recurring theme that emerged from the interviews was that Veterans may be an underserved population based by DCRSA. Several participants observed that there was not a good connection between DCRSA and the Veteran's Administration. In order to determine the extent of persons served that are Veterans, the project team looked at the data files from DCRSA for 2011-2014 and examined "Veteran Status," "Receiving VA Benefits at Application," and "Referral Type" in the data sets as these were the main data elements that would identify Veteran status. Table 26 below contains the results of this investigation.

Table 26

*Veteran Status and Referral Status from VA*

Data Element	2011	2012	2013	2014
Referred by the VA	0	0	1	1
Identified as a Veteran	8	4	7	10

It seems unlikely that the above data correctly captures the number of Veterans being served by DCRSA. The project team recommends that DCRSA investigate the case recording process as it relates to Veterans to see if they can identify if in fact so few cases are being served

by the agency. If these numbers are correct, then Veterans would clearly be an underserved population by DCRSA.

### Key Informant Interviews

- DCRSA has conducted a focused outreach program to Wards 7&8 because of the socioeconomic need and the lack of service providers. Because of this focused outreach, the persons interviewed for this assessment indicated that they felt that Wards 7 & 8 may no longer be underserved by DCRSA. This is supported by the statistical data gathered by the project team.
- Veterans were frequently cited as a group that might be underserved by DCRSA, though there was no specific data that persons were citing as they reported this. Their feelings were verified by the data analysis as cited above.
- Hispanic and Asian persons continue to be cited as being underserved by DCRSA, and the data support this concern. The persons interviewed for this assessment had differing views as to why these populations continue to be underserved, but the most frequent reason cited was the lack of counselors that speak the language. The project team contacted several organizations that serve Hispanic, Asian and African persons, but most were not familiar with DCRSA (See Appendix I.
- Persons with significant physical disabilities like spinal cord injuries, Cerebral Palsy and Muscular Dystrophy were cited by several persons as being underserved by DCRSA.
- Persons from different ethnic backgrounds and those undeserved by DCRSA generally have the same needs for assistance with job placement due to previous incarceration and gaps in work history as the typical DCRSA clients, but they also have language barriers that further complicate their ability to successfully engage in job search.
- Persons that are deaf-blind were cited as being underserved by DCRSA. Those that are served have a very difficult time obtaining employment due to access issues and accommodation needs.

### Survey Results

**Partner survey: barriers to achieving goals for consumers who are racial or ethnic minorities.** Partner survey respondents were asked if the barriers to achieving employment goals for consumers who are racial or ethnic minorities were different than the general population of persons with disabilities. Of those who responded to this question, 52.4% indicated that the barriers were different. These persons were then asked to identify the top three barriers to achieving employment goals for DCRSA consumers who are racial or ethnic minorities. Table 27 details their responses to this question.

Table 27

*Barriers to Achieving Employment Goals for DCRSA Consumers Who Are Racial or Ethnic Minorities, Partner Survey.*

Partner Survey	Percent
Convictions for criminal offenses	45.5

Employers' perceptions about employing people with disabilities	27.3
Poor social skills	27.3
Substance abuse issues	27.3
Not having job search skills	18.2
Language barriers	18.2
Not having education or training	9.1
Not having job skills	9.1
Mental health issues	9.1
Not enough jobs available	9.1
Perceptions regarding impact of income on Social Security benefits	9.1
Housing issues	9.1
Other transportation issues	0.0
Not having disability-related accommodations	0.0
Disability-related transportation issues	0.0
Lack of help with disability-related personal care	0.0
Other health issues	0.0
Childcare issues	0.0

Responses to the partner survey indicated that the most commonly identified barriers to achieving employment goals for DCRSA consumers who are racial or ethnic minorities were convictions for criminal offenses, employers' perceptions about employing people with disabilities, poor social skills, and substance abuse issues.

**Staff survey: barriers to achieving goals for consumers who are racial or ethnic minorities.** Staff survey respondents were asked if the barriers to achieving employment goals for consumers who are racial or ethnic minorities were different than the general population of persons with disabilities. Of those who responded to this question, 74.3% indicated that the barriers were different. These persons were then asked to identify the top three barriers to achieving employment goals for DCRSA consumers who are racial or ethnic minorities. Table 28 details their responses to this question.

Table 28

*Barriers to Achieving Employment Goals for Persons Who are Racial or Ethnic Minorities, Staff Survey.*

Staff Survey	Percent
Not having education or training	75.0
Not having job skills	43.8
Not having job search skills	37.5
Language barriers	37.5
Employers' perceptions about employing people with disabilities	25.0
Poor social skills	25.0
Convictions for criminal offenses	25.0
Mental health issues	12.5
Substance abuse issues	12.5
Other transportation issues	12.5
Not having disability-related accommodations	6.3
Disability-related transportation issues	6.3
Not enough jobs available	6.3
Lack of help with disability-related personal care	0.0
Perceptions regarding impact of income on Social Security benefits	0.0
Housing issues	0.0
Other health issues	0.0
Childcare issues	0.0

DCRSA staff identified not having education or training most frequently as one of the top three barriers to achieving employment goals. Interestingly, this barrier was mentioned far less frequently by respondents to the partner survey.

**Partner survey: barriers to accessing DCRSA services for consumers who are racial or ethnic minorities.** Partner survey respondents were asked if the barriers to accessing DCRSA services for consumers who are racial or ethnic minorities were different than the general population of persons with disabilities. Of those who responded to this question, 21.4% (three persons) indicated that the barriers were different. These persons were then asked to identify the top three barriers to accessing DCRSA services for DCRSA consumers who are racial or ethnic minorities. Table 29 details their responses to this question.

Table 29

*Barriers to Accessing DCRSA Services for Persons Who Are Racial or Ethnic Minorities, Partner Survey.*

Partner Survey	Percent
Slow service delivery	66.7
Staff are not responsive to communication from clients or potential clients	66.7
Difficulties accessing training or education programs	33.3
Difficulties completing the application	33.3
Language barriers	33.3
Difficulties completing the Individualized Plan for Employment	33.3
Staff do not meet clients in the communities where the clients live	33.3
Other challenges related to the physical location of the DCRSA office	0.0
Limited accessibility of DCRSA via public transportation	0.0
Inadequate assessment services	0.0
Inadequate disability-related accommodations	0.0

It should be noted that Table 29 is based upon responses from a small number of partner survey respondents (n = 3). The most commonly identified barriers to accessing DCRSA services identified by respondents were slow service delivery and staff being unresponsive to communication from clients or potential clients.

**Staff survey: barriers to accessing DCRSA services for persons who are racial or ethnic minorities.** Staff survey respondents were asked if the barriers to accessing DCRSA services for consumers who are racial or ethnic minorities were different than the general population of persons with disabilities. Of those who responded to this question, 46.2% indicated that the barriers were different. These persons were then asked to identify the top three barriers to accessing DCRSA services for DCRSA consumers who are racial or ethnic minorities. Table 30 details their responses to this question.

Table 30

*Barriers to Accessing DCRSA Services for Persons Who Are Racial or Ethnic Minorities, Staff Survey.*

Staff Survey	Percent
--------------	---------

Language barriers	58.3
Limited accessibility of DCRSA via public transportation	41.7
Slow service delivery	33.3
Difficulties accessing training or education programs	33.3
Other challenges related to the physical location of the DCRSA office	25.0
Inadequate assessment services	16.7
Difficulties completing the application	8.3
Inadequate disability-related accommodations	8.3
Difficulties completing the Individualized Plan for Employment	0.0
Staff do not meet clients in the communities where the clients live	0.0

The most commonly identified barriers to accessing DCRSA services identified by respondents to the staff survey were language barriers and limited accessibility of DCRSA by public transportation. Whereas a smaller proportion of partner survey respondents (33.3%) identified language barriers as a concern, 58.3% of DCRSA staff respondents indicated that language barriers limited access to DCRSA services for clients who are racial or ethnic minorities.

### Focus Group Results

**Consumer Focus Groups.** The consumer focus groups identified Hispanics as being underserved by DCRSA. Although persons with blindness and deafness were also mentioned, Hispanic persons with disabilities were by far the most frequently cited. The lack of bilingual staff was cited as the primary reason, but a lack of knowledge about DCRSA in the Hispanic community was also cited as a contributing factor. One mother of a consumer said:

*“We had a hard time contacting them (DCRSA), and nobody knew who they were. They need to spread the word about their services and call people back.”*

**Partner Focus Groups.** Community partner focus groups identified Hispanic persons with disabilities as being underserved, along with any other persons that have English as a second language (ESL). The use of interpreters over the phone was described as an occasionally helpful experience, but is not useful when a consumer is in the community talking to employers. The need for bilingual counselors/staff was noted several times, and not just at DCRSA, but at CRPs as well.

**DCRSA Staff Focus Groups.** In addition to identifying Hispanic and Asian persons as being underserved, staff indicated that persons with significant physical disabilities are



underserved. Staff are not sure why there is limited to no outreach to programs serving people with significant physical disabilities other than time constraints due to large caseloads, but this group remains one that has been underserved by DCRSA since last year.

<p><b>Recommendations to Meet the Needs of Persons from Different Ethnicities or that may be Underserved or Unserved by DCRSA</b></p>
---

The following recommendations are offered as a result of the data gathered for this section:

- It remains a challenge for DCRSA to easily identify the Ward of residence for consumers that they are serving. It is possible, but is labor intensive. It would be helpful for the sake of monitoring service patterns and referrals to ensure that this information is readily gathered and searchable on the case management system.
- DCRSA should increase targeted outreach to rehabilitation hospitals that serve persons with spinal cord injuries and other traumatic physical disabilities in order to increase service to this population. Although the persons being treated at these hospitals may not be ready to participate in a vocational rehabilitation program while they are in the hospital, there is great value in having a counselor present to share information with the individual and families about DCRSA and the services that are available once the individual is ready to start thinking about training and work.
- DCRSA needs to review their case recording process as it relates to identifying Veterans and provide training to staff if there are case recording needs in this area. If the number of Veterans served as reported in their case management system is accurate, then DCRSA should ensure that it reaches out to the VA in DC to strengthen their liaison relationship and increase referrals.
- As indicated in the previous report in 2013, DCRSA needs to target Hispanic, Asian and Ethiopian persons with disabilities for outreach. It is difficult to track the effectiveness of outreach to Ethiopian persons as DCRSA's current system does not track these individuals, so DCRSA should consider including a data field that will allow for the tracking of this indicator to gauge the effectiveness of their outreach.
- DCRSA should consider replicating outreach programs like Minnesota VR's New Americans Project (NAP). Since there are numerous immigrants to the DC area, the only way that DCRSA can hope to reach them is to establish partnerships with, and meet potential consumers at community programs serving the needs of those persons. One of the unique elements of the NAP program is that VR program staff spend a considerable amount of time investing in information sharing, education and discussions about work needs and requirements before they even broach the subject of applying for services. In effect, the VR program is an educator and partner in the community before it is a direct service provider. A program like this in DC might help to establish important partnerships for future referrals while increasing awareness of DCRSA.

## SECTION FOUR: NEEDS OF PERSONS SERVED THROUGH OTHER COMPONENTS OF THE STATEWIDE WORKFORCE INVESTMENT SYSTEM

Section Four of the CSNA addresses the needs of persons with disabilities served through the other components of the statewide Workforce Investment System. The Workforce Development System in the District is administered through the Department of Employment Services.

### *Recurring Themes Across all Data Collection Methods*

The following recurring themes emerged from the data collection efforts in this area:

- America's Job Centers remain inaccessible in many ways and in many places for people who need assistive technology to access program services. This is especially true for people with blindness.
- The relationship between DCRSA and AJCs is improving, but still primarily remains one of referral rather than shared planning and resources.
- The workforce system is not serving transition-aged youth with disabilities well according to those interviewed for this CSNA.

### **National and/or Agency Specific Data Related to the Needs of Persons Served Through Other Components of the Statewide Workforce Investment System**

The project team investigated agency-specific data and DOES annual reports for 2011 and 2012 (the only ones available) to determine the extent of the referral and service relationship between DOES and DCRSA and the level of service of persons with disabilities by AJCs. Table 31 below identifies the number of referrals from the AJCs to DCRSA and the number of persons with disabilities served through the AJC system.

Table 31  
*DCRSA referrals from AJCs and Consumers Served by the AJCs*

Data Element	2011	2012	2013	2014
Referred by Career Center (One-Stop or AJC)	NA	NA	10	11
Served by AJC according to DOES	19	33	NA	NA

DCRSA's case management system either did not capture AJC referrals, or they received no referrals for the years 2011 and 2012 from any of the AJCs. In 2013 and 2014 to date, the number of referrals has been very low. Although there is no data element that will capture the

persons referred from DCRSA to the AJCs, we can get an indicator of this from the number of persons with disabilities served by the AJCs as contained in their annual report. Unfortunately, DOES' website only contains the 2011 and 2012 annual report, which indicates a very small number of persons with disabilities served by the AJCs. Although the numbers were very small, there was an increase from 2011 to 2012, so it may be that the trend continued through the present. Whether you use the measure of referrals from the AJCs, or the measure of actual people with disabilities served by the AJCs, the numbers are reflective of a major lack of awareness, access and service of the workforce system by persons with disabilities in the District.

## **Key Informant Interviews**

The following recurring themes emerged from the individual interviews performed for this assessment:

- The relationship between DCRSA and the AJCs (DOES) was identified as an area still in development and with room for improvement. While DCRSA go to the AJCs once a week, the relationship is still generally described as one of referral as opposed to a cooperative partnership with shared resources.
- The lack of accessibility at the AJCs for persons with blindness was cited by several persons.
- Several persons indicated that transition-aged youth were not utilizing the youth services through the AJCs.
- In several instances, the AJCs were identified as not being welcoming to persons with disabilities in the District, with the AJCs in some wards being criticized more than others.
- DCRSA clients were characterized as not frequently using AJC services and getting very little to no support when they did try and access services. AJCs were cited as being particularly difficult for people with deafness and blindness.
- People with literacy challenges have a difficult time using AJC services because you have to have a reading level of at least 6<sup>th</sup> grade to navigate most of their services.
- The trainers at the AJCs were often characterized as not being trained to work with persons with disabilities.

## **Focus Group Results**

**Consumer Focus Groups.** The consumers interviewed in focus groups had a mixed reaction to the AJCs. The largest percentage of them indicated that they were not particularly helpful to them in finding employment or in being patient with them as they went through the process. A few people indicated that the AJCs had good programs but that they did not get a job through those services.

**Partner Focus Groups.** The community partners interviewed for this CSNA indicated that the AJCs were not accessible to persons with disabilities, especially those with blindness. The inability of youth with disabilities to access youth services at the AJCs was mentioned by several people as very troubling. One comment that was very typical of this sentiment is relayed below:

*“The job centers do not work with our transition students at all. Their youth services are not geared towards young people with disabilities. We really need to do better here.”*

**DCRSA Staff Focus Groups.** Most of the staff that participated in the focus groups indicated that the AJCs were not serving persons with disabilities well. They indicated that the AJC staff are not trained to work with different disabilities, and that this was magnified when it comes to serving people with deafness and blindness. There are still AJCs that do not have properly functioning assistive technology to help people with blindness or low vision access the computers on site, which results in frustration for the consumer. AJCs were also characterized as not “user-friendly” for DCRSA consumers with learning disabilities and literacy challenges. One counselor stated:

*“They aren’t really set up to help people that can’t read. It is very frustrating for the client to go there and not have anyone that can help them. If you are unable to get navigate the system on your own, it can be tough.”*

<p><b>Recommendations to help meet the Needs of Persons with Disabilities Served by the Workforce Development System</b></p>
--

The following recommendation are made based on the data collection methods as they relate to the needs of persons with disabilities served by the workforce development system in the District:

- The passage of WIOA will require that DCRSA, DOES and the entire workforce system collaborate at a deeper level than they have in the past. The requirement for a unified state plan, common outcome measures and alignment of systems will have a profound impact on VR programs everywhere. Consequently, any activity that promotes the partnership between DCRSA and the AJCs should be encouraged. This includes co-locating on a permanent basis and shared funding of cases.
- DCRSA should explore the possibility of developing a customized training program that will target training persons with disabilities for employment in high-demand occupations. It is likely that DOES has developed these programs in the past, but there are models of collaboration between VR and workforce programs developed specifically for persons with disabilities that should be considered as DOES and VR strive to respond to the President’s job-driven initiative. DCRSA should consult with the National Employment Team related to the development of customized training programs and the replication of such programs in the District.
- DCRSA should consider requesting intensive TA services from the job driven TA center recently funded by Federal RSA to help develop customized training opportunities with employers.
- The NET has developed customized training programs with the Hyatt, and these programs might be able to be duplicated in DC. DCRSA should consult with the NET Point of Contact and CSAVR’s Business Services Manager to determine if the development of such a program is a possibility in the District.

- It was reported that short-term vocational training programs have better outcomes for DCRSA consumers. Consequently, DCRSA and the AJCs should consider developing an initiative that focuses on the availability of these programs and utilizes funding from both organizations to maximize resources, broaden the range of employment outcomes, and meet client needs for quick placement.
- DCRSA should identify ways that transition-aged youth can increase their utilization of the youth services at the AJCs. Some of the best practices include youth site visits to AJCs, in-school presentations by DCRSA and DOES staff together, summer youth set-aside positions for youth with disabilities, career exploration events, job fairs, etc.

## SECTION FIVE: NEEDS OF PERSONS IN TRANSITION

Section five of the CSNA addresses the needs of persons in transition from secondary school to post-school activities including adult vocational, career-technical, academic and other postsecondary education and work.

### *Recurring Themes Across all Data Collection Methods*

The following recurring themes emerged from the data collection methods related to the needs of persons in transition;

- Transition youth continue to need exposure to work in order to be better prepared for employment when they exit the school system. They need to acquire work skills and training in order to obtain and retain employment.
- Transition services have expanded and the transition unit doubled in size in the last 12-18 months.
- There is a need for clarity and communication regarding DCRSA's support of postsecondary education.

### **National and/or Agency Specific Data Related to the Needs of Persons in Transition**

It was reported, and the project team observed, that the transition unit at DCRSA had doubled in size over the last 12-18 months. Persons also indicated that DCRSA's outreach to and partnership with schools had increased dramatically during that time frame. To investigate this, the project team analyzed agency data to see what was happening as far as applications for persons aged 14-24. Table 32 identifies the number of applications for transition-aged youth from 2011-2014, and examines the number of cases by age from 14-19 by year to determine if there was an indication that DCRSA was opening cases at an earlier age.

Table 32  
*Applications by Age*

Age	2011	2012	2013	2014
14-24	524	422	756	800
% of total	22%	23%	31%	41%
14	0	0	0	1
15	0	0	0	0
16	0	0	0	6
17	0	0	8	112
% of total			0.3%	6%
18	0	0	85	221

% of total			4%	11%
19	1	2	247	163
% of total			10%	8%

It is clear that DCRSA is getting much younger in its demographic served, based largely one would have to say, from the outreach efforts it has undergone and the expansion of the transition unit. Fully 41% of their current applicants are of transition age, and the number of teenagers DCRSA serves has dramatically increased.

One of the recurring themes that emerged was that DCRSA was spending a great deal of their dollars on postsecondary education and that many of those expenditures were not resulting in degree completion or in quality employment outcomes. As a result of these reports, the project team conducted an analysis of Federal RSA 911 data and the results are below.

### Competitive Employment and Earnings by Education Level at Closure

An analysis of Rehabilitation Services Administration RSA-911 data from federal fiscal year 2013 was conducted to examine the association between education level at case closure and employment outcomes and wages earned. Figure 1 describes the association between education level and competitive employment outcomes for cases closed by DCRSA during federal fiscal year 2013 compared to cases closed by all other state-federal vocational rehabilitation agencies during the same time period. Cases selected for inclusion in this analysis were those cases with a valid IPE date recorded in the case record; this approach was intended to ensure that all cases analyzed had reached the plan stage.

