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**San Diego State University  
Interwork Institute**

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

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**Submitted to:  
Washington, DC State Rehabilitation Council  
Department on Disability Services  
District of Columbia, Rehabilitation Services Administration**

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

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

- Andrew Reese, Deputy Director, DC-RSA
- Adam Mingal, DDS
- Matt Rosen, Chair, SRC
- Cheryl Bolden,
- Romeo Ymalay III, Management Analyst

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 and the Interwork Institute at San Diego District University jointly conducted an assessment of the vocational rehabilitation needs of persons with disabilities residing in the District of Columbia. The purpose of the assessment was to provide planners with information pertinent to the allocation of resources, to provide a rationale for the development of DC-RSA'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 (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, businesses, and DC-RSA staff) and hard copy surveys with a random sample of former and current DC-RSA consumers,
- Focus groups conducted with three stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, and DC-RSA staff),
- Key informant interviews conducted with DC-RSA staff and with individuals identified as knowledgeable about the needs of individuals with disabilities in the District, and
- Analysis of a variety of existing demographic and case service data relevant to individuals with disabilities.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) former, current or potential consumers of DC-RSA located throughout the District; (b) representatives of organizations that provide services to individuals who are potential or actual consumers of DC-RSA; (c) DC-RSA 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 seven main categories:

1. General agency performance
2. Needs of individuals with the most significant disabilities, including their need for supported employment
3. Needs of individuals with disabilities from different ethnic groups, including needs of individuals who have been unserved or underserved by the VR program
4. Needs of individuals with disabilities served through other components of the statewide workforce investment system
5. Needs of individuals in transition
6. Other needs of individuals with disabilities (not captured in the other categories)
7. Need to establish, develop or improve CRPs in the District

The Project team also added an eighth category on business relations and services, though the information regarding this area was minimal based on participation by business in the CSNA. Table A summarizes the results of the research by type and group conducted for this assessment:

Table A

*Summary of Research Results by Method and Group*

<b>Research Method</b>	<b>Research Group and Count</b>			
	<b>Consumer</b>	<b>Partner</b>	<b>Staff</b>	<b>Business</b>
<b>Individual Interview</b>	15	2	35	1
<b>Electronic Survey</b>	155	58	39	3
<b>Hard Copy Survey</b>	21			
<b>Focus Group</b>	38	14	14	

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 seven main categories of investigation:

**Section One: General Agency Performance**

The most common theme that emerged in this area concerned the poor customer service provided to consumers by DC-RSA. This issue was articulated in many ways by consumers and partners, but the chief complaint was related to staff responsiveness and abrupt and discourteous behavior. The need to improve timely service delivery was a recurring theme as well.

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

General needs identified in this area included the need to provide independent living services to people with the most significant disabilities and to link those services with VR. The provision of SE was cited as a need frequently, but SE in the traditional form, which does not appear to be happening in DC-RSA. The need for improved services for people with sensory impairments was cited throughout this section, especially as it related to vendors with the experience to provide quality services to this population. The need to develop job skills and improve educational opportunities was also a need cited frequently. The need to develop a working partnership with DDA to better serve people with developmental disabilities was a recurring theme in this section.

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

Individuals with disabilities that are Hispanic and Asian were cited as being underserved in this area, as well as older people and people with blindness. The need for outreach to these populations, staff that speak their language, and the need to have DC-RSA counselors go into their communities for intake were recurring themes.

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

Individuals indicated that the workforce investment system does not serve people with disabilities well. They refer people with disabilities back to DC-RSA, and there is little or no shared funding of cases. There were many concerns expressed about programmatic accessibility, especially for people with visual impairments. A great need for cross training of staff between DC-RSA and the One-Stop Centers was noted by many people.

Section Five: Needs of individuals in transition

A general need was cited repeatedly for transition youth to acquire marketable job skills upon exit from the school system. Other needs frequently cited included soft-skills, vocational training and job search skills. Numerous people indicated that DC-RSA needs to improve their service to transition-aged youth by going out to the schools, attending IEP meetings, and collaborating more effectively with the school systems in the District.

Section Six: Other needs of individuals with disabilities (not captured in the other categories)

This category captures other needs not easily classified into the other sections. The need for more, better and higher-paying jobs was cited as a need by many people with disabilities. The need for better coordination of DC-RSA services with other agencies was also repeated frequently.