Figure 1.  
*Competitive Employment by Education Level at Closure*

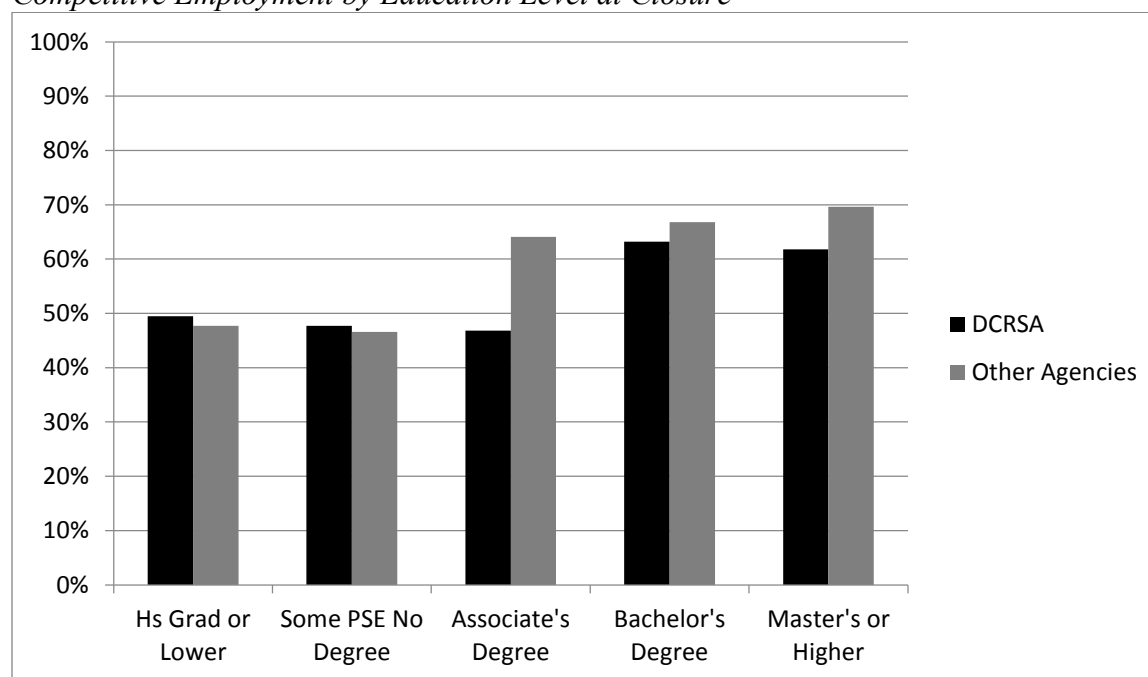


Figure 1 suggests that completion of a college degree was generally associated with an increased likelihood that a VR consumer would achieve competitive employment at case closure. It should be noted that this analysis does not distinguish between education levels achieved by individuals without the support of DC-RSA and education levels achieved with the support of DC-RSA (for example the individuals represented in the “Bachelor’s Degree” category include both individuals who had earned bachelor’s degrees prior to obtaining services from DC-RSA and individuals who completed bachelor’s degrees while receiving services from DC-RSA).

Of the 871 individuals served by DC-RSA who had an education level of high school diploma or lower at case closure, 431 achieved employment outcomes. Of the 151 individuals served by DC-RSA who had an education level of some postsecondary education, no degree at case closure 72 achieved an employment outcome. Of the 47 individuals served by DC-RSA who had an education level of associate’s degree at case closure 22 achieved employment outcomes. Of the 107 individuals served by DC-RSA who had an education level of bachelor’s degree at case closure 74 achieved employment outcomes. Of the 34 individuals served by DC-RSA who had an education level of master’s degree or higher at case closure 21 achieved employment outcomes.

Nationally, completion of an associate’s degree was associated with a greater likelihood of achieving competitive employment, however during federal fiscal year 2013 individuals with associate’s degrees closed by DCRSA had competitive employment rates comparable to those with lower levels of education (i.e., some postsecondary education but no degree or high school graduate or lower). It is also important to note that outcomes for individuals that began postsecondary education with DCRSA support and did not complete their degree or program actually had lower outcomes than those without any postsecondary education. Individuals served by DCRSA who held bachelor’s degrees (69.2% achieved an employment outcome) or advanced degrees (61.8% achieved an employment outcome) at the time at the time their cases were closed had competitive employment rates notably higher than those with lower education levels.

An analysis of the same RSA 911 data from federal fiscal year 2013 presented in Figure 2 illustrates how degree completion was associated with earnings for persons who were competitively employed when their cases were closed.



Figure2

*Average Weekly Earnings at Closure by Education Level for Competitively Employed Persons*

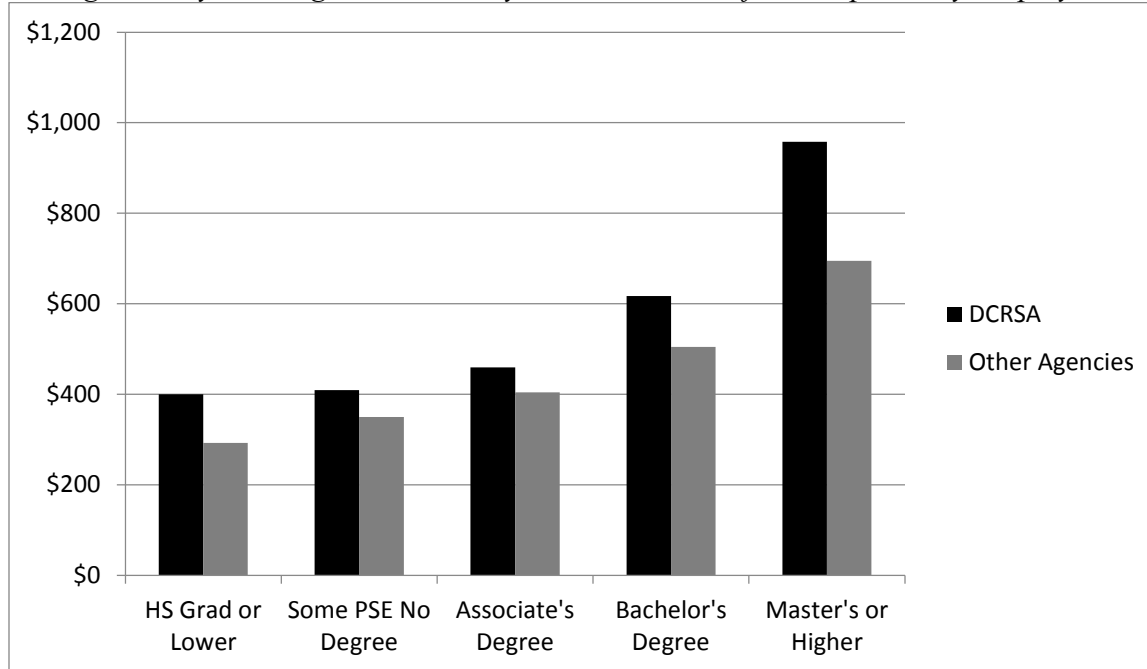


Figure 2 suggests that higher weekly earnings at closure were associated with higher levels of education at closure for VR participants with cases closed during federal fiscal year 2013. At each level of education, average weekly earnings at closure were higher for DCRSA cases when compared to all other state-federal agencies combined. For DCRSA residents with an education level of high school graduate or lower at case closure (n=431) the average weekly earnings was \$399.58. This figure compares to \$408.99 for persons with some postsecondary education but no degree (n=72); \$459.64 for persons with an associate's degree (n=22); \$616.97 for persons with a bachelor's degree (n=74); and \$957.62 for persons with a master's degree or higher (n=21).

## Key Informant Interviews

The following themes emerged from the individual interviews conducted for this assessment relating to transition-aged youth:

- DCRSA has expanded the number of counselors designated for transition to twelve, demonstrating a significant organizational commitment to this population.
- DCRSA has increased its outreach into the schools and is doing intakes at the school sites.
- Service providers are doing assessments at the school in order to facilitate service delivery speed and attendance, which is reflective of an improved outreach program.
- DCRSA is routinely engaging students in their last two years of school, which represents an earlier intervention than was seen last year. However, many referrals still do not come to DCRSA until the student is almost ready to graduate, which affects the IPE development time and often delays service delivery.

- Eligibility determinations are a continual challenge for the transition population because the assessment and evaluation information from the schools is frequently out of date. DCRSA tries to use the school information for eligibility determination and planning, but often it is very old and another assessment must be conducted, which affects eligibility determination timeframes and IPE development.
- DCRSA is focusing on a quality review of their postsecondary education practices to help manage the high level of expenses incurred in this area. The general consensus is that the current rules and regulations governing postsecondary education payment, especially for out of state schools, needs to be enforced, and new rules and regulations need to be developed. DCRSA is spending almost 60% of its client case service funds on postsecondary education tuition, room and board and associated costs. Approximately 50% of these funds are for academic education/training and 10% for vocational training. The outcomes for short-term vocational training are reported as being better than the academic training.
- DCRSA has developed very professional marketing materials for transition
- Youth coming out of high schools are not prepared for work and the work experience that they get is minimal in most cases, and only touches a small percent of youth with disabilities exiting the school system.
- Project Search is one way that young people are gaining work experience in the District. The project is going well as far as providing work experience opportunities, but the number of students involved is small.
- Transition-aged youth that are SSI recipients face the age 18 redetermination process, and they need assistance with understanding and preparing for the process. Their families are also in need of education about what it could mean for the future if their child is found no longer eligible for benefits.
- Many of the transition-aged youth that are served by DCRSA have had legal problems and are part of the justice system. They also have literacy challenges and, compounded by their legal difficulties, struggle to find work.
- The lack of outreach and service to “504 youth” was articulated by several persons. The transition program currently focuses exclusively on students in special education, but other students with disabilities should also be served by DCRSA.

## Survey Results

**Partner survey: barriers to achieving goals for youth in transition.** Partner survey respondents were asked if the barriers to achieving employment goals youth in transition were different than the general population of persons with disabilities. Of those who responded to this question, 75.0% indicated that the barriers were different. These persons were then asked to identify the top three barriers to achieving employment goals for youth in transition. Table 33 details their responses to this question.

Table 33

*Barriers to Achieving Employment Goals for Youth in Transition, Partner Survey.*

Partner Survey	Percent
Not having job skills	44.4
Not having education or training	38.9
Convictions for criminal offenses	33.3
Poor social skills	27.8
Not having job search skills	22.2
Perceptions regarding impact of income on Social Security benefits	22.2
Employers' perceptions about employing people with disabilities	11.1
Substance abuse issues	11.1
Housing issues	11.1
Other transportation issues	11.1
Mental health issues	5.6
Not enough jobs available	5.6
Language barriers	0.0
Not having disability-related accommodations	0.0
Disability-related transportation issues	0.0
Lack of help with disability-related personal care	0.0
Other health issues	0.0
Childcare issues	0.0

Responses to the partner survey indicated that the most commonly identified barriers to achieving employment goals for youth in transition were not having job skills, not having education or training, convictions for criminal offenses, and poor social skills.

**Staff survey: barriers to achieving goals for youth in transition.** Staff survey respondents were asked if the barriers to achieving employment goals for youth in transition were different than the general population of persons with disabilities. Of those who responded to this question, 71.4% indicated that the barriers were different. These persons were then asked to identify the top three barriers to achieving employment goals for DCRSA consumers who are

racial or ethnic minorities. Table 34 details their responses to this question.

Table 34

*Barriers to Achieving Employment Goals for Youth in Transition, Staff Survey.*

<b>Staff Survey</b>	<b>Percent</b>
Not having job skills	75.0
Not having education or training	75.0
Not having job search skills	45.0
Poor social skills	30.0
Convictions for criminal offenses	15.0
Employers' perceptions about employing people with disabilities	15.0
Mental health issues	10.0
Not enough jobs available	10.0
Substance abuse issues	5.0
Language barriers	5.0
Not having disability-related accommodations	5.0
Perceptions regarding impact of income on Social Security benefits	0.0
Housing issues	0.0
Other transportation issues	0.0
Disability-related transportation issues	0.0
Lack of help with disability-related personal care	0.0
Other health issues	0.0
Childcare issues	0.0

Not having job skills and not having education or training were identified by considerably more DCRSA staff respondents than the other barriers to achieving employment goals for youth in transition. Other need identified somewhat frequently included not having job search skills and poor social skills. The top four barriers for youth in transition identified by DCRSA staff were also among the top five barriers for youth in transition identified by partners.

**Partner survey: barriers to accessing DCRSA services for youth in transition.**

Partner survey respondents were asked if the barriers to accessing DCRSA services for youth in transition were different than the general population of persons with disabilities. Of those who responded to this question, 38.9% indicated that the barriers were different. These persons were then asked to identify the top three barriers to accessing DCRSA services for youth in transition. Table 35 details their responses to this question.

Table 35

*Barriers to Accessing DCRSA Services for Youth in Transition, Partner Survey.*

<b>Partner Survey</b>	<b>Percent</b>
Slow service delivery	28.6
Staff are not responsive to communication from clients or potential clients	28.6
Difficulties completing the application	28.6
Difficulties completing the Individualized Plan for Employment	28.6
Staff do not meet clients in the communities where the clients live	28.6
Other challenges related to the physical location of the DCRSA office	14.3
Difficulties accessing training or education programs	0.0
Language barriers	0.0
Limited accessibility of DCRSA via public transportation	0.0
Inadequate assessment services	0.0
Inadequate disability-related accommodations	0.0

The most commonly identified barriers to accessing DCRSA services identified by respondents to the partner survey were slow service delivery, staff being unresponsive to communication from clients or potential clients, difficulties completing the application, difficulties completing the Individualized Plan for Employment, and staff not meeting clients in the communities where the clients live.

**Staff survey: barriers to accessing DCRSA services for youth in transition.** Staff survey respondents were asked if the barriers to accessing DCRSA services for youth in transition were different than the general population of persons with disabilities. Of those who responded to this question, 51.9% indicated that the barriers were different. These persons were then asked to identify the top three barriers to accessing DCRSA services for youth in transition. Table 36 details their responses to this question.

Table 36

*Barriers to Accessing DCRSA Services for Youth in Transition, Staff Survey.*

<b>Staff Survey</b>	<b>Percent</b>
Other challenges related to the physical location of the DCRSA office	42.9
Slow service delivery	35.7
Difficulties accessing training or education programs	35.7
Limited accessibility of DCRSA via public transportation	28.6
Inadequate assessment services	21.4
Inadequate disability-related accommodations	21.4
Language barriers	14.3
Difficulties completing the application	7.1
Staff do not meet clients in the communities where the clients live	7.1
Difficulties completing the Individualized Plan for Employment	0.0

Other challenges related to the physical location of the DCRSA office, slow service delivery, and difficulties accessing training or education programs were the most commonly identified barriers to accessing DCRSA services identified by staff. Whereas partner survey respondents identified difficulties completing the application and difficulties completing the Individualized Plan for Employment somewhat frequently, these barriers were rarely mentioned by DCRSA staff.

### **Focus Group Results**

**Consumer Focus Groups.** The persons with disabilities interviewed in focus groups had limited comments about transition youth needs, but they did indicate that knowledge, awareness and connection to DCRSA services while in school is essential to the future educational and vocational success.

**Partner Focus Groups.** The focus groups consisting of community partners, especially those consisting of Transition Specialists from DCPS, indicated that transition services have been much better over the last couple of years than they were prior to this time frame. Representative comments on this subject include the following:

*“Currently there is a level of communication and partnership between schools and DCRSA that was not occurring two years ago. It is really good to see.”*

*“The level of communication between the school and DCRSA, especially around numbers served, is much better. We have monthly meetings to share information and make sure we are all on the same page.”*

*“There has been a great improvement with the expansion of the transition unit. There is much better sharing of information and outreach.”*

Although there were marked improvements in the relationship between DCRSA and DCPS as a result of the increase in the transition unit and improved communication, there were still significant unmet needs of youth in transition. These needs included more exposure to and understanding of the world of work, more services to blind students, literacy training and independent living skills. The school staff indicated that young people and their families often tell them they are fearful of losing their SSI benefits, so are scared to go to work or to do anything that may endanger their beneficiary status.

Partner focus groups indicated that there is a need for increased outreach and information sharing to families of youth with disabilities. They reported that many family members tell them they have never heard of DCRSA and would like to receive informational materials when their child is younger.

**DCRSA Staff Focus Groups.** The feeling among DCRSA staff interviewed in focus groups was that the agency’s response to transition-aged youth is much better than it has been in the past. DCRSA staff are out in the high schools much more frequently, and the agency has doubled the size of the transition unit. The relationships with the school system is better than it has been in recent memory. There remains a considerable amount of work to do in order to develop the program to become what they hope it will be. Limited resources on the DC Public school side and from DCRSA affects the ongoing development of transition services. Many young people in DCPS and the Charter schools particularly, do not know about DCRSA, so outreach must continue.

DCRSA staff indicated that young people with disabilities that exit the school system are not prepared for the world of work. Although some young people are getting good work experiences in Project Search, summer youth programs and talent preview programs, only a small amount of young people are being reached this way. Staff indicated that it would be helpful to have many more work experience or volunteer opportunities for youth in transition so that they are aware of what is required in the work place.

Transition services to young people with blindness was cited as an area in need of development. One individual stated on this subject:

*“Students who are blind or visually impaired should be receiving services much earlier than in their senior year of high school. We should be reaching them by their sophomore year and exposing them to assistive technology so that they are comfortable with using this technology upon graduation. Many of them also need Orientation and Mobility training, but there aren’t enough providers to reach them, and the providers we have don’t go into the schools.”*

The theme of serving students earlier in school emerged frequently. However, this need was tempered with the discussion of resource availability. Staff felt that while it might be helpful to serve students regularly in their junior or even sophomore years, this was unlikely to occur unless DCRSA and DCPS allocated more resources to transition services.

### **Recommendations to more effectively meet the needs of youth in transition**

The following recommendations emerged from all of the data collection methods and are offered to help meet the needs of youth in transition in the District:

- Develop and enforce policies for attendance and support at out-of-state postsecondary education institutions. In addition, there should be clear progress measures and timelines contained in the IPE that are reasonable and developed in partnership with the consumer. These policies must be shared as early as possible with young people and their families so that they can plan for their share of cost if they choose to attend an out of state institution. The concern expressed in this assessment had more to do with a clear and consistently shared and enforced policy than it did about the level of funding.
- Although there is a clear sense of the transition model for DCRSA, it would be helpful to have a readily available visual map of the model and how transition works ideally for staff to ensure consistency across persons and between the way staff interact with public and charter schools.
- Continue to develop work experience opportunities like Project Search for youth in transition. It would be helpful to work with the Department of Employment Services' Youth programs to ensure that the workforce initiatives they develop for youth includes young people with disabilities. These initiatives include the Grow your Own Program and Summer Youth Employment program.
- As DCRSA strives to identify strategies to increase the capacity of young SSA beneficiaries to move toward self-sufficiency through work, it would be helpful to include education of the young person's family and try and encourage high expectations for the youth regarding work rather than striving to remain dependent on SSI. High expectations have been proven to have a positive effect on outcomes and earnings for young beneficiaries<sup>1</sup> (Olney, Compton, Tucker, Emery-Flores & Zuniga, 2014).
- DCRSA's BRU conducts employment readiness workshops that would be very helpful for young people while they are still in school. DCRSA should try conducting some of the workshops in the school setting to help students understand what is required for work and to model the process for school staff that might want to develop the workshops for the future. DCRSA should consider including the development of self-advocacy skills as a component of an in-school training program for youth. The need for youth to advocate for themselves was cited by several persons that were interviewed for this assessment.
- Ensure that public and charter schools share information about DCRSA with 504 students so that these students do not experience delays in service upon graduation.

---

<sup>1</sup> Olney, M., Compton, C., Tucker, M. Emery-Flores and Zuniga, R. (2014). It takes a village: Influences on former SSI/DI beneficiaries who transition to employment. *Journal of Rehabilitation*, 80(4), 38-51.



## SECTION SIX: NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY REHABILITATION PROGRAMS IN THE DISTRICT

The sixth section of the CSNA addresses the need to establish, develop or improve community rehabilitation programs in the District.

---

### *Recurring Themes Across all Data Collection Methods*

---

The following recurring themes emerged from all of the data gathering efforts in this area:

- A need to broaden the types and range of jobs that vendors develop for consumers
- A need for increased vendors to serve persons with sensory impairments
- A need to continue to develop quality control and assurance measures for vendors

### **Key Informant Interviews**

The following recurring themes emerged from the individual interviews conducted for this assessment:

- DCRSA has made strides in trying to ensure that the quality of vendor services improves and is sustained at a high level. They have provider resource specialists that monitor vendor performance and are putting vendor performance online to facilitate informed choice.
- The rate structure for vendorized services is changing from a negotiated rate to a flat rate structure that has built in outcomes-based payments built in.
- The quality of vendor services was repeatedly cited as an area that continues to need to improve. Specifically, there is a need for job placement providers to broaden the range of jobs they develop for DCRSA consumers.
- There is a need for providers of job placement services to people with deafness, especially those persons that are college graduates and are looking for professional jobs. The consensus was that CRPs generally do not place people in professional jobs, but this may be due as much to the referral type as the program focus.
- There is a need for more independent living service providers for persons that are blind.
- The need for improved and increased job placement services for persons with blindness was a recurring theme.
- There is a continued need for bilingual vendors
- There is a need for the development of vendors that can provide comprehensive blindness skills training
- There is a need for vendors that have sign language interpreters available to work with clients, and also for vendors that will provide job placement for persons that are deaf.

- Several persons interviewed for this assessment indicated that many HCA provider staff do not seem to have a good knowledge base about working with different disability types and that the staff are in need of training.

## Survey Results

**Partner survey: readily available services.** Partner survey respondents were provided with a checklist of services and asked to indicate which of the services were readily available in the area to persons with a range of disabilities. Table 37 illustrates the percentage of the partner survey respondents who indicated that each service was readily available.

Table 37

*Services Available to Persons with Disabilities, Partner Survey*

Partner Survey	Percent Indicating Available
Job search services	70.6
Job training services	61.8
Other education services	50.0
Other transportation assistance	44.1
Assistive technology	38.2
Benefits planning assistance	29.4
Mental health treatment	23.5
Substance abuse treatment	17.6
Personal care attendants	17.6
Housing	14.7
Medical treatment	11.8
Income assistance	11.8
Vehicle modification assistance	11.8
Health insurance	8.8

Services least frequently identified by partner survey respondents as being available to persons with disabilities were health insurance, vehicle modification assistance, income assistance, and medical treatment.

**Partner survey: capacity to meet vocational rehabilitation needs.** Partner survey respondents were asked a yes/no question which asked them if, in their experience, the network of rehabilitation service providers in the District of Columbia was able to meet the vocational rehabilitation service needs of persons with disabilities. Of the partner survey respondents who answered the question, 47.1% responded “Yes,” and 52.9% responded “No”. This question was followed by an open-ended question that asked respondents to identify the vocational rehabilitation service needs that the network of rehabilitation service providers in the District were unable to meet. Twelve respondents provided narrative answers to this question. Capacity issues mentioned by at least three respondents were:

- Capacity to meet vocational rehabilitation needs was hindered by DCRSA’s processes for authorizing services
- Services for transition youth were not sufficient to serve the number of youth that need services

Partner survey respondents were provided with a checklist and asked to identify the primary reasons that vocational rehabilitation service providers were generally unable to meet the needs of persons with disabilities. Table 38 depicts the responses of the partners who responded to the question.

Table 38  
*Reasons Providers are Unable to Meet Service Needs, Partner Survey*

Partner Survey	Percent
Low quality of provider services	26.5
Not enough providers available in area	20.6
Client barriers prevent successful interactions with providers	20.6

Low quality of provider services was the most frequently selected reason for providers being unable to meet the needs of persons with disabilities.

**Staff survey: readily available services.** DCRSA staff survey respondents were provided with a checklist of services identical to the checklist provided to partner survey respondents and asked to indicate which of the services were readily available in the area to persons with a range of disabilities. Table 39 illustrates the percentage of the staff survey respondents who indicated that each service was readily available.

Table 39

*Services Available to Persons with Disabilities, Staff Survey*

<b>Staff Survey</b>	<b>Percent Indicating Available</b>
Job search services	88.6
Job training services	82.9
Other education services	77.1
Assistive technology	65.7
Benefits planning assistance	62.9
Other transportation assistance	60.0
Mental health treatment	54.3
Medical treatment	48.6
Substance abuse treatment	42.9
Personal care attendants	40.0
Health insurance	28.6
Housing	25.7
Income assistance	22.9
Vehicle modification assistance	22.9

DCRSA staff survey respondents generally identified services as being available to persons with disabilities at rates higher than respondents to the partner survey. Services least frequently identified by DCRSA staff survey respondents as being available to persons with disabilities were vehicle modification assistance, income assistance, and housing.

**Staff survey: capacity to meet vocational rehabilitation needs.** DCRSA staff survey respondents were asked a yes/no question which asked them if, in their experience, the network of rehabilitation service providers in the District of Columbia was able to meet the vocational rehabilitation service needs of persons with disabilities. Of the staff survey respondents who answered the question, 68.6% responded “Yes,” and 31.4% responded “No”. This question was followed by an open-ended question that asked respondents to identify the vocational rehabilitation service needs that the network of rehabilitation service providers in the District were unable to meet. Ten respondents provided narrative answers to this question. The following needs were identified by two or more of the ten respondents to this question:

- Job placement service
- Supported employment
- Services for persons who are Deaf or Hard-of-Hearing
- Vocational skills training

DCRSA staff survey respondents were provided with a checklist and asked to identify the primary reasons that vocational rehabilitation service providers were generally unable to meet the needs of persons with disabilities. Table 40 depicts the responses of the DCRSA staff who responded to the question.

Table 40

*Reasons Providers are Unable to Meet Service Needs, Staff Survey*

Staff Survey	Percent
Low quality of provider services	90.0
Client barriers prevent successful interactions with providers	60.0
Not enough providers available in area	40.0
Low rates paid for services	10.0

Low quality of provider services was the most frequently selected reason for providers being unable to meet the needs of persons with disabilities. The same item was identified by respondents to the partner survey as the most frequently identified reason that providers could not meet service needs.

DCRSA staff were presented with an open-ended question and were asked to identify the most important change vendors could make to support consumers' efforts to achieve their employment goals. Twenty-two respondents provided responses and described a variety of desired vendor changes. Changes that were mentioned by at least four respondents were:

- Increasing communication between vendors and DCRSA counselors
- Utilizing a vendor structure where payment and referrals are based upon vendor performance

## Focus Group Results

**Consumer Focus Groups.** The consumers interviewed in focus groups indicated that the services from vendors have been slow and that it takes a very long time to begin services. They were not clear if this was the result of a slow referral by DCRSA or a slow response from the vendor or both. Some of the consumers questioned why they were referred for low level jobs and demonstrated limited exposure to the planning process. Consumers were particularly critical of service delivery times for any type of assistive technology purchase.

**Partner Focus Groups.** The community partners that were interviewed in focus groups for this assessment expressed concern about the move from negotiated rates for services to flat rates with milestone payments. The concern rests around whether flat rates will be sufficient to meet the costs associated with providing a given service and whether the uncertainty of milestone payments will adversely affect service delivery. One CRP staff member stated:

*“RSA is moving to a milestone structure where payment is based on outcomes. This structure leads itself to serving the easiest to place clients, or creaming. CRPs may serve clients, but only briefly, cycling them in and out in order to get paid. This is not beneficial to clients with the most significant disabilities. With a milestone system, you cannot predict when you will get paid.”*

**DCRSA Staff Focus Groups.** Staff that were interviewed in focus groups indicated that there are not enough assistive technology providers in the District to serve the needs of persons with blindness.

<p><b>Recommendations to establish, develop or improve community rehabilitation programs in the District</b></p>
--

The following recommendations are offered to help DCRSA establish, develop or improved CRP services in the District:

- Follow-through with placing the vendor performance summaries online in order to facilitate informed choice and inspire vendors to excellence.
- DCRSA has been working to ensure that their contracts with CRPs include measurable deliverables in the Statement of Work. This should contribute to CRP accountability and to improvement of the quality of service delivery. DCRSA should continue to develop performance-based contracts in all cases.
- DCRSA should consider providing an ACRE or APSE certified training program in employment services for their BRU staff and for HCA provider staff in the community. This would ensure a minimal level of competency in providing employment services for DCRSA consumers.
- Pilot a fast-track process for the purchase of certain types of AT products that are purchased regularly to assist consumers.
- Convene a workgroup of DCRSA and CRP staff serving people with blindness to identify ways to improve the speed and quality of services for people with blindness.

## SECTION SEVEN: BUSINESS NEEDS, SERVICES AND RELATIONS

The seventh section of this CSNA addresses the needs of businesses in the District as they relate to the recruitment, hiring, retention and accommodation of persons with disabilities. This section also addresses business services and relations by DCRSA.

---

### *Recurring Themes Across all Data Collection Methods*

---

The following recurring themes emerged as a result of all of the data collection methods relating to the needs of businesses:

- Businesses would like a partner to help them with their recruiting, hiring and retention needs
- Businesses need to be educated about disability-related needs
- DCRSA should increase the use of Schedule A hiring

### **Key Informant Interviews**

The key informant interviews for the Business Services and Relations section of the assessment consisted of three primary groups: DCRSA, community partners, and businesses. In this section of the report, we will identify recurring themes that emerged in our discussion with DCRSA staff and community partners in one section, and themes that emerged from business in a separate section.

**DCRSA staff and community partners:** The following themes emerged from DCRSA staff and community partners during the individual and focus group interview process regarding DCRSA's business services and relations:

- Businesses in DC need assistance understanding their responsibility under the law as it relates to hiring and accommodating persons with disabilities. DCRSA's Business Relations Unit strives to educate businesses and provide them with training.
- Businesses need disability sensitivity training on an ongoing basis
- Employers need assistance with screening of qualified persons with disabilities and this can be a service provided by DCRSA.
- Employers need help identifying appropriate reasonable accommodations and understanding how to engage in the interactive process.
- It was reported that Federal employers use Bender Consulting for Schedule A hiring and not DCRSA.
- OFCC's 7% hiring rule for federal contractors has resulted in an opportunity for DCRSA's BRU to help educate employers and increase opportunities for consumers.
- The participation of business representatives on the SRC was cited as an area in need of improvement. Attendance by business representatives is infrequent and recruitment for new members from the business world has not been fruitful.

- Businesses need to be educated about how to effectively recruit, hire, train and accommodate people with deafness.

**Businesses:** The following themes emerged from business representatives interviewed for this assessment.

---

*Theme One: Recruiting and Hiring Qualified Candidates*

---

The business representatives we spoke to in the District indicated that they would like to have an organization that they could rely on to help with recruiting and screening qualified candidates. Of the persons that they interview that have disabilities, they indicate that most do not have good soft skills or people skills. They are not ready to work, and they have problems with presentation, interviewing and literacy. Their math and computer skills are deficient and many do not want to work even twenty hours a week. Businesses indicated that DCRSA needs to improve their assessment of the job readiness of persons they refer for jobs, and the awareness of what the job requires in terms of skills and education. Business representatives indicated that it would be good for DCRSA staff to visit their work sites and understand exactly what is required in the jobs that they are recruiting for. They have not had luck getting DCRSA staff to visit the work site.

Businesses indicated that the talent preview program, where DCRSA pays the wages during a specified period of work tryout, is helpful as it allows them to preview the client's ability to perform the essential functions of the job and interact with others. One employer stated:

*"The program of pre-employment training where DCRSA pays the wages while the person is training on the job is helpful. It gives us an opportunity to assess the client's ability to perform the job and the client can assess if he wants to do the job as well. If we decide to hire the person, this program allows us to have them skip the pre-employment training program."*

Business representatives indicated that they are not incentivized by tax credits. The paperwork is too cumbersome and they get a lot of tax credits already. They would much rather have qualified and trainable candidates that are dependable with good soft skills. One employer stated:

*"We place a big emphasis on personality and behavioral skills. We are looking for people that are positive, reliable and respectful. We are looking for the person to smile."*

DCRSA is underutilizing Federal employers to place their clients. Federal government representatives indicated that DCRSA should be a leader in Federal placements, but they do not have contact with them.



---

### *Theme Two: Accommodating and Retaining Employees with Disabilities*

---

Businesses frequently mentioned how they would like to have a partnership with DCRSA to provide them with a knowledgeable source of information about how best to accommodate employees with disabilities. A few of the businesses we spoke with had a fair understanding of supported employment job coaching and on-the-job supports available from DCRSA and found this to be a valuable service that they would like to have more of in the future. One employer stated:

*“The job retention of our employees improved with the job support provided by outside agencies. There was ongoing support provided and we could contact the agency and get assistance if we needed it. This helped us and the client.”*

A small business owner stated:

*“We could use some help defraying the cost of accommodations for our employees that need them. That would help us.”*

---

### *Theme Three: The Need for Educating Businesses*

---

Several of the businesses we spoke with, especially those that were not familiar with DCRSA, or who had never worked with DCRSA before, were in dire need of education about their responsibilities as an employer as it relates to compliance with the law in hiring and accommodating persons with disabilities. They also expressed a desire to have training on understanding specific disability types and what to expect from them at work. A few of the comments we received from businesses are below:

*“I think we are generally aware of reasonable accommodation for employees, but it is too risky to hire clients with severe disabilities compared to people without disabilities. It is just too risky. That is the general attitude. I think we are afraid of opening ourselves up to litigation, afraid of getting sued if the client is terminated.”*

*“We need training that is customized to our managers and staff to prepare them for working with disabled people. For instance, when we hire someone with Autism, we need supplemental training on that disability.”*

*“There is a lot of fear about the potential costs of hiring someone with a disability and what will happen to Workers Comp rates and all. It would be good to have someone that could educate our supervisory and managerial staff on the benefits of hiring people with disabilities. We don’t really have anyone that does that for us.”*

## Survey Results

**Disability in the Workplace.** Business survey respondents were presented with eight items related to disability in the workplace and asked if their business needed help with each of the items using a yes/no response scale. Table 41 details the number of business survey respondents who indicated that their business needed help with each of the concepts identified in the survey items.

Table 41  
*Business Needs, Disability in the Workplace*

Business Survey	Percent
Recruiting applicants who are people with disabilities	70.0
Obtaining training on sensitivity to workers with disabilities	55.0
Identifying job accommodations for workers with disabilities	52.4
Obtaining information on training programs available for workers with disabilities	50.0
Helping workers with disabilities to retain employment	47.4
Obtaining incentives for employing workers with disabilities	35.0
Obtaining training on the different types of disabilities	30.0
Understanding disability-related legislation such as the Americans with Disabilities Act and the Rehabilitation Act	25.0

Of the business survey respondents who answered these survey questions, seventy percent indicated that their business needed help recruiting applicants who are people with disabilities. At least half of the business survey respondents indicated that their businesses needed help obtaining training on sensitivity to workers with disabilities, identifying job accommodations for workers with disabilities, and obtaining information on training programs available for workers with disabilities.

**Applicants with Disabilities.** Business survey respondents were presented with six items related to job applicants with disabilities and asked if their business needed help with each of the items using a yes/no response scale. Table 42 details the number of business survey respondents who indicated that their business needed help with each of the items addressed in the survey items.

Table 42  
*Business Needs, Applicants with Disabilities*

<b>Business Survey</b>	<b>Percent</b>
Recruiting applicants who meet the job qualifications	81.0
Recruiting applicants with good work habits	50.0
Discussing reasonable job accommodations with applicants	47.4
Identifying reasonable job accommodations for applicants	47.4
Recruiting applicants with good social/interpersonal skills	45.0
Assessing Applicants' skills	26.3

Eighty-one percent of applicants (seventeen of the twenty-one persons that responded to the question) indicated that their business needed help recruiting applicants who meet the job qualifications. In addition, half of the business survey respondents indicated that their businesses needed help recruiting applicants with good work habits.

**Employees with Disabilities.** Business survey respondents were presented with nine items related to employees with disabilities that they had presently or in the past and were asked to identify the top three challenges they experienced with them related to job retention. Respondents were prompted to select a maximum of three items. Table 43 identifies the number of business survey respondents that indicated that the item was among the top three challenges to retaining employees with disabilities.

Table 43  
*Top Three Challenges to Retaining Employees with Disabilities*

<b>Business Survey</b>	<b>Percent</b>
Poor attendance	38.1
Identifying effective accommodations	19.0
Slow work speed	14.3
Poor work stamina	14.3
Poor social skills	14.3
Physical health problems	14.3
Difficulty learning job skills	9.5

Language barriers	9.5
Mental health concerns	4.8

Poor attendance was the challenge mentioned most frequently by business survey respondents, followed by challenges related to identifying effective accommodations. Challenges mentioned infrequently by business survey respondents included mental health concerns, language barriers, and difficulty learning job skills.

**Familiarity with DCRSA.** Business survey respondents were asked to indicate their knowledge of DCRSA and the services they can provide to businesses. Of the twenty-one respondents four (19.0%) indicated that they were “very knowledgeable”, twelve (57.1%) indicated that they were “somewhat knowledgeable”, and five (23.8%) indicated that they had “little or no knowledge” of DCRSA and the services they could provide. When asked if they had utilized any of the services provided to businesses by DCRSA, nine respondents (42.9%) said yes; eight respondents (38.1%) said no; and four respondents (23.8%) did not know if they had utilized any of DCRSA’s services. The persons who indicated that they had utilized DCRSA services or were not certain if they had used DCRSA services were presented with a list of services and asked to identify which services DCRSA provided to their business. Table 44 details the number of business survey respondents that indicated that a specific service was provided to their business.

Table 44

*Number of Business Survey Respondents Whose Business was provided with Specific Services*

<b>Business Survey</b>	<b>Number</b>
Recruiting job applicants who are people with disabilities	8
Recruiting applicants who meet the job qualifications	4
Recruiting applicants with good work habits	4
Training in understanding disability-related legislation such as the Americans with Disabilities Act and the Rehabilitation Act	3
Obtaining training on the different types of disabilities	2
Obtaining training on sensitivity to workers with disabilities	2
Obtaining information on training programs available for workers with disabilities	2
Recruiting applicants with good social/interpersonal skills	2
Helping workers with disabilities to retain employment	1

Obtaining incentives for employing workers with disabilities	1
Assessing Applicants' skills	1
Identifying reasonable job accommodations for applicants	1
Assistance identifying job accommodations for workers with disabilities	0
Discussing reasonable job accommodations with applicants	0

Services that business survey respondents most commonly reported receiving from DCRSA were assistance recruiting applicants who were people with disabilities, assistance recruiting applicants who meet the job qualifications, and assistance recruiting applicants with good work habits. None of the business survey respondents reported receiving assistance with identifying job accommodations for workers with disabilities or assistance discussing reasonable job accommodations with applicants.

**Satisfaction with DCRSA services.** Business survey respondents who indicated that they had utilized DCRSA services or were not certain if they had used DCRSA services were asked how satisfied they were with the services they received from DCRSA. Twelve persons responded to the question. Three respondents (25.0%) indicated that they were “very satisfied”; six respondents (50.0%) indicated that they were “satisfied”; two respondents (16.7%) indicated that they were “neither satisfied nor dissatisfied”; and one respondent (8.3%) indicated that they were “dissatisfied”.