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

There were many concerns about HCA providers noted in this assessment, including their ability to perform at a satisfactory level, the funding mechanism for service purchase, and the lack of HCA providers that serve people with sensory impairments. There was a general feeling that for people other than sensory impairments, the HCA providers need to improve their services, not necessarily expand them.

Category 8: Business Relations and Services

The information gathered from businesses in the District was very limited as a result of low return rates on surveys, no participation in focus groups, and one individual interview. Of the information gathered, businesses expressed a need for assistance with training on understanding disability and disability sensitivity, along with recruiting qualified employees with disabilities. DC-RSA was encouraged to take a leadership role with businesses in the District as a disability expert and to develop long-term and trusting relationships with businesses.

The project team provides recommendations for DC-RSA to meet the needs identified in each of the categories. It is understood that many of the recommendations require the collaboration and partnership of multiple agencies over an extended period of time. Some of the recommendations are much easier to adopt and implement than others. The project team offers the recommendations with this awareness and hopes that DC-RSA, the SRC and other stakeholders will find some of the recommendations helpful in the future.

## Table of Contents

Acknowledgements.....	1
Executive Summary.....	2
Table of Contents.....	5
Impetus for Needs Assessment.....	6
Purpose of Needs Assessment.....	6
Utilization of Needs Assessment Outcomes.....	6
Description of the Needs Assessment Process.....	7
Methodology.....	8
Analysis of Existing Data Sources.....	8
Key Informant Interviews.....	8
Surveys.....	9
Surveys of Individuals with Disabilities.....	9
Partner Survey.....	10
DC-RSA Staff Survey.....	11
Business Survey.....	12
Focus Groups.....	12
Analysis and Triangulation of Data.....	13
Role of Stakeholders.....	13
Dissemination Plans.....	14
Results.....	15
Section 1: Overall Agency Performance.....	15
Section 2: Needs of Individuals with the Most Significant Disabilities, Including Their Need for Supported Employment.....	26
Section 3: Needs of Individuals with Disabilities from Different Ethnic Groups, Including Needs of Individuals Who Have Been Unserved or Underserved by the VR Program.....	35
Section 4: Needs of Individuals with Disabilities Served Through Other Components of the Statewide Workforce Investment System.....	43
Section 5: Needs of Individuals in Transition.....	46
Section 6: Other Needs of Individuals with Disabilities.....	53
Section 7: Need to Establish, Develop or Improve Community Rehabilitation Programs in the District.....	58
Section 8: Business Services and Relations.....	65
Conclusion.....	66
Appendices:	
Appendix A: Individual Survey	
Appendix B: Community Partner Survey	
Appendix C: DC-RSA Staff Survey	
Appendix D: Business Survey	
Appendix E: Focus Group Protocol	
Appendix F: Key Informant Interview Protocol	

## **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 individuals 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 individuals with severe disabilities residing within the state and the state’s response to the assessment.” 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, entered into a contract with the Interwork Institute at San Diego District University for the purpose of jointly developing and implementing methods for a comprehensive statewide needs assessment.

### **Purpose of Needs Assessment**

The purpose of the comprehensive statewide needs assessment (CSNA) is to identify and describe the rehabilitation needs of individuals residing 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 individuals with disabilities in the District
- The rehabilitation needs of individuals with the most significant disabilities, including their need for supported employment services
- The rehabilitation needs of individuals with disabilities who are minorities, or who have been unserved or underserved by the vocational rehabilitation program
- The rehabilitation needs of individuals served through other components of the statewide workforce investment system
- Other rehabilitation needs of individuals with disabilities not captured in the above categories, and
- An assessment of the need to establish, develop or improve community rehabilitation programs within the District.

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 with direction for current planning and allocation concerns and guidance in planning for future structure and resource demands.

### **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 state plan. 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 services, and
4. Providing data and a rationale for the development of the DC-RSA state plan and amendments to the plan.