**Types of businesses of survey respondents.** Business survey respondents were asked to identify the business category that best described their businesses from a list of business types. Three respondents (14.3%) indicated “Service”; two respondents (9.5%) indicated “Retail”; four respondents (19.0%) indicated “Government”; three respondents (14.3%) indicated “Health care”; and eight respondents (42.9%) indicated “Other”. Those who responded “Other” were asked to describe their industries and their responses included government contracting, information technology consulting, non-profit education, not-for-profit, private industry, real estate development, property management, and utility.

The businesses represented by survey respondents had been in operation an average of 32.7 years, with a minimum of 5 years in business and a maximum of 75 years in business. When asked how many people were employed at their business, two respondents (9.5%) indicated between 1 and 15 employees, nine respondents (42.9%) indicated between 51 and 250 employees; two respondents (9.5%) indicated between 251 and 999 employees, and eight respondents (38.1%) indicated 1,000 or more employees.

## **Recommendations to meet business needs and improve business relations**

The following recommendation are made as a result of the information gathered from this portion of the CSNA:

- DCRSA should embark on an education campaign for local employers regarding the hiring of persons with blindness. They do employer spotlight events for education and disability awareness workshops (which they are strongly encouraged to continue), but should consider focusing on targeted education for specific disability types like blindness.
- DCRSA should investigate expanding its partnership with the National Employment Team (the NET) to determine if there are ways to increase employment opportunities for their consumers as a result of the new Section 503 rules.
- DCRSA should consider training their BRU staff on specific job analysis as an employer service and as a way to consider job carving, if needed, for consumers who might benefit from the customized employment model.

### **Conclusion**

DCRSA has made significant progress in many areas identified in the previous CSNA and in the most recent Federal RSA monitoring review. The organization has demonstrated a commitment to expanding outreach and has doubled the size of their transition unit. They are striving to partner with businesses and continue to improve their work culture. DCRSA has invested significant energy and resources to develop and implement policies, procedures and quality assurance measures to guide their organization. However, significant challenges remain for DCRSA. They must focus on expanding the range and quality of employment outcomes and on reaching a more diverse group of persons with disabilities. Responsiveness to clients and the need to improve service delivery time remain as recurring themes. The project team encourages DCRSA to continue to strive to improve their ability to meet the needs of their consumers and hopes that the observations and recommendations in this study are helpful in that regard.

## **Part II**

# **District of Columbia Comprehensive Statewide Needs Assessment of Independent Living Needs**

# **Independent Living Needs Assessment For the District of Columbia Executive Summary**

The purpose of independent living programs is to maximize the leadership, empowerment, independence, and productivity of persons with significant disabilities and integrate them into mainstream society. Federal programs provide funds to:

- Establish, expand, and improve independent living services;
- Develop and support centers for independent living; and
- Improve working relationships among independent living rehabilitation programs, centers for independent living (CILs), Statewide Independent Living Councils (SILCs), and others.<sup>2</sup>

The IL needs assessment summary is provided in two parts:

**Part A** includes the survey data and the individual interview and focus group summary, themes, conclusions and recommendations

**Part B** contains the findings related to the IL system in the District. The project team included this section because the effectiveness of the system's function can have a direct impact on the needs of the persons served.

## **A - Independent Living Needs**

**Barriers.** Significant barriers prevent people with disabilities from living independently in the District of Columbia (District). Affordable, accessible housing tops the list. Other barriers include transportation; service and information silos; employment; independent living skills, tools, and skill development; resources; transition planning for youth; knowledge of consumer advocacy services; language and cultural barriers; and personal care services.

**Services to address barriers.** The District has numerous services to address barriers to independent living. The District CIL (DCCIL) and District Rehabilitation Services Administration (DCRSA) directly provide independent living services. Numerous other organizations provide services, such as Columbia Lighthouse for the Blind, a DCRSA contractor; the Martin Luther King Library; and Quality Trust, an advocacy organization for people with developmental disabilities.

Multiple people told us there was a myriad of programs and services to facilitate independent living. However, consumers and providers had great difficulty in

---

<sup>2</sup> Source: <http://www2.ed.gov/programs/cil/index.html>



identifying, connecting with, and obtaining these services. There were many reasons connecting people to the right resource was a major challenge. These included:

- **Ineffective communication portals.** There is not a robust website or other resource that identifies independent living services. Also, DCCIL had very few consumer addresses; it had email addresses for only 8 of nearly 900 consumers. The DCCIL said it had very few mailing addresses for a variety of reasons.
- **Lack of service responsiveness.** The response to service requests was characterized as very slow, as was the process for authorizing services. The complaints about lack of responsiveness applied to DCRSA and DCCIL.
- **Service silos.** The persons and groups interviewed for this assessment indicated that agencies and services generally did not work together, share information, or communicate effectively.
- **Resource alignment.** The alignment of resources to meet consumer's independent living needs was called into question frequently in this assessment. There were concerns about the total funds available to serve IL consumers being insufficient and how the available funds were being utilized. One program that came into question repeatedly was the youth recreational program funded by Title VIIB funds.

**Strategies and Measures.** The 2014-2016 State Plan for Independent Living (SPIL) did not include strategies to address multiple significant barriers such as access to America's Job Centers. AJCs in the District were characterized as not accessible to blind people or people with mobility challenges. Consumers indicated that they felt activities to address housing were insufficient. As discussed in more detail in Part B, the SPIL did not include measurable service indicators or performance targets to gauge service delivery or progress.

**Service Limitations.** The DCCIL addressed the four core service areas but was primarily known for providing information and referral services and sponsoring peer support groups. It reported serving nearly 900 clients in 2013. Independent living skills training, necessary for independent living, was generally limited to one-on-one training.

Concern was expressed about DCCIL discontinuing the personal care assistant registry, which consumers considered very important for independent living. In addition, the need for outreach to let persons with disabilities know about DCCIL and their services was expressed repeatedly.

DCRSA reported providing the four core services and other independent living services, such as assistive technology, mobility training, recreation services, and rehabilitation technology services. It served 120 people with disabilities, along with 50 older blind persons with disabilities. DCRSA indicates that there are many more persons with disabilities that need IL services than they can reach given the resources they have.

**Communications.** Communications were generally characterized as infrequent and poor by the persons that were interviewed for this assessment. This includes communications

with consumers, between agencies, and information about services and events. The lack of clarity about service policies, priorities, procedures, and protocols created frustration and delays serving consumers. There was a need to increase awareness of the Client Assistance Program, an advocacy program for consumers. In addition, the lack of an effective working relationship and coordination between the DCCIL and DCRSA was a recurring theme. One of the stated consequences of this difficulty communicating was that DCCIL and DCRSA (and the SILC) were not coordinating on the annual consumer forum designed to help address independent living needs and barriers within the District.

**Underserved Populations.** Those interviewed identified the following unserved or underserved populations:

- Transitioning youth
- Nursing home patients
- Blind people under 55
- Hispanics, Asians, Ethiopians, Caribbean islanders
- People with mental or developmental disabilities
- Homeless people

Based on the interviews conducted for this assessment, it appears that outreach to these groups has been low and a need for bilingual staff was noted.

## **B-The Independent Living System**

Under the Federal Rehabilitation Act, the designated state unit (DCRSA), SILC, and independent living centers are responsible for implementing Title VII of the Act and developing and implementing the State Plan for Independent Living (SPIL).<sup>3</sup>

The SPIL sets the annual goals, objectives, and activities for the independent living program.<sup>4</sup> The SILC is jointly responsible for developing the SPIL. The SILC is also responsible for monitoring, reviewing, and evaluating implementation of the SPIL.<sup>5</sup> The SPIL is critical because it sets the priority for using Federal independent living (Title VII) funds to meet independent living needs.

The DCCIL, SILC, and DCRSA developed the 2014-2016 SPIL. It had four goals and 18 objectives to meet these goals. The objectives addressed many barriers but did not address others, like employment. Achievement of the objectives calls for solid collaboration, which has been a challenge for a variety of reasons. The objectives in the SPIL were not prioritized and there were not established milestones for interim progress.

The District's SILC, responsible for monitoring SPIL implementation, was in a rebuilding mode and lacked participation. The SPIL did not include measurable

---

<sup>3</sup> Source: Technical Assistance Circular RSA-TAC-13-01, 1/30/13.

<sup>4</sup> Source: DC SPIL

<sup>5</sup> Source RSA-AC-13-01, 1/30/13.

indicators or performance targets. Consequently, SPIL implementation could not be monitored or meaningfully evaluated.

DCRSA and the DCCIL were not effectively coordinating their service efforts; it appeared resources were not aligned by need and gaps were not being addressed. The District needs to identify the most effective use of Title VII B funds to provide independent living services within the District and realign resources accordingly.

## **Assessment Scope**

The independent living needs assessment included five focus group meetings and over 20 individual interviews during August 2014. Focus groups included consumers, providers and partners. Individual interviews included DCRSA officials, the DCCIL Executive Director, SILC members, a District Public School official, Federal RSA officials, A National Council on Independent Living official, providers and partners, an advocate, and a consumer.

A survey was administered to DCRSA consumers and DCCIL consumers. Although DCCIL had served nearly 900 consumers in 2013, it had email addresses for only eight. It had very few mailing addresses. As a result, the survey could not be administered to the bulk of independent living consumers.

The project team considered Department of Education and Independent Living Resource Utilization (ILRU) guidance on the independent living program and the program changes mandated by the Workforce Innovation and Opportunity Act of 2014, which amended the Rehabilitation Act.

## **Recommendations**

The persons interviewed for this assessment provided several recommendations to more effectively and comprehensively meet the IL needs of persons with disabilities in the District. These recommendations are discussed in more detail throughout the summary. Some highlights include:

- Developing strong working relationships, communications, and coordination between key organizations, such as DCCIL and DCRSA
- Realigning Title VII B resources to meet consumer needs
- Developing an information portal and information resources; developing consumer and provider forums, networks, and events.
- Publicizing the Client Assistance Program
- Re-establishing the personal care registry.
- Working with DC Public Schools to provide additional efforts to transition youth with disabilities.
- Convening a summit and or think tank to address District policies and procedures on housing.

- Targeting underserved and unserved populations for outreach.
- Amending the SPIL to address barriers and a new core service
- Recruiting an executive director for the SILC.
- Developing metrics and interim milestones to monitor SPIL implementation.

## Interview and Focus Group Summary, Themes, Conclusions and Recommendations

### Barriers that people with disabilities in the District of Columbia face in living independently

The following recurring themes emerged when persons were asked what barriers persons with disabilities faced in living independently in the District:

**Housing.** The barrier cited most frequently was accessible, affordable housing, characterized as, “unbelievably hard to come by.” Interviewees (including focus groups) indicated that there was a 5- to 30-year wait for accessible, affordable housing. According to those interviewed, the District is in the midst of a “gentrification” of old neighborhoods, further drying up scarce affordable housing. According to participants, the low-income “Section 8” voucher program (a US Department of Housing and Urban Development program) was not working well and the backlog was growing. In addition, the tools to connect with housing were inconsistent.

The District policies and procedures for housing were characterized as insufficient and participants indicated that the District needed to improve its management, control, and allotment of housing. There was not consistency and transparency in the housing allocation system. Participants indicated that housing waivers are apparently managed by the Medicaid system and they were treating waivers like an insurance program, which is a “central problem.” “This is a good time for the District to relook at its housing management system,” one provider observed.

Many persons complained that the minimum annual income requirement (\$22,000 to \$27,000 minimum) is getting in the way of obtaining housing. The rental agencies also include costs of transportation and utilities when making calculations, which poses even bigger barriers. Training for landlords and rental agencies on the rights of people with disabilities (PWDs) was recommended.

**Service Silos.** Focus groups and providers stated that independent living services were in silos, were not holistic, and were difficult to navigate and access. There was a lack of coordination and communications identified between those handling different aspects of care (medical, vocational, housing) for the same consumer. There was perceived to be very little communication between agencies, even within District government.

An emerging theme by those interviewed was that agencies were not willing to go out of their way to help persons with disabilities and that they were not working together for a common goal.

**Employment.** Another common theme was the lack of employment opportunities. The themes that emerged in the IL discussions were consistent with those identified in the VR needs

assessment, so will not be duplicated here. The lack of accessibility of the America's Job Centers was of particular concern.

**Travel and transportation.** There were many complaints about Metro Access' (Para transit service) poor service, late pickups (frequently up to two hours) and high costs. Participants indicated that many people in poorer areas do not have access to the Metro rail system and must rely on Metro Access. A common theme was that Metro Access needed more sensitivity and customer service training. "They often give wrong answers and there is no accountability." "They are impatient, impolite and disrespectful." The persons interviewed could not identify if there were any strategies or advocacy in place or planned to improve the system. DCCIL has two vans and often gives rides to and from support group meetings.

**Independent living training, tools, and skill development.** There was a lack of basic independent living skills training within the District according to those interviewed. Independent living skills training is about how to develop the skills needed to live fully in a community and how to maneuver the systems that impact people with disabilities (PWD). Participants also indicated that the training that was provided was too short.

DCCIL no longer offers life skills training due to a lack of resources, though they do offer some one-on-one skills training based on specific requests. The lack of training or availability of training was a major challenge for blind people according to those interviewed. Some DCRSA visually impaired clients were referred to an offsite skills program that was highly rated.

Another theme was that youth were not getting basic independent living skills in school, or were not getting it early enough. Also, youth were not provided access to assistive technology soon enough. School policies for providing and replacing technology were characterized as inadequate.

Basic assistive technology necessary for daily functioning was cited as a need for persons with blindness, although some felt that there were good life skills programs for blind seniors. Similarly, District GED and secondary education programs were determined to be largely unavailable to blind people. As noted earlier, America's Job Centers were characterized as largely inaccessible to blind and visually impaired people.

**Transition planning for youth.** Many complaints arose around the lack and timing of IL services to youth in transition out of high school. Several interviewees emphasized that transition planning should start early, well before high school. There was a concern that young people feel like they are "dropping off a cliff" after high school and can end up homeless or in sub-standard housing and living situations.

**Personal Care Services.** There is no official personal care registry. A personal care registry consists of a list of potential attendants to help people with significant disabilities live in their homes. Attendants on the registry have been interviewed and pre-screened. DCCIL used to have a registry many years ago. In the District, people have to go through an agency to hire an attendant, which is seen as a barrier. A lack of personal care assistant services was also noted. It

was recommended that the PA registry needs to be re-established along with training for attendants.

**Advocacy.** Many of the clients indicated that they were not aware or informed of consumer advocacy services to address barriers. A few of the persons that had exposure to CAP identified their responsiveness as slow.

**Language and cultural barriers.** Multiple people identified language and cultural barrier issues that get in the way of helping people with disabilities live independently. Language barriers with Hispanic and other immigrant populations (e.g. Ethiopian, Asians) are seen as problematic. The lack of staff that speak different languages affects the ability of DCRSA and DCCIL to sustain outreach to these communities according to the participants.

**Disability Stigmas.** The discriminatory and biased views towards people with disabilities was identified as a barrier to their employment and potential housing. People are fearful of some disability types and are hesitant to hire them or have them living in their neighborhood.

**Resources.** DCCIL identified insufficient resources as a barrier. They are closing their satellite office because of funding shortages. DCRSA staff also said resources were not sufficient. More funding for staff and services, especially assistive technology was cited as a major need for IL. The development of further AT centers in the community was cited as a need.

### Availability and Effectiveness of IL Services

The DCCIL is charged with providing the four core independent living services:

- Information and Referral
- Independent Living Skills Training
- Peer Support
- Individual and Systems Advocacy

(Under WIOA, CILs will be required to provide a fifth core service that facilitates home- or community-based living for people with significant disabilities in nursing homes or institutions or for those at risk of entering an institution. This core service is also required to facilitate transition of youth to post-secondary life. WIOA became effective July 22, 2014.)

DCRSA partners with providers, such as Columbia Lighthouse for the Blind, in providing services. DCRSA's services include the four core services and assistive technology, mobility training, recreational services, rehabilitation technology and other services. According to its Federal reports, during 2013 DCRSA:

- Served 50 older persons (over 55) who are blind. Thirty-three of the 50 older blind people lived alone. (Source: OIB 70B report.)
- Served 120 people with significant disabilities; 25 of the cases were closed. Over half of the 120 (62 PWD) were age 60 and older and 89 percent (107 of 120) were black or African American. Eighty of the 120 PWD had multiple disabilities.
- Provided advocacy services for 14 of 20 PWD requesting services.
- Supplied assistive technology to 35 of 91 PWD requesting services.
- Provided housing or shelter services to 5 of 10 PWD requesting service.
- Gave independent living skills or life skills training to 33 of 75 people requesting this service.
- Supplied information and referral services to 65 of 118 PWD requesting services.
- Provided peer counseling services to 26 of 35 PWD that requested this service.
- Gave transportation services to 9 of 20 PWD requesting this service.

DCRSA reported that nearly all (117 of 120) PWD achieved their goals for community based living. Over half of the 60 PWD with goals for transportation also achieved them.

The DCCIL addressed the four core services but was primarily known for providing information and referral services and sponsoring peer support groups. Other organizations provided independent living services as well, such as Quality Trust, a developmental disability advocacy organization, and District Public Schools.

Providers and consumers indicated that they were provided information on housing but a connection to housing was rare. One interviewee noted, “It’s time for a District housing summit to address the housing issues, including policies and the lack of transparency.”

Numerous persons noted that there was a myriad of programs and services available to meet IL needs and overcome barriers, but that they had great difficulty in accessing those programs and services. This was due to a number of reasons including:

- **Ineffective information portals.** There was not a robust web site or other resource that identified independent living services. Service connection venues and events were needed. Connecting people to the right resources was a major challenge.
- **Lack of service responsiveness.** It was common to hear that service requests took many months before a response was received. This criticism was made of both DCRSA and DCCIL.
- **Service silos.** Several participants indicated that agencies and services generally did not work together or communicate effectively.

**SPIL strategies not developed.** The SPIL did not include strategies to address some significant barriers such as access to AJCs. AJCs were consistently characterized as not accessible to blind people or people with mobility-related disabilities. It was related that the AJCs were working on the accessibility issue, but the SPIL did not address this critical needs.



**The Youth and Advocacy Independent Living Summit.** Last year, DCRSA and DCCIL co-sponsored this summit. DCRSA arranged for the Mayor to kick it off and many interviewees lauded this forum. DCCIL participated but criticized the lack of people with disabilities leading the event or being on any of the panels. This important event is not happening this year, in part (as it was related to the project team) because of the inability of the organizations to effectively communicate and collaborate.

## **INDEPENDENT LIVING SURVEY RESULTS**

The project team encountered significant challenges reaching persons served by DCCIL to complete surveys either electronically or by mail. DCCIL indicated that they have very few e-mail addresses and regular addresses on file. Consequently, two hundred hard copy surveys were mailed to DCCIL to disperse from their Center at their suggestion. The project team mailed one hundred surveys to IL consumers identified as receiving IL services in DCRSA's database. Of the three hundred total hard copy surveys mailed to IL consumers, 54 were returned for a rate of 18%. The project team was able to disperse electronic survey links to DCRSA IL consumers, and there were 19 surveys completed, with 13 valid or fully completed.

### **Respondents' Association with Independent Living Service Providers**

Survey respondents were asked to describe their association with providers of independent living services in the District of Columbia. Of the 54 respondents, four (7%) indicated that they had never used IL services in the District; thirty-one (57%) indicated that they were current consumers of IL services in the District; fifteen (28%) indicated that they were previous consumers of IL services in the District; and four respondents (7%) indicated "other".

### **Independent Living Services Received by Respondents**

Respondents were provided with a list of IL services and asked to indicate which of the services they had received through IL service providers in the District. Table 45 indicates the number of respondents who reported receiving each service.

Table 45

*Number of Respondents Who Reported Receiving Specific IL Services*

<b>Independent Living Survey</b>	<b>Number</b>
Help finding appropriate housing	23
Participation in a support group	21
Referrals to other services and programs that can help you	20
Help identifying public services that you are eligible for	19
Job training or other vocational services	17
Services for persons who are blind	15
Taxicab, Metro vouchers, or other transportation services	14
Social or recreational activities	14

Self-advocacy services	11
Independent living skills, such as home management and personal financial management	10
Personal attendant care	9
Help identifying private service that you are eligible for	9
Help identifying public benefits that you are eligible for	9
Help purchasing or borrowing disability-related equipment or assistive technology	8
Help identifying private benefits that you are eligible for	7
Services for persons who are deaf	5
Temporary or emergency financial assistance	4
None of the above	4
Assistance moving out of a nursing home or other institution	3
Legal services	3
Assistance in getting a home modification	1

Services that respondents reported receiving most commonly included help finding housing, referrals to other services and programs, participation in support groups, and help identifying other public benefits they might be eligible for. Respondents were presented with an open-ended question which asked them to identify any IL services that would have been helpful but were not offered or available. Ten respondents provided narrative responses to this question, with the most common response being help with affordable housing.

### **Peer Support Services**

Respondents were asked if they received any peer support services from IL service providers in the District. Forty-one respondents (76%) indicated that they had received peer support services. These seven respondents were then asked how satisfied they were with the peer support services that were provided to them. Ninety percent of the respondents indicated either very satisfied or satisfied with peer support services.

### **Independent Living Skills**

Respondents were asked if they received any independent living skills training services from IL service providers in the District. Twenty-seven respondents (50%) indicated that they had received independent living skills training services. These respondents were then asked how satisfied they were with the independent living skills training services that were provided to them. All of the respondents indicated they were either very satisfied or satisfied with IL skills services.

## **Advocacy Services**

Respondents were asked if they received any advocacy services from IL service providers in the District. Fifteen respondents (28%) indicated that they had received advocacy services. These fifteen respondents and one additional individual who skipped the previous question about whether or not they had received advocacy services were then asked how satisfied they were with the advocacy services that were provided to them. Twelve (80%) indicated “very satisfied” or “satisfied” one individual (7%) indicated “uncertain”, and two individuals (13%) indicated “dissatisfied”.

## **Information or Referral Services**

Respondents were asked if they received any information or referral services from IL service providers in the District. Forty respondents (77% of those who responded to the question) indicated that they had received information or referral services. These persons were asked how satisfied they were with the information or referral services that were provided to them. All of the persons that responded to the questions indicated that they were satisfied with the information and referral services they received,

Respondents were asked how satisfied they were with the agencies or services to which they were referred. Seventy percent indicated “satisfied”; Twenty-five percent indicated “uncertain”; and five percent indicated “dissatisfied or “very dissatisfied.” When asked if the services they received made a positive change in their lives, 70% responded “yes” and 30% responded “no”. Ten persons responded to a question prompting them to describe positive changes that they experiences as a result of information or referral services. While there was little consensus discernable among the ten responses, each of the following concepts was mentioned by at least two persons: awareness of available services, obtaining disability-related equipment, and obtaining employment assistance.

## **Perceptions of Treatment by Service Providers**

Respondents were asked if they were treated with courtesy and respect by IL service providers in the District. Of those who responded to the question, 75% indicated “yes,” 20% indicated “sometimes”; and 5% indicated no. Respondents were then asked how satisfied they were with IL service providers in the District. Of those who responded to the question, 20% indicated “very satisfied”; 60% indicated “satisfied,” and 20% indicated dissatisfied or very dissatisfied.

## **Barriers to Obtaining Independent Living Services**

Respondents were asked if they had encountered any barriers to obtaining IL services in the District. Of those who responded to the question 60.0% indicated “yes”, and 40.0% indicated “no”. Those who indicated that they had encountered barriers to obtaining IL services in the District were prompted with a list of barriers and asked to indicate which they had encountered. Table 46 illustrates the number of persons who reported encountering each barrier.

Table 46

*Number of Respondents Who Reported Encountering Specific Barriers to Obtaining IL Services*

<b>Independent Living Survey</b>	<b>Number</b>
Difficulties communicating with staff	8
Difficulties scheduling meetings with staff	7
A lack of disability-related accommodations at the office	7
Transportation to and from the office	7
Difficulties accessing programs	7
Difficulties understanding information	4
The physical location of the office	3
Language barriers	3
Difficulties completing forms	1

The most commonly mentioned barriers were difficulties communicating with staff, difficulties scheduling meetings with staff, a lack of accommodations at the office and transportation to and from the center. The difficulty accessing programs was identified as difficulties scheduling time to meet with staff.

Respondents were presented with an open-ended question that asked them to describe the most significant barrier to obtaining IL services that they encountered. Eight persons provided narrative statements describing barriers they encountered. One theme evident across three of the responses related to difficulties getting appointments with IL service agencies.

Respondents were presented with another open-ended question which asked them what IL service providers in the District could do differently to make their experiences with them better. Eight persons provided narrative responses to this question. Although the responses touched upon a variety of suggestions (e.g., developing American Sign Language capacity, offering more services, facilitating client-directed goal-setting) the suggestions were generally distinct from one another and thus no topics of consensus were evident in the responses.

### **Independent Living Goals**

Respondents were asked to indicate who helped them to create their independent living goals. Of the persons who responded to this message, 20 (53%) indicated that they created their own goals, 12 (32%) indicated that they created their goals with the help of an independent living center staff member, three (8%) indicated that they did not know who created their independent living goals, and three (80%) indicated that they did not create any independent living goals.

## **Barriers to Achieving Independent Living Goals**

Respondents were asked if they had achieved their independent living goals. Of the 38 persons who responded to the question 21 (55%) indicated “yes”, and 17 (45%) indicated “no”. Respondents were then provided with a list of potential barriers and asked to identify which of the items had prevented them from achieving their independent living goals.

The most commonly identified barriers were being unable to find accessible and affordable housing, lack of transportation, education or training, lack of employment, lack of accommodation by an employer and language barriers. None of the respondents identified convictions for criminal offenses or substance abuse issues as items that prevented them from achieving independent living goals.

Respondents were presented with an open-ended question which asked them to identify the most significant barrier to achieving their independent living goals. Eighteen persons provided narrative responses to this question. Concepts mentioned by more than one respondent included housing (mentioned by ten respondents) and receptive/expressive communication barriers (mentioned by two respondents).

## **Current Independent Living Needs**

Respondents were presented with a list of items and asked to identify their current needs. Housing, transportation, employment, and skills training were current independent needs identified most frequently by the respondents.

## **Recommendations to Improve Services**

The persons interviewed and surveyed for this assessment made recommendations to improve the delivery and type of IL services in the District. These recommendations included:

- Identify the most pressing IL needs and ensuring that funds are allocated to meet those needs before spending scarce resources on other services.
- Increase the speed, depth, availability and frequency of life skills training
- Fulfill the goals and objectives in the State Plan for Independent Living
- Conduct targeted and sustained outreach to underserved populations such as Hispanic persons by partnering with community groups and advocacy groups.
- Ensure that transition-aged youth are exposed to IL services in much the same way that they are engaging with DCRSA for vocational services;
- Increase the number of AT providers and trainers
- Improve and increase collaborative communication and action between DCRSA, DCCIL and other IL providers. It might be beneficial to engage the services of a facilitator to help the agencies work together in drafting the SPIL and conducting community events.
- Make responsiveness to consumers a priority by establishing agreed upon timeframes for return of calls and e-mails and training for staff on providing excellent customer service.
- Develop a robust electronic information portal that provides information in an easily understood and accessible place regarding IL services.
- Link employment services to IL services and integrate vocational services into the IL service system.
- Develop policies, procedures, and protocols for independent living services and make sure they are transparent.

## **The District's Independent Living System**

The Rehabilitation Act of 1973 is the federal legislation that established independent living programs (under Title VII B) and centers for independent living (under Title VII C). The State Plan for Independent Living (or SPIL) governs the SILC and CIL programs. The Workforce Innovation and Opportunity Act of 2014 amended the Rehabilitation Act and other laws. WIOA is effective July 1, 2015.<sup>6</sup>

WIOA moves oversight for independent living services and Independent Living Centers in newly created Independent Living Administration within the Administration for Community Living of the U.S. Department of Health and Human Services. The WIOA also changed, expanded, and clarified roles and responsibilities for independent living, more fully engaged the independent living center directors, and added a fifth core independent living service.

Under the WIOA amendment, the SPIL is to be developed by the SILC Chairperson and CIL Executive Director and signed by these persons and the DCRSA Director. [In contrast, the current SPIL (2014-2016) was required to be developed and signed and by SILC chairperson and DCRSA Deputy Director.]<sup>7</sup>

### **Purpose**

The purpose of independent living programs is to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy. This goal of this philosophy is to maximize leadership, empowerment, independence, and productivity of persons with disabilities, and to integrate and fully include persons with disabilities into society.<sup>8</sup>

### **Roles and Responsibilities**

#### **SILC (State Independent Living Council) Responsibilities**

Under the Act, the SILC's primary duties are to:

- Jointly develop and sign the SPIL
- Monitor, review, and evaluate implementation of the SPIL
- Coordinate activities with the State Rehabilitation Council (SRC) and other councils and commissions.

The SILC is responsible for setting the direction for independent living in the District by:

- Assessing independent living needs
- Establishing independent living priorities
- Developing goals, objectives and strategies

---

<sup>6</sup> Source: <http://www.doleta.gov/wioa/>

<sup>7</sup> ILRU Course: Roles and Responsibilities of the IL Partners, accessed October 2014.

<sup>8</sup> Ibid.

- Identifying and involving partner organizations<sup>9</sup>

### **CILs (Centers for Independent Living) Responsibilities**

The primary responsibility of CILs is to meet the independent living needs of consumers according to community priorities and resource limitations.<sup>10</sup> Under WIOA, the CIL Executive Director and SILC Chairperson will be responsible for joint development of the SPIL.<sup>11</sup> The CILs play a critical role in implementing the SPIL service delivery, outreach, and advocacy plan at the local level. CILs contribute to this process in several important areas, including:

1. Assessing needs through data gathering methods, which include surveys, focus groups, community forums, and reviews of demographics and data.
2. Providing outreach to the unserved and underserved through outreach meetings, identifying key stakeholders, displaying sensitivity to cultures and customs, and understanding community protocol.
3. Developing goals, objectives, and activities through CIL representation on SPIL-writing committees, in strategic planning meetings, in reviews by CIL associations, and in public forums.<sup>12</sup>

At a minimum, CILs are required to provide the four core services of (1) information and referral, (2) independent living skills training, (3) peer counseling, and (4) individual and systems advocacy.<sup>13</sup>

Under WIOA, the CIL will need to address a fifth core service for improving the transition of people with disabilities to independent living. This core service is focused on:

- Facilitating the transition of persons with significant disabilities from nursing homes and other institutions to home and community-based residences.
- Providing assistance to persons with significant disabilities who are at risk of entering institutions so that the persons may remain in the community.
- Facilitating the transition of youth with significant disabilities to post-secondary life.<sup>14</sup>

CILs are also responsible for providing services on a cross-disability basis, such as for persons with different types of significant disabilities who are members of unserved or underserved populations. They are also responsible for:

- Developing and achieving independent living goals as determined by persons with significant disabilities,

---

<sup>9</sup> IRLU Roles and Responsibilities

<sup>10</sup> IRLU Roles and Responsibilities

<sup>11</sup> California RSA WIOA high level analysis, 10/8/14.

<sup>12</sup> IRLU Roles and Responsibilities course.

<sup>13</sup> Source: <http://www2.ed.gov/programs/cil/index.html>

<sup>14</sup> California RSA WIA high-level analysis, 10/8/14.



- Increasing the capacity of communities, and
- Increasing the availability and quality of services.<sup>15</sup>

## **DCRSA (Designated State Unit or DSU) Responsibilities**

DCRSA, as the designated state unit, is responsible for supporting the development and implementation of the SPIL that meets the needs of the District. DSUs receive, account for, and distribute federal funds (under Title VII B) based on the SPIL; provide administrative support services for independent living programs under the Rehabilitation Act; maintain records; and provide information or assurances to the federal Rehabilitation Services Administration.<sup>16</sup> DSUs are also responsible for working with the SILC and CIL to:

- Identify statewide independent living priorities, goals, and objectives
- Identify available resources for the SPIL financial plan and SILC resource plan
- Participate in specific SPIL strategies and activities<sup>17</sup>

## **Joint Responsibilities**

The Rehabilitation Act requires that CILs and the SILC coordinate and collaborate with each other and with the state vocational rehabilitation agency (DCRSA). Under the Act, the SILC should work with the CIL and DCRSA to develop a comprehensive independent living network within the state. As described, the WIOA requires the Chair of the SILC and Executive Director of the CIL to jointly develop the SPIL. These persons and the DSU (DCRSA) must sign the SPIL.<sup>18</sup> The Rehabilitation Act requires the SPIL to identify the steps to maximize cooperation, coordination, and working relationships among the state independent living rehabilitation program, the SILC, the CILs, the designated state unit (DCRSA), and others, including state agencies, other councils, public, and private entities.<sup>19</sup>

## **State Plan for Independent Living**

To receive federal funding for the independent living programs, the District must submit a State Plan for Independent Living. The SPIL is subject to federal approval every 3 years.<sup>20</sup> The SILC, DCRSA, and DCCIL were engaged in the development of the current SPIL. The SPIL covered 2014 to 2016 activities.

---

<sup>15</sup> ILRU Roles and Responsibilities course.

<sup>16</sup> California RSA WIOA high-level analysis, 10/8/14.

<sup>17</sup> ILRU Roles and Responsibilities training

<sup>18</sup> Workforce Innovation and Opportunity Act, Section 474 & 475.

<sup>19</sup> ILRU Roles and Responsibilities training

<sup>20</sup> Source: <http://www2.ed.gov/rschstat/eval/rehab/il-state-plans.html>

## Purpose

The SPIL includes objectives, and the activities planned to achieve independent living goals. The District has four goals:

1. **Outreach.** To ensure and expand the availability of person-centered independent living services District-wide, to include persons of all racial and ethnic backgrounds.
2. **Education.** To ensure people with disabilities are aware of services, and to educate private and public agencies on the special needs of people with disabilities that access their services.
3. **Advocacy.** To provide active support for the equal opportunity, self-determination, and self-respect for people with disabilities.
4. **Organizational Development.** To support and strengthen the DCCIL's, DCRSA's and SILC's organizational structure in order to provide an effective independent living service delivery system. Also, to streamline interagency operations.

Table 47 identifies the SPIL's objectives for 2014-2016. The District's 2014 -2016 SPIL included 18 wide-ranging objectives to achieve these goals, with the following assigned responsibilities:

Table 47  
*SPIL Objectives for 2014-2016*

Objective	Description	Entity Responsible
1	Explore options for funding the SILC	SILC
2	Attend Assistive Technology Committee	DCRSA
3	Set scope of work for needs assessment	DCRSA
4	Develop safety education campaign	SILC
5	Achieve transition planning system	DCRSA, SILC
6	Distribute client satisfaction surveys	DCRSA, DCCIL
7	Have public meetings, forum for input	SILC
8	Update SILC website	SILC
9	Outreach to unserved & underserved	DCRSA, DCCIL
10	Have info in various languages & formats	DCRSA, DCCIL
11	Identify additional funding sources	DCCIL
12	Promote SILC board member training	SILC
13	Develop housing guide	DCCIL
14	Participate in cross-disability meetings	SILC, DCCIL
15	Develop literacy program for underserved	DCCIL
16	Organize housing advocacy group	DCCIL, SILC
17	Provide peer support for youth, blind	DCCIL
18	Partner with DC Public Schools	DCCIL

**Collaboration.** Nearly all the SPIL objectives called for collaboration or support between the SILC, DCCIL, and/or the DCRSA. For example, the SPIL (2014-2016) Objective 7 stated:

*“The DCSILC, with support from the DSU and the DCCIL will conduct a minimum of 4 quarterly general public meetings, 1 consumer forum and 1 public hearing to elicit public comments and recommendations regarding the provision of services.”*

According to the persons interviewed for this assessment, the SILC, DCRSA, and DCCIL were not effectively communicating and collaborating on this objective. As noted earlier, the annual consumer forum for 2014 “was not happening.” The project team heard multiple times that “baggage” got in the way of effective communication and collaboration in holding the forum. There was some discussion that a smaller version of the forum may happen, but if it does, it will not be a collaborative effort between the key agencies engaged in IL in the District.

**Priorities.** The SPIL had five objectives (1, 3, 10, 13, and 16) planned for completion by September 30, 2014. The remaining 13 objectives were scheduled for completion by September 30, 2016.

**Progress.** There were no established timeframes for interim progress on the 13 remaining objectives. Consequently, it was difficult for the SILC (or anyone) to monitor progress on objective achievement.

**No indicators or performance targets.** The SPIL did not include measurable indicators or performance targets for objectives. Each objective should have one or more measurable indicator that explains what exactly the SPIL is trying to change.

**SILC Activities.** The SPIL included a list of a SILC activities (that were not objectives) including:

- Working with the DCCIL to redefine strategies, curriculum, and communication regarding people with disabilities (PWD) and housing issues.
- Working with the DCCIL to advocate for full inclusion of PWD in District emergency planning.
- Monitoring implementation of the Olmstead Plan.
- Organizing public outreach forums to address health and wellness issues.
- Developing advocacy programs that promote youth participation across District government.
- Partnering with community agencies and stakeholders to promote additional transition activities for youth with disabilities.
- Conducting satisfaction and assessment surveys annually and using this information to close gaps in services.

These SILC activities appear to complement objectives, but again do not have measurable indicators or outcomes.

**WIOA Additional Core Service.** Understandably, the SPIL does not address the DCCIL’s requirement to provide a new core service, as required by the WIOA. This core service is focused on facilitating community- or home-based living for PWD in nursing homes or institutions and for those at risk of entering into institutions. Also, the new core service requires facilitating the transition of youth with significant disabilities to post-secondary life. The SPIL should be amended before July 1, 2015, to reflect the activities the DCCIL needs to complete to address this new core service.

### **SPIL Recommendations:**

The following recommendations are made for the SPIL:

1. Focus the SPIL on indicators, performance targets and desired outcomes. Use the SILC-NET “How-To Guide for Developing an Outcomes-Focused SPIL.”<sup>21</sup>
2. Set and track interim progress achieving objectives.
3. Make identification of consumer needs a priority activity. Use survey (or consumer forum) to prioritize and amend SPIL objectives.
4. Integrate SILC activities into objectives, as appropriate.
5. Amend the SPIL to address DCCIL’s plans to address the new core service required by WIOA.

**Statewide Independent Living Council (SILC).** The SILC was reconstituted in 2013.<sup>22</sup> At the time of this assessment, no one was actively leading the SILC. The Chairperson had been unable to attend meetings for months due to an extended illness, and there was no executive director. The committee structure was not working. Federal funding (Title VII B) was estimated at \$106,000 for 2014.<sup>23</sup>

The project team was informed that four board members were engaged and attempting to reinvigorate and vitalize the SILC. The remainder of the SILC’s 17 board members rarely came or did not come to meetings. Committees were not formed or active. Other key players (e.g. ex-officio members) also did not attend meetings. SILC process for removing board members was unclear or not used.

The SILC is focused on systems advocacy. Its membership advocates at other committees, boards, and activities to keep PWD on the forefront of decision-makers. SILC’s goal is to ensure independent living support is available to those that need it in the widest possible population.

---

<sup>21</sup>[http://wiki.ilru.net/index.php?title=Online\\_SPIL\\_Development\\_Guide](http://wiki.ilru.net/index.php?title=Online_SPIL_Development_Guide).

<sup>22</sup> 2014-2016 SPIL.