### **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 (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, businesses, and DC-RSA staff). Hard copy surveys were sent to a random sample of former or current individuals with disabilities served by DC-RSA in addition to the electronic survey for this group.
- Focus groups conducted with three stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, and DC-RSA staff),
- Key informant interviews conducted with DC-RSA staff and with individuals identified as knowledgeable about the needs of individuals with disabilities in the District, and
- Analysis of a variety of existing demographic and case service data relevant to individuals with disabilities.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) former, current or potential consumers of DC-RSA located throughout the District; (b) representatives of organizations that provide services to, advocate for, or represent the interests of individuals who are potential or actual consumers of DC-RSA; (c) DC-RSA 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 DC-RSA. Efforts were made to gather information pertinent to the investigated categories through inquiries with individuals who serve a broad range of persons with disabilities in the District (whether they are affiliated with DC-RSA or not). Likewise, the DC-RSA 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 individuals 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. Individuals who were disenfranchised, dissatisfied, or who did not wish to be involved with DC-RSA 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 individuals 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 process 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 DC-RSA'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 2012 American Community Survey
- The 2012 US Census Bureau Statistics
- 2013 Social Security Administration SSI/DI Data
- DC-RSA case service data, and
- DC-RSA data submitted and entered into the Federal Rehabilitation Services Administration's Management Information System (MIS).

### **Key Informant Interviews**

*Instrument.* The instruments used for the key informant interviews (Appendix A) was developed by the researchers at SDSU and reviewed and revised by DC-RSA.

*Survey population.* The key informant population consisted of DC-RSA staff, individuals with disabilities and community partners. A total of 53 people were interviewed individually for

this assessment. The total number included 35 DC-RSA staff members, 15 consumers, two partner agencies, and one business person.

*Data collection.* Key informant interviews were conducted from April 8, 2013 to May 16, 2013. Thirty-eight of the interviews were conducted face-to-face and 15 were conducted by telephone. The general format of the interviews was consistent between DC-RSA 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 DC-RSA. Participants were then asked open-ended questions about their perceptions of the needs of individuals with disabilities in the District. Finally, participants were asked to share their perceptions of how DC-RSA could improve their ability to help meet those needs, especially as it relates to helping consumers obtain and retain employment.

*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.* One individual with deafness required a sign language interpreter for the interview. The interpreter was provided by DC-RSA.

*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 Individuals with Disabilities***

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

*Survey population.* Individuals identified for participation in this survey effort can be described as individuals with disabilities who are current clients of DC-RSA, former clients of DC-RSA or who had never been clients of DC-RSA.

*Data collection.* Data was gathered from this population through the use of an Internet-based survey and by mail. In partnership with the SRC, DC-RSA identified individuals with disabilities and invited them to participate in the electronic survey effort via e-mail. Once the survey was active, DC-RSA sent an invitation and link to the survey by e-mail. Approximately eight days 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 one-week after the second invitation. DC-RSA also

distributed 400 printed copies of the survey instrument (along with self-addressed, postage-paid return envelopes) to individuals with disabilities. Survey responses collected through the electronic survey approach were then exported to the software program SPSS by the project team at SDSU for analysis. Printed surveys returned by mail were collected and entered into SPSS for further analysis by the project team at SDSU.

*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 individuals, were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

*Number of completed surveys.* A total of 176 completed surveys were obtained from individuals with disabilities out of approximately 1,750 that were sent out. Four hundred surveys were sent by hard copy mail. One hundred fifty-five surveys were completed electronically, while 21 printed surveys were completed and returned. Once the undeliverable e-mails are factored into the response rate, the electronic rate of return was approximately 12%. The hard copy survey returns were much lower, at 5%. This is not surprising when one considers the short turn-around time that was given for the paper surveys.

### ***Partner Survey***

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

*Survey population.* Individuals 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. DC-RSA, in partnership with the SRC identified partners for participation in the survey effort. Once the survey was active, DC-RSA sent an invitation and link to the survey by e-mail. Approximately eight days 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 one-week 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 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 individuals, were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

*Number of completed surveys.* A total of 200 surveys were sent to partners electronically and 58 surveys were completed for a return rate of 29%. This is a very good return rate considering the short turn-around time for the survey completion.

### ***DC-RSA Staff Survey***

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

*Survey population.* Individuals identified for participation in this survey effort can be described as all staff working for DC-RSA during April and May, 2013.

*Data collection.* Data was gathered from DC-RSA 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 eight days after the initial distribution, a subsequent notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. A third and final invitation was sent out one week 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 individuals, were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

*Number of completed surveys.* A total of 39 electronic surveys were completed by DC-RSA staff out of 87 total, for a response rate of 45%.