<sup>23</sup> 2014-2016 SPIL.

### **Potential recommendations for the SILC:**

1. Hire an executive director
2. Designate an acting chair and rebuild board
3. Help build and bridge relationships, including DCRSA and DCCIL.
4. Monitor, adjust, and evaluate implementation of the SPIL
5. Use Independent Living Resource Utilization (ILRU) guidance, training, and technical assistance.

### **District of Columbia Rehabilitation Services Administration (DCRSA).**

DCRSA provides a broad range of direct independent living services. DCRSA has an independent living counselor, a blind rehabilitation specialist, assistive technology specialist, and an orientation and mobility specialist. It also contracts with providers for additional services. DCRSA has a memorandum of agreement with the District Office of Aging to provide additional older blind (OIB) independent living services for those over 55.<sup>24</sup>

The project team was informed that DCRSA's program had gone through numerous changes in recent years. Staff reductions and turnover severely impacted service levels. There are a limited number of staff and resources to dedicate to IL services, which affects service delivery speed and reach.

**Consumer Survey.** DCRSA conducted a consumer survey in March 2014. The purpose of the survey was to evaluate consumer satisfaction with services, gauge consumer engagement in development of independent living plans, identify strengths, and pinpoint areas for improvement.<sup>25</sup> The survey indicated general satisfaction with services and noted areas for improvement consistent with the information provided to the project team.

**Federal funding.** Title VII B funds for DCRSA was estimated at \$295,000 for fiscal year 2014. The total budget, including District funding, was about \$350,000.

### **Potential Recommendations for DCRSA**

1. In collaboration with the SILC and DCCIL, identify the most effective use of the District's Title VII B funds to provide independent living services. Support the SILC in revising the SPIL and transfer funding as appropriate.
2. Collaborate and engage in SPIL activities.
3. Set up communication channels for clients. Send out emails, bulletins, etc., publicizing hearings, forums, etc. (including DCCIL events and services) so PWD can come out and listen, know more, and contribute.
4. Increase direct communications and continue relationship building with the SILC, DCCIL, and other partners.
5. Continue efforts to establish protocols, policies, and procedures. Share them with consumers, providers and partners

---

<sup>24</sup> 2014-2016 SPIL.

<sup>25</sup> DCRSA Results of IL Consumer Satisfaction Survey, March 2014.

6. Determine needs by client, versus disability type.
7. Attend IEP meetings for students with disabilities that need IL services when possible.<sup>26</sup>
8. Identify and implement strategies to link and integrate vocational and IL services
9. Post and publicize the CAP program.

## **District of Columbia Center for Independent Living (DCCIL)**

DCCIL provides the four core services, but was primarily known for was providing information and referral services and sponsoring peer support groups. The DCCIL discusses how it addresses the core services on its website, <http://www.dccil.org/what-we-do/our-core-services/>.

DCCIL received about \$857,000 in federal Title VII C funds during fiscal 2014.<sup>27</sup> According to federal 704 reports, the DCCIL (two centers) served 894 consumers in fiscal 2013. Eighty-eight percent were African American or Black. There were concerns it largely was not reaching underserved populations, such as the large Hispanic populations.

DCCIL routinely provided information and referral services. One concern was that information did not necessarily result in a connection with a service. This is understandable, since DCCIL informed the project team it had very limited or no useful contact information (email or mailing addresses) for the 893 PWD it served in 2013.

DCCIL provides peer support and provided independent or living skills training upon request, typically on a one-on-one basis. Participants indicated that there was a lack of independent living skills training in the District, including financial skills and basic living skills.

As previously indicated, participants noted that DCCIL needs to more effectively collaborate and coordinate with DCRSA and the SILC; it needs executive representation at SILC meetings in order to ensure collaboration, communication, and SPIL implementation.

## **Potential Recommendations for DCCIL**

1. Collaborate, engage, and complete SPIL activities. Set interim milestones for DCCIL's SPIL activities.
2. Set up communication channels for consumers and underserved or unserved populations. Send out emails, bulletins, etc., publicizing hearing, forums, etc. (including SILC, DCRSA, and other events and services) so PWD can come out and listen, know more, and contribute. Ensure publications are in Spanish and other languages.

---

<sup>26</sup> Under the WIOA of 2014, a DSU must: (1) attend IEP meetings for students with disabilities when invited, (2) work with local workforce development boards, One-Stop centers, and employers to develop work opportunities for students with disabilities, (3) work with schools, to coordinate and guarantee the provision of pre-employment transitions services (4) attend person-centered planning meetings for persons receiving services under Title 19 of Social Security Act, when invited

<sup>27</sup> 2014-2016 SPIL

3. Increase direct communications, engage and continue collaborate with the SILC, DCRSA and other partners in carrying out independent living activities and strategies.
4. Establish or make public protocols, policies, or procedures for providing services.
5. Set metrics for core services and feedback to improve service delivery and efficacy.
6. Work with community groups, advocacy groups, partners, and consumers to develop strategies reach underserved populations.
7. Post and publicize the CAP program.

## **Conclusion**

The assessment of independent living services in the District identified strengths and challenges. The agencies involved in authorizing and delivering services include committed and passionate persons that are striving to increase the ability of persons with disabilities to live independently. These same agencies have significant challenges to working collaboratively, and as a result, the efficiency, efficacy and quality of their services are affected. Outreach, collaboration, responsiveness and communication are four themes that dominated this study. It is the hope of the project team that all parties responsible for authorizing, planning and providing independent living services will move forward together to respond to these themes and ensure that IL services in the District meaningfully impact as many lives as possible.

# Appendix A

## Individual Survey





Default Question Block

### **District of Columbia Rehabilitation Services Administration Individual Survey**

The District of Columbia Rehabilitation Services Administration (DC-RSA) is working collaboratively with the State Rehabilitation Council and staff at the Interwork Institute at San Diego State University in order to conduct an assessment of the needs of individuals with disabilities who live in the District of Columbia. The results of this needs assessment will inform the development of the DC-RSA State Plan for providing rehabilitation services and will help planners make decisions about programs and services for persons with disabilities.

The following survey includes questions that ask you about the unmet, employment-related needs of persons with disabilities. We anticipate that it will take about 20 minutes of your time to complete the survey. If you prefer, you may ask a family member, a personal attendant, or a caregiver to complete the survey for you. If you are a family member, personal attendant or caregiver for a person with a disability and are responding on behalf of an individual with a disability, please answer the survey questions based upon your knowledge of the needs of the person with the disability.

Your participation in this needs assessment is voluntary. If you decide to participate, your responses will be anonymous, that is, recorded without any identifying information that is linked to you. You will not be asked for your name anywhere in this survey.

If you have any questions regarding this survey or if you would prefer to complete this survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address:

[mtucker@interwork.sdsu.edu](mailto:mtucker@interwork.sdsu.edu)

You may also contact the Institutional Review Board at San Diego State University at (619) 594-6622 to report problems or concerns related to this study.

**Which statement best describes your association with DC-RSA? (select one response)**

- ☐ I have never used the services of DC-RSA
- ☐ I am a current client of DC-RSA
- ☐ I am a previous client of DC-RSA, my case has been closed
- ☐ I am not familiar with DC-RSA
- ☐ Other (please describe)

**Please indicate whether you receive the following Social Security disability benefits (please check all that apply).**

- ☐ I receive SSI (Supplemental Security Income)
- ☐ I receive SSDI (Social Security Disability Insurance)
- ☐ I do not receive Social Security disability benefits
- ☐ I don't know if I receive Social Security disability benefits

### **Employment-Related Needs**

**The next several questions ask you about employment-related needs that you may have.**

**Do you have the education or training to achieve your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Do you have the job skills to achieve your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Do you have the job search skills to achieve your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have you been prevented from achieving your employment goals because of prior convictions for criminal offenses?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Do you have the language skills to achieve your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have you been prevented from achieving your employment goals because there were not enough jobs available?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have employers' perceptions of people with disabilities prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Has a lack of assistive technology prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Has a lack of disability-related personal care prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Has a lack of disability-related transportation prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have other transportation issues, such as not having a reliable means to go to and from work, prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have mental health issues prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have substance abuse issues prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Besides mental health and substance abuse issues, have any other health issues prevented you from achieving your employment goals?**

- ☐ Yes (please describe)
- ☐ No
- ☐ I don't know

**Have issues with childcare prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have issues with housing prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have concerns regarding the possible impact of employment on your Social Security benefits prevented you from achieving your employment goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Is there anything else that has prevented you from achieving your employment goals?**

☐ Yes (please describe)

☐ No

☐ I don't know

**What is the most significant barrier to achieving your employment goals?**

**If you have received services from DC-RSA, what were the three most helpful services that you received?**

### **Barriers to Accessing DC-RSA Services**

The next several questions ask you about barriers to accessing DC-RSA services.

**Has limited accessibility to DC-RSA via public transportation made it difficult for you to access DC-RSA services?**

☐ Yes

☐ No

☐ I don't know

**Have other challenges related to the physical location of the the DC-RSA office made it difficult for you to access DC-RSA services?**

☐ Yes

☐ No

☐ I don't know

**Have DC-RSA's hours of operation made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Has a lack of information about the services available from DC-RSA made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Has a lack of disability-related accommodations made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have language barriers made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have difficulties scheduling meetings with your counselor made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have other difficulties working with DC-RSA staff made it difficult for you to access DC-RSA services?**

- ☐ Yes (please describe)
- ☐ No
- ☐ I don't know

**Have difficulties completing the DC-RSA application made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have difficulties completing the Individualized Plan for Employment made it difficult for you to access DC-RSA services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Have you had any other challenges or barriers not already mentioned that have made it difficult for you to access DC-RSA services?**

- ☐ Yes (please describe)
- ☐ No
- ☐ I don't know

**Where do you usually meet with your counselor?**

- ☐ I usually meet with my counselor in my community
- ☐ I go to DC-RSA's main office to meet with my counselor
- ☐ I don't have a DC-RSA counselor
- ☐ I don't know

**What changes to DC-RSA services might improve your experience with DC-RSA and help you to**



achieve your employment goals?

### Demographic Information

Are you male or female?

- ☐ Male
- ☐ Female

In what year were you born

What is your race or ethnic group?

- ☐ African American/Black
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Caucasian/White
- ☐ Hawaiian or Other Pacific Islander
- ☐ Hispanic/Latino
- ☐ Other (please describe)
- ☐ I don't know

**What Ward do you live in?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ Other (please describe)
- ☐ I don't know

**Which of the following would you use to describe your primary disabling condition? (select one)**

- ☐ Blindness or visual impairment
- ☐ Cognitive impairment
- ☐ Communication impairment
- ☐ Deaf-blindness
- ☐ Deafness or hearing impairment
- ☐ Mental health impairment
- ☐ Mobility impairment
- ☐ Physical impairment
- ☐ Other (please describe)
- ☐ No impairment

If you have a secondary disabling condition, which of the following would you use to describe it? (select one) If you do not have a secondary disabling condition, please select "No impairment" below.

- ☐ Blindness or visual impairment
- ☐ Cognitive impairment
- ☐ Communication impairment
- ☐ Deaf-blindness
- ☐ Deafness or hearing impairment
- ☐ Mental health impairment
- ☐ Mobility impairment
- ☐ Physical impairment
- ☐ Other (please describe)
- ☐ No impairment

Is there anything else you would like to add about DC-RSA or its services?

This is the end of the survey! Your information and feedback is valuable to DC-RSA, thank you for completing the survey. Please select the "Next Page" button below to submit your responses.

# Appendix B

## Community Partner Survey



#### Default Question Block

### **District of Columbia Rehabilitation Services Administration Community Partner Survey**

The District of Columbia Rehabilitation Services Administration (DC-RSA) is working collaboratively with the State Rehabilitation Council and staff at the Interwork Institute at San Diego State University in order to conduct an assessment of the needs of individuals with disabilities who live in the District of Columbia. The results of this needs assessment will inform the development of the DC-RSA State Plan for providing rehabilitation services and will help planners make decisions about programs and services for persons with disabilities.

The following survey includes questions that ask you about the unmet, employment-related needs of persons with disabilities. You will also be asked about the type of work you do and whether you work with specific disability populations. We anticipate that it will take about 20 minutes of your time to complete the survey.

Your participation in this needs assessment is voluntary. If you decide to participate, your responses will be anonymous; that is, recorded without any identifying information that is linked to you. You will not be asked for your name anywhere in this survey.

If you have any questions regarding this survey or would like to request the survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address:

[mtucker@interwork.sdsu.edu](mailto:mtucker@interwork.sdsu.edu)

You may also contact the Institutional Review Board at San Diego State University at (619) 594-6622 to report problems or concerns related to this study.

What is your job title?

How long have you worked in the job that you have now?

Please indicate which client populations you work with on a regular basis (please check all that apply).

- ☐ Individuals with most significant disabilities
- ☐ Individuals that need supported employment services
- ☐ Individuals that are racial or ethnic minorities
- ☐ Individuals from unserved or underserved populations
- ☐ Transition-aged youth (14 - 24)
- ☐ Individuals served by America's Job Centers (formerly referred to as One-Stops or Workforce Investment Act-funded programs)

Which Ward(s) of the District do you provide services in (please check all that apply)?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ Not applicable

Please indicate which of the following service are readily available to individuals with disabilities who are served by DC-RSA. By "readily available" we mean that services are available in the area to individuals with a range of disabilities (check all that apply).

- ☐ Job search services
- ☐ Job training services
- ☐ Other education services
- ☐ Assistive technology
- ☐ Vehicle modification assistance
- ☐ Other transportation assistance
- ☐ Income assistance
- ☐ Medical treatment
- ☐ Mental health treatment
- ☐ Substance abuse treatment
- ☐ Personal care attendants
- ☐ Health insurance
- ☐ Housing
- ☐ Benefit planning assistance
- ☐ Other (please describe)
  
- ☐ I do not know which services are readily available to individuals with disabilities who are served by DCRSA

In your experience, is the network of rehabilitation service providers in the District of Columbia able to meet DC-RSA consumers' vocational rehabilitation service needs?

- ☐ Yes
- ☐ No

What service needs is the network of rehabilitation service providers in the District of Columbia unable to meet?

What are the primary reasons that vocational rehabilitation service providers are generally unable to meet consumers' service needs?

- ☐ Not enough providers available in area
- ☐ Low quality of provider services
- ☐ Client barriers prevent successful interactions with providers
- ☐ Other (please describe)



Below is a list of potential reasons that DC-RSA consumers might find it difficult to achieve their employment goals. For each potential barrier, please indicate whether you believe that:

It is a barrier, and DC-RSA services adequately address the barrier

It is a barrier, and DC-RSA services do not adequately address the barrier

It is not a barrier

You do not know if it is a barrier

	Barrier, adequately addressed by DC-RSA services	Barrier, NOT adequately addressed by DC-RSA services	Not a barrier	Don't know
Not having education or training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having job search skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convictions for criminal offenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor social skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough jobs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers' perceptions about employing persons with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having disability-related accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of help with disability-related personal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability-related transportation issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other transportation issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perceptions regarding the impact of income on Social Security benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What would you say are the top three barriers to achieving employment goals for DC-RSA consumers (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Are the barriers to achieving employment goals for consumers with the most significant disabilities different from the overall population?

- ☐ Yes
- ☐ No

What would you say are the top three barriers to achieving employment goals for DC-RSA consumers with the most significant disabilities (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Are the barriers to achieving employment goals for youth in transition different from the overall population?

- ☐ Yes
- ☐ No

What would you say are the top three barriers to achieving employment goals for youth in transition (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Are the barriers to achieving employment goals for consumers who are racial or ethnic minorities different from the overall population?

- ☐ Yes
- ☐ No

What would you say are the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Is there anything else we should know about the primary barriers to achieving employment goals for DC-RSA consumers?

What would you say are the top three reasons that people with disabilities find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ DC-RSA staff are not responsive to communication from clients or potential clients
- ☐ Other (please describe)

Are the reasons for finding it difficult to access DC-RSA services by individuals with the most significant disabilities different from the general population of people with disabilities?

- ☐ Yes
- ☐ No

What would you say are the top three reasons that individuals with the most significant disabilities find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ DC-RSA staff are not responsive to communication from clients or potential clients
- ☐ Other (please describe)

Are the reasons for finding it difficult to access DC-RSA services by youth in transition different from the general population of people with disabilities?

- ☐ Yes
- ☐ No

What would you say are the top three reasons that youth in transition find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ DC-RSA staff are not responsive to communication from clients or potential clients
- ☐ Other (please describe)

Are the reasons for finding it difficult to access DC-RSA services by consumers who are racial or ethnic minorities different from the general population of people with disabilities?

- ☐ Yes
- ☐ No



What would you say are the top three reasons that consumers who are racial or ethnic minorities find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate accessing assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ DC-RSA staff are not responsive to communication from clients or potential clients
- ☐ Other (please describe)

Is there anything else we should know about why individuals with disabilities find it difficult to access DC-RSA services?

What is the most important change that DC-RSA could make to support consumers' efforts to achieve their employment goals?

What is the most important change that the network or rehabilitation service providers in the District of Columbia could make to support consumers' efforts to achieve their employment goals?

Your feedback is valuable to us, and we would like to thank you for taking the time to complete the survey! Please select the "Next Page" button below to submit your responses.

**Block 1**

# Appendix C

## DCRSA Staff Survey



#### Default Question Block

### **District of Columbia Rehabilitation Services Administration Staff Survey**

The District of Columbia Rehabilitation Services Administration (DC-RSA) is working collaboratively with the State Rehabilitation Council and staff at the Interwork Institute at San Diego State University in order to conduct an assessment of the needs of individuals with disabilities who live in the District of Columbia. The results of this needs assessment will inform the development of the DC-RSA State Plan for providing rehabilitation services and will help planners make decisions about programs and services for persons with disabilities.

The following survey includes questions that ask you about the unmet, employment-related needs of persons with disabilities. You will also be asked about the type of work you do and whether you work with specific disability populations. We anticipate that it will take about 20 minutes of your time to complete the survey.

Your participation in this needs assessment is voluntary. If you decide to participate, your responses will be anonymous; that is, recorded without any identifying information that is linked to you. You will not be asked for your name anywhere in this survey.

If you have any questions regarding this survey or would like to request the survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address:

[mtucker@interwork.sdsu.edu](mailto:mtucker@interwork.sdsu.edu)

You may also contact the Institutional Review Board at San Diego State University at (619) 594-6622 to report problems or concerns related to this study.

What is your job title?

How long have you worked in the job that you have now?

Please indicate which client populations you work with on a regular basis (please check all that apply).

- ☐ Individuals with the most significant disabilities
- ☐ Individuals that need supported employment services
- ☐ Individuals that are racial or ethnic minorities
- ☐ Individuals from unserved or underserved populations
- ☐ Transition-aged youth (14 - 24)
- ☐ Individuals served by America's Job Centers (formerly referred to as One-Stops or Workforce Investment Act-funded programs)

What Ward(s) of the District do you provide services in (please check all that apply)?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ Not applicable

Please indicate which of the following service are readily available to DC-RSA consumers. By "readily available" we mean that services are available in the area to individuals with a range of disabilities (check all that apply).

- ☐ Job search services
- ☐ Job training services
- ☐ Other education services
- ☐ Assistive technology
- ☐ Vehicle modification assistance
- ☐ Other transportation assistance
- ☐ Income assistance
- ☐ Medical treatment
- ☐ Mental health treatment
- ☐ Substance abuse treatment
- ☐ Personal care attendants
- ☐ Health insurance
- ☐ Housing
- ☐ Benefit planning assistance
- ☐ Other (please describe)

In your experience, are vendors able to meet DC-RSA consumers' vocational rehabilitation service needs?

- ☐ Yes
- ☐ No

What service needs are vendors unable to meet?

What are the primary reasons that vendors are generally unable to meet consumers' service needs?