### ***Business Surveys***

DC-RSA, in partnership with the SRC, identified several businesses in the District to participate in the electronic survey for the CSNA. The project team received only three completed surveys back from business partners. Since it is not possible to generalize findings to the greater business community regarding businesses needs based on such a small sample, the project team is not including the results in this report. The methodology of e-mail notice and e-mail reminders was the same for businesses as it was for consumers and partners. The limited time frame for completion of the CSNA prevented the project team and DC-RSA from targeting and recruiting specific business members for participation in the survey process.

### **Focus Groups**

*Instrument.* The focus groups were conducted based on a protocol developed by the researchers at SDSU (Appendix E). The protocol was reviewed and revised by DC-RSA. The central question raised in each of the focus group meetings was the following: “What are the most important employment-related needs encountered by people with disabilities?” When appropriate the moderator introduced additional questions prompting respondents to discuss needs associated with preparing for, obtaining and retaining employment, and increasing the employment of persons with disabilities. Participants in the partner agency and DC-RSA staff groups were also asked to discuss the needs of individuals with most significant disabilities; the needs of individuals 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 13 focus groups conducted for the assessment. These groups consisted of six consumer groups, five partner groups and two staff groups. Table 1 identifies the focus groups by type and number of attendees.

Table 1  
*Focus Groups by Type and Number Attended*

<b>Focus Group Type</b>	Number of groups	Number of attendees
Consumer	6	38
Partner	5	14
DC-RSA Staff	2	14
<b>Total</b>	13	66

There were seventeen focus groups originally scheduled, but four of the scheduled groups resulted in only one person showing up, so that person was interviewed individually and counted in the number of key informant interviews, not in the focus group numbers.

*Data collection.* The thirteen focus groups were held in the District from May 6, 2013 to May 10, 2010. 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 individuals with disabilities and partner agencies in order to ensure an open dialogue amongst participants.

*Accessibility.* DC-RSA included a request for reasonable accommodation in their electronic invitations to all of the research groups. A request was made for sign-language interpreters for two of the focus groups. The interpreters were present in both cases, but the people that requested the interpreters did not show up for the focus groups.

*Data analysis.* Notes were transcribed and analyzed by the researchers at SDSU. Results were organized according to the seven 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, DC-RSA and the SRC. The following individuals were instrumental in coordinating and completing much of the work for this assessment:

*From DC-RSA and DDS:*

Andrew Reese, Deputy Director of DC-RSA. 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 individuals to provide feedback for the assessment.

Adam Mingal, Attorney, DDS. Mr. Mingal worked closely with the SRC to identify and recruit participants for the focus groups. 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.

Cheryl Bolden, Executive Assistant, DC-RSA. Ms. Bolden coordinated the individual interviews at DC-RSA and scheduled the focus group sessions. She provided assistance with a myriad of organizational processes and activities that led to an excellent participation rate for an assessment conducted in a short period of time.

Romeo Ymalay, Management Analyst, DC-RSA. Mr. Ymalay compiled data on services to DC-RSA 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.

*From the SRC:*

Matt Rosen, Chair, SRC. Mr. Rosen led the effort from the SRC to identify community partners, businesses and individuals with disabilities to participate in the focus groups and complete the electronic surveys. Mr. Rosen and the entire SRC demonstrated the highest level of collaboration to ensure the CSNA was completed with input from numerous partner agencies and individuals with disabilities in the District.

### **Dissemination Plans**

The CSNA report is delivered to DC-RSA and the SRC. The project team received several requests by consumers and partner agencies to share the results of the CSNA. We recommend that DC-RSA publish the report on their website for public access and that they notify the public of the availability of the report by e-mail.

## **RESULTS**

<h3><b>SECTION 1</b></h3> <h3><b>OVERALL AGENCY PERFORMANCE</b></h3>
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The time period covered by this comprehensive statewide needs assessment is the three year period from January 1, 2010 – December 31, 2012. The time frame was determined by two factors: The Federal Rehabilitation Services Administration requires VR programs to perform a CSNA every three years, and the electronic case management system used by DC-RSA was initiated in 2010. The data on agency performance included below comes from the RSA 911 data submitted by DC-RSA to Federal RSA, and from the case management system at DC-RSA.

Table 2 identifies various data elements that illustrate DC-RSA’s overall program performance for the three year period of this assessment.



Table 2  
*General Data Elements for DC-RSA*

<b>Data Element</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Total applications	3115	2210	1803
Average eligibility determination time	58 days	59 days	41 days
Individuals whose cases were closed with employment outcomes	475	660	501
Individuals whose cases were closed without employment outcomes	477	1198	1231
Total number of individuals whose cases were closed after receiving services	952	1858	1732
Employment rate	49.89%	35.52%	28.93%
Individuals whose cases were closed with supported employment outcomes	97	181	244
Average cost per employment outcome	\$2,305.99	\$3,488.41	\$3,728.57
Average cost per unsuccessful employment outcome	\$1,818.11	\$1,946.16	\$2,263.38
Average hourly earnings for competitive employment outcomes	\$12.99	\$13.46	\$12.60
Average state hourly earnings	\$38.12	\$39.33	\$36.51
Percent average hourly earnings for competitive employment outcomes to state average hourly earnings	34.08%	34.22%	34.51%
Average hours worked per week for competitive employment outcomes	35.19	36.21	34.73
Percent of transition age served to total served	18.59%	26.21%	25.43%
Employment rate for transition population served	46.33%	32.44%	35.28%
Average time between application and closure (in months) for individuals with competitive employment outcomes	22.5	21.2	24.5

Table 2 indicates that the total number of people applying for services from DC-RSA has steadily decreased each year since 2010. The average time for eligibility determinations remained steady from 2010-2011, but decreased by an average of 18 days in 2012. The number

of employment outcomes increased dramatically from 2010-2011, but then decreased in 2012, while the number of cases closed unsuccessfully increased in 2011 and then decreased somewhat in 2012. The success ratio declined all three years, but the number of supported employment outcomes increased from year to year.

The average cost per case for successful and unsuccessful closures has steadily increased from year to year, while the average hours worked per week declined somewhat from 2011 to 2012. The rate of transition age clients has remained steady at around 25% of the total number of people served for two years, and the successful outcomes for this group increased in 2012 after declining the previous year.

## **Key Informant Interviews**

The following themes emerged on a recurring basis from the individual interviews conducted for this assessment as it relates to overall program performance for DC-RSA:

- Consumers served by DC-RSA characterize the agency as unresponsive and slow. The quality of customer service was consistently described as poor and this poor service resulted in unmet needs for consumers.
- The change in leadership of DC-RSA over the last several years has resulted in an inconsistent agenda and fluctuations in the identified priorities for the organization. This change of focus has translated into uneven service delivery and lack of a shared vision for the agency. The resulting effect is an adverse impact on the morale of some staff and, consequently, the quality of service delivery for some consumers.
- The agency currently has several supervisor openings, which has left some units without consistent leadership.
- The intake process is cumbersome and can be an obstacle to people completing and following through with the application process.
- Staff training has been uneven and inconsistent and has not been formalized in any structure that ensures consistency of message or content.
- The need to improve the agency's responsiveness to consumers in terms of communication via phone or e-mail, and in the purchase and delivery of approved services was cited frequently as an area of need for DC-RSA.
- When DC-RSA counselors authorize services for several months, up to the end of a fiscal year, the money remains encumbered and obligated, even though it may never be spent. This results in the agency having much of its case service dollars obligated when it may not be necessary, giving the impression that there is a shortage of funds when there is not. This can affect client expenditures, which can result in clients not getting their needs met.

## **Survey Results**

**Staff survey: Staff-focused changes.** DC-RSA 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 3 indicates the percentage of respondents that selected each response option.

Table 3

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

<b>Staff Survey</b>	<b>Percent</b>
Smaller caseload	65.1
Less paperwork	43.6
More administrative support	35.9
More interaction with community-based service providers	28.2
Better data management tools	25.6
Better assessment tools	15.4
More supervisor support	12.8
Additional training	10.3
Job coaching or mentoring	10.3

Smaller caseloads were identified most often (by 65.1% of staff respondents) as the staff-focused change that would enable them to better serve DC-RSA consumers. The most recent study by DC-RSA identified the average caseload size in the organization at between 120-130, which is consistent with other VR programs of similar size in the nation according to RSA 911 data. Other changes mentioned commonly were less paperwork, more administrative support, more interaction with community-based service providers, and better data management tools.