- ☐ Not enough vendors available in area
- ☐ Low quality of vendor services
- ☐ Low rates paid for services
- ☐ Low levels of accountability for poor performance by vendors
- ☐ Client barriers prevent successful interactions with vendors
- ☐ Other (please describe)

What services do you feel DC-RSA does the best job providing to its clients (either directly or through community partners)?

Below is a list of potential reasons that DC-RSA consumers might find it difficult to achieve their employment goals. For each potential barrier, please indicate whether you believe that:

It is a barrier, and DC-RSA services adequately address the barrier

It is a barrier, and DC-RSA services do not adequately address the barrier

It is not a barrier

You do not know if it is a barrier

	Barrier, adequately addressed by DC-RSA services	Barrier, NOT adequately addressed by DC-RSA services	Not a barrier	Don't know
Not having education or training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having job search skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convictions for criminal offenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor social skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough jobs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers' perceptions about employing persons with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having disability-related accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of help with disability-related personal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability-related transportation issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other transportation issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perceptions regarding the impact of income on Social Security benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What would you say are the top three barriers to achieving employment goals for DC-RSA consumers (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Are the barriers to achieving employment goals for consumers with the most significant disabilities different from the overall population?

- ☐ Yes
- ☐ No

What would you say are the top three barriers to achieving employment goals for DC-RSA consumers with the most significant disabilities (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Are the barriers to achieving employment goals for youth in transition different from the overall population?

- ☐ Yes
- ☐ No

What would you say are the top three barriers to achieving employment goals for youth in transition (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Are the barriers to achieving employment goals for consumers who are racial or ethnic minorities different from the overall population?

- ☐ Yes
- ☐ No

What would you say are the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities (please select a maximum of three barriers to achieving employment goals)?

- ☐ Not having education or training
- ☐ Not having job skills
- ☐ Not having job search skills
- ☐ Convictions for criminal offenses
- ☐ Language barriers
- ☐ Poor social skills
- ☐ Not enough jobs available
- ☐ Employers' perceptions about employing persons with disabilities
- ☐ Not having disability-related accommodations
- ☐ Lack of help with disability-related personal care
- ☐ Disability-related transportation issues
- ☐ Other transportation issues
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Other health issues
- ☐ Childcare issues
- ☐ Housing issues
- ☐ Perceptions regarding the impact of income on Social Security benefits
- ☐ Other (please describe)

Is there anything else we should know about the primary barriers to achieving employment goals for DC-RSA consumers?

What would you say are the top three reasons that people with disabilities find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ Other (please describe)

Are the reasons for finding it difficult to access DC-RSA services by individuals with the most significant disabilities different from the general population of people with disabilities?

- ☐ Yes
- ☐ No

What would you say are the top three reasons that individuals with the most significant disabilities find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ Other (please describe)

Are the reasons for finding it difficult to access DC-RSA services by youth in transition different from the general population of people with disabilities?

- ☐ Yes
- ☐ No

What would you say are the top three reasons that youth in transition find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ Other (please describe)

Are the reasons for finding it difficult to access DC-RSA services by consumers who are racial or ethnic minorities different from the general population of people with disabilities?

- ☐ Yes
- ☐ No

What would you say are the top three reasons that consumers who are racial or ethnic minorities find it difficult to access DC-RSA services (please select a maximum of three reasons)?

- ☐ Limited accessibility of DC-RSA via public transportation
- ☐ Other challenges related to the physical location of the DC-RSA office
- ☐ Inadequate disability-related accommodations
- ☐ Language barriers
- ☐ Difficulties completing the application
- ☐ Difficulties completing the Individualized Plan for Employment
- ☐ Inadequate assessment services
- ☐ Slow service delivery
- ☐ Difficulties accessing training or education programs
- ☐ DC-RSA staff do not meet clients in the communities where the clients live
- ☐ Other (please describe)

Is there anything else we should know about why individuals with disabilities find it difficult to access DC-RSA services?

What is the most important change that DC-RSA could make to support consumers' efforts to achieve their employment goals?

What is the most important change that vendors could make to support consumers' efforts to achieve their employment goals?

What are the top three changes that would enable you to better assist your DC-RSA consumers (please select a maximum of three changes)?

- ☐ Smaller caseload
- ☐ More streamlined processes
- ☐ Better data management tools
- ☐ Better assessment tools
- ☐ Additional training
- ☐ More administrative support
- ☐ More supervisor support
- ☐ Improved business partnerships
- ☐ Decreased procurement time
- ☐ More effective community-based service providers
- ☐ Increased outreach to clients in their communities
- ☐ Other (please describe)

Your feedback is valuable to us, and we would like to thank you for taking the time to complete the survey!  
Please select the "Next Page" button below to submit your responses.



# Appendix D

## Business Survey



Default Question Block

**District of Columbia Rehabilitation Services Administration  
Vocational Rehabilitation Program  
Business Survey**

The purpose of this survey is to learn more about the needs of businesses and employers with respect to partnering with the District of Columbia Rehabilitation Services Administration (DCRSA) and employing and accommodating workers with disabilities. The information that you provide will help DCRSA to more effectively respond to the needs of businesses and will influence the planning and delivery of vocational services to persons with disabilities. For the purposes of our survey, an individual with a disability is a person who:

*Has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment, or is regarded as having such an impairment.*

This survey will take approximately five minutes to complete. Your responses will be kept confidential and you will not be asked for your name or the name of your organization anywhere in the survey.

Please select the response to each question that best describes your needs at this time. **Thank you** for your time and input!

**Disability in the Workplace: Does your business need help... (select one response for each)**

	Yes	No
Understanding disability-related legislation such as the Americans with Disabilities Act and the Rehabilitation Act?	<input type="radio"/>	<input type="radio"/>
Identifying job accommodations for workers with disabilities?	<input type="radio"/>	<input type="radio"/>
Recruiting job applicants who are people with disabilities?	<input type="radio"/>	<input type="radio"/>
Helping workers with disabilities to retain employment?	<input type="radio"/>	<input type="radio"/>
Obtaining training on the different types of disabilities?	<input type="radio"/>	<input type="radio"/>
Obtaining training on sensitivity to workers with disabilities?	<input type="radio"/>	<input type="radio"/>
Obtaining incentives for employing workers with disabilities?	<input type="radio"/>	<input type="radio"/>
Obtaining information on training programs available for workers with disabilities?	<input type="radio"/>	<input type="radio"/>

**If you would like to comment further on any of your answers above, or if you have additional comments or needs regarding disability in the workplace, please describe them in the space below.**

**Applicants with disabilities: With respect to applicants with disabilities, does your business need help... (select one response for each)**

	Yes	No
Recruiting applicants who meet the job qualifications?	<input type="radio"/>	<input type="radio"/>
Recruiting applicants with good work habits?	<input type="radio"/>	<input type="radio"/>
Recruiting applicants with good social/interpersonal skills?	<input type="radio"/>	<input type="radio"/>
Assessing Applicants' skills?	<input type="radio"/>	<input type="radio"/>
Discussing reasonable job accommodations with applicants?	<input type="radio"/>	<input type="radio"/>
Identifying reasonable job accommodations for applicants?	<input type="radio"/>	<input type="radio"/>

**If you would like to comment further on any of your answers above, or if you have additional comments or needs regarding applicants with disabilities, please describe them in the space below.**

**Employees with disabilities:** With respect to employees with disabilities you have now or have had in the past, what are the top three challenges you have experienced with them regarding job retention (select a maximum of three items)?

- ☐ Poor attendance
- ☐ Difficulty learning job skills
- ☐ Slow work speed
- ☐ Poor work stamina
- ☐ Poor social skills
- ☐ Physical health problems
- ☐ Mental health concerns
- ☐ Language barriers
- ☐ Identifying effective accommodations
- ☐ Other (please describe)

If you would like to comment further on any of your answers above, or if you have additional comments or needs regarding employees with disabilities, please describe them in the space below.

**How would you rate your knowledge of DCRSA and the services they can provide to businesses?**

- ☐ Very knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Little or no knowledge

**Have you utilized any of the services provided to businesses by DCRSA?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Which of the following services did DCRSA provide to your business (please select all that apply)?**

- ☐ Training in understanding disability-related legislation such as the Americans with Disabilities Act and the Rehabilitation Act?
- ☐ Assistance identifying job accommodations for workers with disabilities?
- ☐ Recruiting job applicants who are people with disabilities?
- ☐ Helping workers with disabilities to retain employment?
- ☐ Obtaining training on the different types of disabilities?
- ☐ Obtaining training on sensitivity to workers with disabilities?
- ☐ Obtaining incentives for employing workers with disabilities?
- ☐ Obtaining information on training programs available for workers with disabilities?
- ☐ Recruiting applicants who meet the job qualifications?
- ☐ Recruiting applicants with good work habits?
- ☐ Recruiting applicants with good social/interpersonal skills?
- ☐ Assessing Applicants' skills?
- ☐ Discussing reasonable job accommodations with applicants?
- ☐ Identifying reasonable job accommodations for applicants?
- ☐ Other (please describe)

**How satisfied were you with the services you received from DCRSA?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

**Which of the following best describes your type of business? (select one response)**

- ☐ Service
- ☐ Retail
- ☐ Manufacturing
- ☐ Agriculture/Forestry/Fishing
- ☐ Construction
- ☐ Government
- ☐ Education
- ☐ Health care
- ☐ Banking/Finance
- ☐ Other (please describe)

**If your business has any needs related to applicants or workers with disabilities that are not currently being met please describe them here:**

**How many years has your business been in operation?**

**How many people are employed at your business? (select one response)**

- ☐ 1 - 15
- ☐ 16 - 50
- ☐ 51 - 250
- ☐ 251 - 999
- ☐ 1,000 or more

**Your feedback is valuable to us, and we would like to thank you for taking the time to complete the survey! Please select the "Next Page" button below to submit your responses.**

# Appendix E

## Independent Living Survey



#### Default Question Block

### **District of Columbia Rehabilitation Services Administration Independent Living Survey**

The District of Columbia Rehabilitation Services Administration (DC-RSA) is working collaboratively with the Statewide Independent Living Council (SILC), the State Rehabilitation Council (SRC), and staff at the Interwork Institute at San Diego State University in order to conduct an assessment of the independent living needs of individuals with disabilities who live in the District of Columbia. The results of this needs assessment will inform the development of the State Plan for Independent Living, the DC-RSA State Plan for providing rehabilitation services, and will help planners make decisions about programs and services for persons with disabilities.

The following survey includes questions that ask you about the unmet, independent living needs of persons with disabilities. We anticipate that it will take about fifteen minutes of your time to complete the survey. If you prefer, you may ask a family member, a personal attendant, or a caregiver to complete the survey for you. If you are a family member, personal attendant or caregiver for a person with a disability and are responding on behalf of an individual with a disability, please answer the survey questions based upon your knowledge of the needs of the person with the disability.

Your participation in this needs assessment is voluntary. If you decide to participate, your responses will be anonymous, that is, recorded without any identifying information that is linked to you. You will not be asked for your name anywhere in this survey.

If you have any questions regarding this survey or if you would prefer to complete this survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address:

[mtucker@interwork.sdsu.edu](mailto:mtucker@interwork.sdsu.edu)



**Which statement best describes your association with providers of independent living services in the District of Columbia? (select one response)**

- ☐ I have never used independent living services in the District of Columbia
- ☐ I am a current consumer of independent living services in the District of Columbia
- ☐ I am a previous consumer of independent living services in the District of Columbia; my case has been closed
- ☐ Other (please describe)

**Which of the following services have you received assistance with through independent living service providers in the District of Columbia? (please select all that apply)**

- ☐ Personal attendant care
- ☐ Help purchasing or borrowing disability-related equipment or assistive technology
- ☐ Assistance moving out of a nursing home or other institution
- ☐ Job training or other vocational services
- ☐ Independent living skills, such as home management and personal financial management
- ☐ Taxicab, Metro vouchers, or other transportation services
- ☐ Social or recreational activities
- ☐ Help identifying public services that you are eligible for
- ☐ Help identifying public benefits that you are eligible for
- ☐ Help identifying private service that you are eligible for
- ☐ Help identifying private benefits that you are eligible for
- ☐ Referrals to other services and programs that can help you
- ☐ Participation in a support group
- ☐ Services for persons who are blind
- ☐ Services for persons who are deaf
- ☐ Help finding appropriate housing
- ☐ Assistance in getting a home modification
- ☐ Temporary or emergency financial assistance
- ☐ Self advocacy services
- ☐ Legal services
- ☐ None of the above
- ☐ Other (please describe)

**Please identify any independent living services that would have been helpful to you that were not offered or available (if any).**

**Have you received any peer support services from independent living service providers in the District of Columbia? (Peer support is when another person with a disability works with you to help you address your concerns. The goal of peer support services is to help you develop coping skills).**

- ☐ Yes
- ☐ No

**How satisfied were you with the peer support services provided to you?**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Uncertain
- ☐ Dissatisfied
- ☐ Very Dissatisfied

**Have you received any independent living skills training services from independent living service providers in the District of Columbia? (Independent living skills training includes assistance learning how to develop the skills you need to participate fully in your community).**

- ☐ Yes
- ☐ No

**How satisfied were you with the independent living skills training services provided to you?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Uncertain
- ☐ Dissatisfied
- ☐ Very Dissatisfied

**Have you received any advocacy services from independent living service providers in the District of Columbia? (Advocacy services include getting help asserting your rights to full inclusion in your community).**

- ☐ Yes
- ☐ No

**How satisfied were you with the advocacy services provided to you?**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Uncertain
- ☐ Dissatisfied
- ☐ Very Dissatisfied

**Have you received any information or referral services from independent living service providers in the District of Columbia? (Information or referral services include providing information about disability-related issues, resources, and services to people with disabilities, families, professionals and the general public to assist them with locating resources and developing strategies to address barriers that they encounter).**

- ☐ Yes
- ☐ No

**How satisfied were you with the information or referral services provided to you?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Uncertain
- ☐ Dissatisfied
- ☐ Very dissatisfied

**How satisfied were you with the agencies or services to which you were referred?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Uncertain
- ☐ Dissatisfied
- ☐ Very dissatisfied

**Did the services that you received make a positive change in your life?**

- ☐ Yes
- ☐ No

**Please describe the positive change or changes that you experienced.**

**If you received services from independent living service providers in the District of Columbia, were you treated with courtesy and respect?**

- ☐ Yes
- ☐ Sometimes
- ☐ No
- ☐ I have not received independent living services

**If you received services from independent living service providers in the District of Columbia, how satisfied were you with the services?**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Uncertain
- ☐ Dissatisfied
- ☐ Very Dissatisfied
- ☐ I have not received independent living services

**Have you encountered any barriers to obtaining independent living services in the District of Columbia?**

- ☐ Yes
- ☐ No

**Please identify the barriers you encountered to obtaining independent living services in the District of Columbia. (please select all that apply)**

- ☐ The physical location of the office
- ☐ Transportation to and from the office
- ☐ A lack of disability-related accommodations at the office
- ☐ Language barriers
- ☐ Difficulties communicating with staff
- ☐ Difficulties understanding information
- ☐ Difficulties scheduling meetings with staff
- ☐ Difficulties completing forms
- ☐ Difficulties accessing programs
- ☐ Other (please describe)

**What was the most significant barrier to obtaining independent living services that you encountered?**

---

**What could independent living service providers in the District of Columbia do differently to make your experiences with them better?**

**Who helped you to create your independent living goals?**

- ☐ I created my own goals
- ☐ I created my goals with the help of an independent living center staff member
- ☐ My goals were created by a staff member at the independent living center
- ☐ I do not know who created my independent living goals
- ☐ I did not create any independent living goals

**Have you achieved your independent living goals?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**Which of the following items have prevented you from achieving your independent living goals?  
(please select all that apply)**

- ☐ Lack of education or training
- ☐ Lack of job skills
- ☐ Lack of employment
- ☐ Convictions for criminal offenses
- ☐ Lack of accommodation by an employer
- ☐ Lack of disability-related transportation
- ☐ Other transportation issues (such as no reliable way of getting to work)
- ☐ Mental health issues
- ☐ Substance abuse issues
- ☐ Childcare issues
- ☐ Unable to find affordable housing
- ☐ Unable to find accessible housing
- ☐ Language barriers
- ☐ Other (please describe)

**What is the most significant barrier to achieving your independent living goals?**

**What are your current needs? (please select all that apply)**

- ☐ Transportation
- ☐ Housing
- ☐ Employment
- ☐ Skills training
- ☐ Social activities
- ☐ Recreational activities
- ☐ Education
- ☐ Other (please describe)

**Please identify your gender**

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other (please describe)

**What Ward do you live in?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ Other (please describe)
- ☐ I don't know

**In what year were you born?****Please identify your race**

- ☐ African American or Black
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Caucasian or White
- ☐ Hawaiian or Other Pacific Islander
- ☐ Other (please describe)

**Are you of Hispanic ethnicity?**

- ☐ Yes
- ☐ No



**Are you a military veteran?**

- ☐ Yes
- ☐ No

**Which of the following would you use to describe your primary disabling condition? (select one)**

- ☐ Blindness or visual impairment
- ☐ Cognitive impairment
- ☐ Communication impairment
- ☐ Deaf-blindness
- ☐ Deafness or hearing impairment
- ☐ Mental health impairment
- ☐ Mobility impairment
- ☐ Physical impairment
- ☐ Other (please describe)
  
- ☐ No impairment

**If you have a secondary disabling condition, which of the following would you use to describe it? (select one) If you do not have a secondary disabling condition, please select "No impairment" below.**

- ☐ Blindness or visual impairment
- ☐ Cognitive impairment
- ☐ Communication impairment
- ☐ Deaf-blindness
- ☐ Deafness or hearing impairment
- ☐ Mental health impairment
- ☐ Mobility impairment
- ☐ Physical impairment
- ☐ Other (please describe)
  
- ☐ No impairment

**If you have a third disabling condition, which of the following would you use to describe it? (select one) If you do not have a third disabling condition, please select "No impairment" below.**

- ☐ Blindness or visual impairment
- ☐ Cognitive impairment
- ☐ Communication impairment
- ☐ Deaf-blindness
- ☐ Deafness or hearing impairment
- ☐ Mental health impairment
- ☐ Mobility impairment
- ☐ Physical impairment
- ☐ Other (please describe)
  
- ☐ No impairment

**This is the end of the survey! Your information and feedback is valuable to DC-RSA, the SILC, and the SRC, thank you for completing the survey. Please select the "Next Page" button below to submit your responses.**

# Appendix F

## Focus Group Protocols

**Washington DC, CSNA 2014**  
**Focus Group Protocols**

[Introductions/confidentiality/purpose statements]

**Focus Group Protocol - Individuals with Disabilities:**

**Employment goals**

- What barriers do people with disabilities in DC face in getting or keeping a job?  
Follow up: Education, not enough jobs, discrimination, attitudes, lack of communications, fear of loss of benefits, lack of knowledge of options

**DCRSA Overall Performance**

- What has your experience with DCRSA been like? What have been the positives and negatives?
- What services were helpful to you in preparing for, obtaining and retaining employment?
- What services did you need that were not available or provided and why weren't you able to get these services?
- What can DCRSA do to help consumers get and keep good jobs?

**Barriers to accessing services**

- What barriers do people with disabilities encounter when trying to access rehabilitation services? (prompts if necessary -- mobility, communication, structural)

**Workforce Investment Act Partners**

- Has anyone had used or tried to use the services of DC Works!/American Job Centers?  
Follow-up: What was that experience like for you?

**Needs of underserved groups with disabilities**

- What groups of individuals do you think are well-served or adequately served by the VR system?
- What groups of individuals would you consider un-served or underserved by the vocational rehabilitation system?  
(Prompt if needed for different disability groups, minority status, other characteristics)  
(For each identified group): What unmet needs do they have?