**Staff survey: Consumer-focused changes.** DC-RSA staff were presented with a survey question prompting them to identify the top three consumer-focused changes that would enable them to better assist their clients. Table 4 indicates the percentage of respondents that selected each response option.

Table 4

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

<b>Staff Survey</b>	<b>Percent</b>
More time to provide job development services	59.0
Better job development skills	51.3
More time to provide job coaching services	30.8
Confidence approaching employers	23.1
Better communication with your consumers	20.5

Fifty-nine percent of respondents indicated that having more time to provide job development services would enable staff to better serve their clients. Better job development skills was also cited as a consumer-focused change by more than half of staff respondents (51.3%).

**Individual survey: barriers to accessing DC-RSA services.** Individual survey respondents were presented with several questions about specific challenges or barriers to

accessing DC-RSA services. Table 5 illustrates the percentage of respondents who identified each of the response options as a barrier to accessing DC-RSA services.

Table 5.  
*Barriers to Accessing DC-RSA Services, Individual Survey*

<b>Individual Survey</b>	<b>Percent</b>
Difficulties scheduling meetings with your counselor	25.5
Other difficulties working with DC-RSA staff	21.3
Limited accessibility to DC-RSA via public transportation	15.9
Difficulties completing the Individualized Plan for Employment	13.3
Other challenges related to the physical location of the DC-RSA office	11.4
Lack of disability-related accommodations	9.5
Difficulties completing the DC-RSA application	4.4
Language barriers	3.8

The barriers to accessing DC-RSA services mentioned most frequently by respondents to the individual survey pertained to staff interactions: scheduling meetings with counselors, and other difficulties working with DC-RSA staff.

At the conclusion of the survey, respondents were presented with an open-ended question asking if there were any other challenges or barriers that made it difficult for them to access DC-RSA services. Thirty-three respondents detailed other challenges or barriers they encountered in response to this question. The predominant types of challenges to accessing DC-RSA services encountered by individuals were:

- Lack of contact between clients and staff
- High turnover rate of counselors
- Unkind and unsupportive staff

Individuals who indicated that other difficulties working with the DC-RSA were a barrier to accessing DC-RSA services were asked to describe these difficulties. Twenty-six respondents supplied answers to this question. The most commonly reported difficulties included:

- Difficulty communicating with DC-RSA staff
- Location of DC-RSA office
- Long delays in service provision

### *Improvements to DC-RSA Services*

Respondents were presented with a question that asked them what changes to DC-RSA services might improve their experience with DC-RSA and help them to achieve their employment goals. This was an open-ended question, and 118 respondents provided narrative statements describing suggested changes. Predominant themes that emerged in response to this question were:

- Increasing responsiveness and professionalism of staff
- Improving communication between clients and staff
- Providing more educational opportunities for clients
- Expediting the application process

**Partner survey: barriers to accessing DC-RSA 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 DC-RSA services. Table 6 lists the barriers along with the percentage of partner survey respondents that identified the item among their top three barriers to accessing DC-RSA services.

Table 6.  
*Top Three Barriers to Accessing DC-RSA Services, Partner Survey*

<b>Partner Survey</b>	<b>Percent</b>
Difficulties completing the DC-RSA application	27.6
Difficulties completing the Individualized Plan for Employment	25.9
Difficulties accessing training or education programs	25.9
Limited accessibility to DC-RSA via public transportation	24.1
Difficulties accessing assessment services	24.1
Difficulties accessing plan services	20.7
Other challenges related to the physical location of the DC-RSA office	19.0
Lack of disability-related accommodations	17.2
Language barriers	10.3

The barriers to accessing DC-RSA services mentioned most frequently by respondents to the partner survey pertained to paperwork (completing the DC-RSA application and the Individualized Plan for Employment), along with accessing training programs.

Partner survey respondents were presented with an open-ended question asking if there were any other difficulties for consumers to access DC-RSA services. Twenty-six participants detailed other difficulties or challenges they encountered in response to this question. The predominant types of challenges to accessing DC-RSA services encountered by individuals that partner-groups addressed were:

- Difficulties getting to and into the DC-RSA building
- Time it took to get services
- Lack of awareness of services
- Unhelpful staff, characterized as “rude”
- Access to services
- Lack of contact between clients and counselors

### *Improvements to DC-RSA Services*

Partner survey respondents were also presented with an open-ended question that asked them what important changes DC-RSA could make to improve services, increase access to services and support their consumers' efforts to achieve their employment goals. Forty-two respondents provided narrative statements describing suggested changes. Predominant themes that appeared were:

- Increasing counselor knowledge about disabilities
- Increasing job placement training
- Allowing easier access to services
- Increasing awareness of services
- Increasing communication between counselors and clients

**Staff survey: barriers to accessing DC-RSA services.** DC-RSA staff survey respondents were given a list of barriers identical to those presented to partner survey respondents and asked to identify the top three reasons that people with disabilities found it difficult to access DC-RSA services. Table 7 lists the barriers along with the percentage of staff survey respondents that identified the item among their top three barriers to accessing DC-RSA services.

Table 7.  
*Top Three Barriers to Accessing DC-RSA Services, Staff Survey*

<b>Staff Survey</b>	<b>Percent</b>
Other challenges related to the physical location of the DC-RSA office	33.3
Difficulties accessing training or education programs	20.5
Limited accessibility to DC-RSA via public transportation	20.5
Difficulties completing the DC-RSA application	17.9
Language barriers	17.9
Difficulties accessing assessment services	12.8
Difficulties accessing plan services	10.3
Lack of disability-related accommodations	10.3
Difficulties completing the Individualized Plan for Employment	7.7

The barriers to accessing DC-RSA services mentioned most frequently by respondents to the staff survey pertained to the location of the DC-RSA office, accessing training or education programs, and accessing the DC-RSA office via public transportation. Interestingly, while difficulties completing the Individualized Plan for Employment was mentioned as a barrier by 25.9% of partner survey respondents, only 7.7% of staff survey respondents indicated that completing the Individualized Plan for Employment was among the top three barriers to accessing DC-RSA services.

DC-RSA staff were presented with an open-ended question asking if there was anything else that should be known about why individuals with disabilities might find it difficult to access DC-RSA services. Sixteen responses were provided. Common themes that appeared in the responses included the accessibility of the DC-RSA building and the lack of awareness of services.

### *Improvements to DC-RSA Services*

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

- Smaller caseloads
- Establishing an employer advisory council
- Increasing job placement opportunities
- Having adequate transportation for clients
- Improving customer service

### **Focus Group Results**

**Consumer focus groups.** The identification of needs of consumers was often expressed as needs generated as a result of difficulty experienced with DC-RSA as an organization, so the results are included in this section rather than as an expressed need in another targeted area of the report. An overwhelming number of comments from current or former consumers revolved around the difficulty communicating with counselors and with unresponsiveness on the part of DC-RSA staff. Consumers complained most frequently of not having phone calls returned and being treated rudely. Two quotes below were indicative of the responses received in this area:

*“My counselor is never available. They never answer the phone or return calls. “I don’t even know if my case is still open. They never called to let me know what’s going on. I don’t know what else to do.”*

*“The counselor-client relationship doesn't exist. Counselors do not return calls and are difficult to reach because their voicemail in-box is sometimes full.”*

In addition to unresponsiveness, delays in service provision were also cited frequently as a problem by the consumer groups. The factors that they identified as contributing to delays included high staff turnover, lost documentation, and payments to vendors. Several consumers indicated that they had been waiting months for services that were promised by their counselor. When they call to check on the status of the service, they were treated rudely and then informed that the documentation had been lost. This complaint occurred regularly across the groups.

**Partner focus groups.** The predominant need cited by community partners was the need to improve contact and communication between DC-RSA staff and clients. The contact between

client and counselor was cited as critical in all phases of service provision as illustrated in the following comments:

*“Students are transient (i.e., phones disconnected, evicted from home; move to grandparents) and counselors are often unable to reach them. When students don’t follow through or miss appointments, counselors will try to contact them a couple times, but if no contact occurs, the client will have to re-apply.”*

*“When something goes wrong (i.e., counselor cannot contact client), RSA will drop the case and client needs to re-initiate process. Sometimes client doesn’t even know case has been dropped.”*

*“Need more timely communication from DC-RSA staff. Clients get discouraged or disinterested when they have to wait and they give up.”*

An equally important need that the partners expressed was the need for more outreach and increased dissemination of accessible information about DC-RSA to the community. Community partners expressed the need for clarity regarding services and process for accessing services. The following comments illustrate this need:

*“DC-RSA needs to do more outreach. Not everyone reads brochures. They need to get information out to community in natural places where people gather. The need to perform intentional outreach by being in the community.”*

*“The community is not aware of services and different programs available. Clients do not know where to start to access services. There is no centrally located place to start and then receive directions to other services.”*

Partners also cited the need for a more accessible location for DC-RSA offices. They indicated that it is difficult for consumers to get to the office, even by taking the Metro. The long walk from the Metro stop to the office presents problems for some consumers.