**Need for establishment of CRPs**

- Have you received services from a CRP? If so, how was your service? How effective was it? What can be done to improve the future service delivery by CRPs?
- What programs or services should be created that focus on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation? Of these services now in existence, which need to be improved?
- What services need to be offered in new locations in order to meet people's needs?

**Need for improvement of services or outcomes**

- What needs to be done to improve the vocational rehabilitation services that people receive?

## **Focus Group Protocol - Partner Agencies:**

### **Employment Goals**

- What barriers do people with disabilities in DC face in getting or keeping a job?  
Follow up: Education, not enough jobs, discrimination, attitudes, lack of communications, fear of loss of benefits, lack of knowledge of options

### **Barriers to accessing services**

- What barriers do people with disabilities encounter when trying to access rehabilitation services?

### **Impressions of needs of individuals with significant and most significant disabilities**

- What are the unmet rehabilitation needs of individuals with significant or most significant disabilities?
- What needs of individuals with significant and most significant disabilities are being met the best/most extensively?

### **Needs of underserved groups with disabilities**

- What groups of individuals would you consider un-served or underserved by the vocational rehabilitation system?  
(Prompt for different disability groups, minority status, other characteristics)  
(For each identified group): What unmet needs do they have?

### **Need for supported employment**

- Please describe how effective the SE program is in DC. What populations are receiving SE services?
- What SE needs are not being met?
- What do you recommend to meet the needs for SE?

### **Transition-related needs**

- What needs are being met (or substantially met) by youth in transition?
- What unmet needs are encountered by youth in transition?
- What would you recommend to improve transition services in DC?

### **Needs of individuals served through the Workforce Investment System**

- How effectively does the workforce investment system in DC serve individuals with disabilities?
- What unmet needs have you observed with individuals with disabilities who are served by other entities in the Workforce Investment System (e.g., DC Works!/American Job Centers)?
- How effectively is DCRSA working in partnership with the AJCs? DO you have any recommendations about how to improve this partnership if needed?
- What would you recommend to improve the workforce investment system's service to people with disabilities in DC?

**Need for establishment, development or improvement of CRPs**

- What community-based rehabilitation programs or services need to be created, expanded or improved??
- What services need to be offered in new locations in order to meet people's needs?
- What community-based rehabilitation services are most successful? How are they most successful or what makes them so?

**Need for improvement of services or outcomes**

- What needs to be done to improve the vocational rehabilitation services that people receive?

## **Focus Group Protocol - DCRSA staff:**

### **Employment Goals**

- What barriers do people with disabilities in DC face in getting or keeping a job?  
Follow up: Education, not enough jobs, discrimination, attitudes, lack of communications, fear of loss of benefits, lack of knowledge of options

### **Barriers to accessing services**

- What barriers do people with disabilities encounter when trying to access rehabilitation services?

### **Impressions of needs of individuals with significant and most significant disabilities**

- What are the unmet rehabilitation needs of individuals with significant or most significant disabilities?
- What needs of individuals with significant and most significant disabilities are being met the best/most extensively?

### **Needs of underserved groups with disabilities**

- What groups of individuals would you consider un-served or underserved by the vocational rehabilitation system?  
(Prompt for different disability groups, minority status, other characteristics)  
(For each identified group): What unmet needs do they have?

### **Need for supported employment**

- Please describe how effective the SE program is in DC. What populations are receiving SE services?
- What SE needs are not being met?
- What do you recommend to meet the needs for SE?

### **Transition-related needs**

- What needs are being met (or substantially met) by youth in transition?
- What unmet needs are encountered by youth in transition?
- What would you recommend to improve transition services in DC?

### **Needs of individuals served through the Workforce Investment System**

- How effectively does the workforce investment system in DC serve individuals with disabilities?
- What unmet needs have you observed with individuals with disabilities who are served by other entities in the Workforce Investment System (e.g., DC Works!/American Job Centers)?
- How effectively is DCRSA working in partnership with the AJCs? DO you have any recommendations about how to improve this partnership if needed?
- What would you recommend to improve the workforce investment system's service to people with disabilities in DC?

**Need for establishment, development or improvement of CRPs**

- What community-based rehabilitation programs or services need to be created, expanded or improved??
- What services need to be offered in new locations in order to meet people's needs?
- What community-based rehabilitation services are most successful? How are they most successful or what makes them so?

**Need for improvement of services or outcomes**

- What needs to be done to improve the vocational rehabilitation services that people receive?



## **Focus Group Protocol – Businesses**

**Please discuss your familiarity with DCRSA and the services they provide to people with disabilities and to businesses**

**What needs do you have regarding recruiting people with disabilities for employment?**

- Do you do anything specific to attract candidates with disabilities? Please describe

**Please discuss how qualified and prepared individuals with disabilities are when they apply for employment with your business**

**What needs do you have regarding applicants with disabilities?**

- Are you aware of the incentives for hiring people with disabilities? Would these incentives influence your decision to hire?

**What are the qualities you are looking for in an applicant for a given job and an employee?**

**What needs do you have regarding employees with disabilities?**

- Sensitivity training?
- Understanding and compliance with applicable laws?
- Reasonable accommodations?

**What challenges do employees with disabilities face with job retention?**

**What services can DCRSA provide to you and to other businesses to increase employment opportunities for people with disabilities in DC?**

# Appendix G

## Key Informant Interview Protocol

## **Key Informant Individual Interview Protocol**

1. Please identify your name, title, time with DCRSA and time in your current role.
2. Briefly describe your duties and service areas?

### **Overall Agency Performance**

3. Regarding DCRSA's overall performance as an agency, how effectively is the organization fulfilling its mission of helping people with disabilities obtain employment?
  - A. How would you describe the changes, if any, that have occurred in the agency in the last year?
  - B. What are the major challenges that DCRSA consumer's face in obtaining and retaining employment?
  - C. What are the major challenges that you face that impact your ability to help consumers obtain and retain employment?

### **MSD and SE**

4. What are the needs of people with people with the most significant disabilities in the District and how effectively is DCRSA meeting those needs?
5. What disability types are the most in need and what are the challenges they face in obtaining and retaining employment?
6. Do you provide SE services? If so, please describe the model of SE services you use.
  - A. How long does job coaching typically last?
  - B. Who provides extended services
  - C. How many providers do you have and how effective are they?
  - D. What populations generally receive SE services?
7. What would you recommend to improve services to individuals with the most significant disabilities?
8. What would you recommend to improve your SE program?

### **Unserved/Underserved Populations**

9. What geographic areas/wards are underserved and why?
10. What racial/ethnic minority groups are underserved and why?
11. What disability types are underserved and why?
12. How effective is DCRSA's outreach to these groups/areas and what can be done to improve outreach to them?
13. What do you recommend to improve service to these areas or populations?

### **Transition**

14. Please describe how transition services works in the District. Comment on:
  - A. Partnerships with schools
  - B. Outreach and intake/referral/plan processes
  - C. Services provided
15. What are the greatest needs of transition-aged youth and how well are DCRSA and the schools meeting these needs?
16. What can be done to improve transition services in the District?

### **CRPs**

17. How effective are the CRPs in the District?
18. What are the greatest challenges you face in working with your CRPs?
19. What needs to happen to improve or increase CRPs in the District?
20. Is there a need to develop CRPs to serve any specific population or geographic areas?

### **Workforce Investment System**

21. How well is the Workforce Investment System in the District meeting the needs of people with disabilities?
22. What is the relationship like between DCRSA and America's Job Centers? Are DCRSA staff still out-stationed at the AJCs?
23. Are there shared-funding of cases between DCRSA and the AJCs?
24. What has to happen to improve the relationship between the two organizations? Has there been a noticeable improvement in the relationship over the last year?
25. Are there other workforce agencies that serve people with disabilities in the District? If so, please identify them and the service they provide to your consumers as well as DCRSA's relationship with them.

### **Business Partnerships**

26. Please describe the ways that DCRSA partners with businesses in the District to promote the employment of people with disabilities.
  27. What can DCRSA do to improve business partnerships and to engage employers in recruiting and hiring people with disabilities?
- 
28. What would you recommend that DCRSA do as an organization to maximize its effectiveness in fulfilling its mission and providing excellent customer service during the next three years?

# Appendix H

## Business Contact List

2Armadillos Company  
ABM Company  
AccessGreen  
AccessGreen  
Ace Parking  
Acuity  
American International Group  
American Public Health Association  
American Public Health Association  
American University  
AppAssure Software  
Apple  
ATEC Wireless  
AT&T  
Auto Zone  
Bach to Rock  
Bank of America  
Bank of America  
Berkshire Hathaway Energy  
Best Buy  
BKW Snack Bar  
Booz-Allen Hamilton  
British Embassy  
CFN Services  
Capital One  
Chenega Corporation  
Circle Solutions Inc  
Citigroup  
Citigroup  
Citigroup Technology Inc.  
Citigroup Technology Inc.  
Chevron  
Cleaning Crew of Capitol Hill  
Cleaning Crew of Capitol Hill  
Clean Currents  
Clearspring  
Clyde's Restaurant (Gallery Place)  
Colonial Parking  
Colonial Parking  
Comcast  
Comcast  
Comcast Corp.  
Comcast Corp.  
Concurrent Technologies Corporation  
Consumer Financial Protection Bureau  
Court Services and Offender Supervision Agency

Covenant House  
Curbside Cupcakes  
CVS Caremark  
CVS Caremark  
CyberData Technologies Inc  
Cyberspace Solutions LLC  
Daisey Pascualvaca PHD and Associates  
Daytner Construction Group  
DC Office of the Attorney General  
DC Pretrial Services Agency  
DCI  
DC Wado Karate Club  
Department of homeland Security  
Department of Interior  
Department of Transportation  
Department of Veterans Affairs  
Diamond Solutions Inc  
Didlake  
Dixon Hughes Goodman  
Document Systems Incrporate  
Edelman Public Relations  
Edgewood Management Company  
Emergent  
Enlightened Beyond Expectation  
Enlightened Inc  
EPA  
epcSolutions  
Evoke Research and Consulting  
Excet  
Exxon Mobile  
FannieMae  
FedEx Office Print and Ship Center  
FedEx Office  
FedStore  
FPMI Solutions, Inc.  
Ford Motor Co  
Ford Motor Co Governmental  
Geico  
General Dynamics  
General Dynamics Info Tech  
General Electric-GE Co  
General Services Adminstration  
Georgetown University  
Golden & Cohen LLC  
Golden Key Group  
Goldman Sachs Group

Google Inc.  
Government of the District of Columbia  
Grant Associates  
Greeley and Hansen  
Hager Sharp  
Harris Teeter  
Henson Ridge  
Holiday Inn  
Home Instead  
Homeland Security, US Citizenship & Immigration Services  
Hoya Staffing (Georgetown University)  
HumanTouch  
IBM  
ICS  
IDS International  
IHOP  
ImmixGroup  
Innotion Enterprises  
Integrity Management Consulting  
Intridea  
Invertix  
Iona  
JMA Solutions  
Jobfox  
Johnson & Johnson  
JP Morgan Chase-Forbes List  
Jrink Juicery  
Kaiser Permanente  
Lanigan Ryan Malcolm & Doyle  
Latino Economic Development Center  
LatinOpinion  
LatinOpinion Business Newspaper  
Leidos  
Library of Congress  
Link Solutions  
LinkVisum Consulting Group  
Liquidity Services Inc.  
Living Social  
LockHeed Martin Corp.  
Marriott International Inc.  
Maryland Environmental Inspections  
Matchbox Food Group  
Mb  
McDonald's  
Media Fusion  
MedStar Health



Microsoft (Corporation)  
Microsoft Government Affairs  
MicroTech  
MindPetal  
MV Transportation, Inc.  
NASA  
National Institutes of Health  
Northrup Grumann  
Nova Datacom  
Octo Consulting Group  
Office of Federal Contract Compliance Programs  
Open System Sciences  
Our Public Service  
Pension Benefit Guaranty Corporation  
PEPCO  
Pepsico  
Petsmart  
Pfizer  
Polu Kai Services  
Population Services International - PSI  
Potomac Fusion  
Proctor and Gamble  
Providence Hospital  
Provideo Management  
PWC  
Qnexis  
QSS International  
Quadrangle Development  
Quickstep Catering of Washington  
Reliable Companies  
Rhode Island Cleaners  
Roggins Gioia  
Ross Management Services  
Rossi Commercial Real Estate  
Roti  
SAIC  
Salavation Army (turning point program)  
Satory Global  
SBG Technology Solutions  
Science Applications International Corp.  
Shapiro and Duncan  
Sibley Memorial Hospital  
Smithsonian Institution  
So Others Might Eat  
Social Security Adminstration  
Sodexo

Soft Tech Consulting  
Spark Revenue  
St Gregory Luxury Hotel & Suites  
Standard Solar  
Steptoe & Johnson  
TD Bank  
The American College of Obstetricians and Gynecologists  
The Architect of the Capitol  
The Bowen Group  
The Menkiti Group  
The Rehancement Group  
The Trademark Company  
The Women's Collective  
Three Pillar Global  
TISTA Science and Technology  
TouchPoint Support Services  
Trade Center Management Associates  
Trowbridge & Trowbridge  
U.S. Department of Agriculture  
Ultimate Staffing Services  
Union Kitchen  
United Planning Organization  
Unity Health Care  
UPS  
UPS Store  
US Department of Commerce  
US Foods  
USDA  
USDA, FSIS  
VariQ  
Verdi Consulting  
Verizon  
Verizon Wireless  
Vision Foundry Inc.  
Vornado Charles E Smith  
Walmart (Stores)  
Washington Business Journal  
Washington Institute of Natural Medicine  
Washington Hospital Center-SEE MEDSTAR  
Washington Metropolitan Area Transit Authority  
Washington Metropolitan Transit Authority  
Wells Fargo Bank, N.A.  
ZipCar

# Appendix H

## Immigrant Serving Organizations Contact List

## **Community-Based Organizations and Immigrant Integration in the Washington DC Metro Area**

African Resource Center  
American Turkish Association  
Arlington Free Clinic  
Asian American LEAD  
Asian Pacific American Legal Resource Center  
Asian/Pacific Islander Domestic Violence Resource Project  
Carlos Rosario International Public Charter School  
CASA of Maryland  
Centro Familia (Institute for Family Development)  
Greater Washington Hispanic Chamber  
Hermano Pedro Day Shelter  
Identity  
Just Neighbors  
Korean Community Service Center of Greater Washington  
Latin American Youth Center  
LEDC  
Liberty's Promise  
Lutheran Social Services of the National Capital Area  
Mary's Center for Maternal Health  
Northern Virginia Family Service  
Progreso Hispano  
Proyecto Salud Clinica (Montgomery County Language Minority Health Project)  
Spanish Catholic Center  
Vietnamese American Community Service Center  
Vietnamese Youth Educational Association of Washington  
Adom Presbyterian Church of Ghana  
Afghan Student Association  
African Community Empowerment Institute  
African Cultural and Religious Society of Washington, D.C.

African Immigrant and Refugee Foundation  
African Women's Cancer Awareness Association  
Ahimsa Youth Organization, Inc.  
Akan Studies Institute  
Al-Ansar Education Academy  
Algerian-American Association of Greater Washington  
All Dulles Area Muslim Society  
Amanuel Ethiopian Evangelical Church  
American Arab Anti-Discrimination Committee  
American Kurdish Information Network  
American-Turkish Association of Washington, DC  
Anania Shiragatsi Cultural Institute

Andhra Adventists Association  
Andromeda Transcultural Health Center  
Armenian Youth Center of Greater Washington  
Armenian-American Health Association of Greater Washington  
Arrasool Islamic Center  
Arriba Center  
Asante Association of Washington  
Asian American LEAD  
Asian Indians for Community Service  
Asian Pacific American Legal Resource Center  
Asian/Pacific Islander Domestic Violence Resource Project  
Asian Women's Self Help Association  
Aspen Hill Korean Wesleyan Church  
Association of Bolivian Women of the Washington Metropolitan Area  
Association of Indian Muslims  
Association of Pakistani Women in America, Inc.  
Bangladesh Association of America, Inc.  
Bangladesh Center for Community Development  
Barbara Chambers Children's Center  
Bethesda Korean Presbyterian Church  
Buddha Dhamma Sangha Association  
Buddhist Association of Hampton Roads  
Buddhist Congregational Church of America  
Cambodian Development Foundation  
Cambodian Education Excellence Foundation  
Cameroon Community Outreach  
Capital Area Asian American Network  
Capital Area Immigrants' Rights Coalition  
Capital Area Tibetan Association  
Carlos Rosario International Public Charter School  
CASA of Maryland  
Casa for Children of the District of Columbia  
Catholic Charities of the Archdiocese of Washington  
Catholic Charities of the Diocese of Arlington  
Catholic Immigration Services  
Catholic Legal Immigration Network  
Center for Immigration Law & Practice  
Center for Islamic Education  
Center for Multicultural Human Services  
Central American Resource Center  
Central Union Mission Food Bank  
Centro Familia (Institute for Family Development)  
Chinese Consolidated Benevolent Association  
Chinese Culture and Community Service Center  
Chinese Economists Society  
Coalition for the Homeless

Coalition of Asian Pacific Americans of Virginia  
Columbia Heights/Shaw Family Support  
Collaborative  
Committee for Vietnamese Refugees and Immigrants  
Community Mosque of Washington, DC.  
Community of Eritreans in Metropolitan  
Washington, D.C.  
Council of Asian Indian Associations of Greater Washington  
Dar al Hijrah Islamic Center  
Educational Organization for United Latin Americans  
Eritrean Cultural and Civic Center  
Ethiopian Community Center, Inc.  
Ethiopian Community Development Council, Inc.  
Ethiopian Community Development Program  
Ethiopian Community Services and Development Council  
Filipino American Association of Stafford Virginia  
Filipino American Institute of Accountants of  
Metro DC  
Filipino American Basketball Association of Metropolitan DC  
Fullah Progressive Union Islamic Education and Cultural Organization  
Greater Washington Hispanic Chamber  
of Commerce  
Greenbelt Vietnamese Baptist Church  
Guangdong Residents Association of Greater Washington, D.C.  
Hispanic American Festival  
Hispanic Business Foundation of Maryland  
Hispanic Committee of Virginia  
Hispanic Parents Committee of Maryland  
Hispanic Youth Foundation  
Imam Mehdi Education Center  
Islamic Association Afghan Community  
Islamic Center of Maryland  
Islamic Community Center of Laurel  
Islamic Community Centre of Northern Virginia  
Islamic Education Institute  
Islamic Jammah Cultural Foundation  
Islamic Research and Humanitarian Services Center  
Islamic Social Services Association  
Japanese American Citizens League  
Jewish Social Service Agency  
Just Neighbors  
Khmer Institute  
Kids Corner  
Korean American Association of Virginia  
Korean American Coalition for Homelessness  
Korean American Coalition, Washington, D.C., Chapter  
Korean American Community Services

Korean American Family Counseling Center  
Korean Association of Greater Washington  
Korean Community Service Center of Greater Washington  
Lao Heritage Foundation  
Latin American Youth Center  
Language ETC  
Lao Heritage Foundation  
Latin American Youth Center  
Latino Economic Development Corp (LEDC)  
Life Skills Center  
Literacy Council of Montgomery County  
Literacy Council of Northern Virginia  
Literacy Council of Prince George's County, Maryland  
Multicultural Community Service  
Muslim Advocates  
Muslim Association of Virginia  
Muslim Community Center  
Muslim Community News and Information Center  
Persian Cultural Center  
Language Minority Health Project)  
Sierra Leone Women's Association  
Sikh Cultural Society of Washington, D.C.  
South Asian Americans Leading Together  
Spanish Education Development (SED) Center  
The Korean American Community Center  
The Latino Federation of Greater Washington  
The Maryland Immigrant Rights  
Vietnamese American Community Service Center