*“DC-RSA should consider placing staff in satellite offices in the district and in the public schools. Barriers for individuals with significant disabilities are posed by the location of the DC-RSA building. It is expensive to park nearby and taking the metro requires a three-block walk. “Coming downtown is a big issue.” DC-RSA should consider satellite offices or other approaches that would make it easier to access services including home visits.*

The partner groups echoed the concern expressed by the consumer groups regarding lost paperwork and delays in services. The bureaucracy associated with receiving services, and the associated delays in service results in consumer needs not being met. Comments like the one below were very common as it relates to this area of need:



*“There is too much red tape and excessive documentation requirements. Even when the consumer has documentation from doctors, social security, etc. [it] does not fulfill RSA requirements. The burden of proof is on client to prove disability even when they have documentation from other programs. Forms get lost too frequently and there are significant delays in service as a result.*

**DC-RSA staff focus groups.** The staff that participated in the focus groups were well aware that there were oftentimes delays in service provision and that these delays resulted in clients not getting their needs met. The staff were also aware that these delays reflect poorly on the overall performance of the organization. The main reason cited for the delays in service provision was the high caseloads of counselors. A comment from one staff member cited below is indicative of the comments received in this area:

*“DC-RSA staffing levels are a barrier to clients accessing services. Counselors are stretched thin and don't have the level of case aide support that they had in the past. The question that needs to be asked is, do you want quality or do you want quantity, because I can only give you one.”*

### **Recommendations:**

The following recommendations are offered to DC-RSA based on the results of the research in the **Agency Performance** area:

- Recruit and hire for the vacant supervisor positions.
- Engage the entire staff in a strategic planning effort that develops a shared vision, with excellent customer service as a foundational value.
- Streamline the intake process to minimize the number of activities that an applicant must complete to successfully move through the process.
- Formalize staff training by creating content that delivers a consistent message through a consistent structure that is either internally or externally based. Regardless of the structure that the training is delivered through, the content should be based on shared values articulated by the staff.
- In almost every arena including transition, service to people with the most significant disabilities, and especially service to underserved populations, the need was expressed for DC-RSA staff to go out into the community and connect with organizations, providers, and businesses to meet the needs of consumers where they are at. This process of outreach and out-stationing has increased recently at DC-RSA, and it is recommended that the agency continue to meet consumers in their own communities. In addition to being a clear demonstration of commitment and care, this process establishes and nurtures important partnerships for DC-RSA that contribute to the quality of overall service delivery.
- Place a time limit of 90 days on all authorizations and institute an automatic disencumbering process for all authorizations not paid within an established time frame. This will give the agency a much better awareness of available funds to serve consumers.

**A Special Recommendation Note:** The project team felt that it was especially important to note that numerous DC-RSA staff and partners indicated that although the agency has had significant struggles in the area of customer service, they have noticed a very positive change in this area since the inception of the new administration led by the current Deputy Director, Andrew Reese. Numerous individuals indicated that the agency has been making noticeable strides forward in this area under the leadership of the current administration and they have high hopes for the future because of this. These sentiments were expressed with such frequency that the project team would be remiss if we did not mention this positive movement.

**SECTION 2**  
**NEEDS OF INDIVIDUALS WITH THE MOST SIGNIFICANT**  
**DISABILITIES, INCLUDING THEIR NEED FOR SUPPORTED**  
**EMPLOYMENT**

Table 8 below identifies the type of disability of consumers served by DC-RSA for the three year period of this report.

Table 8  
*DC-RSA Consumers by Disability Type by Year*

Type of Disability	2010	2011	2012
Mental Health Impairment	1406	1124	826
% of total	49%	48%	45%
Blindness	56	39	25
% of total	2%	2%	1%
Deafness	94	38	67
% of total	3%	2%	4%
Physical Impairment	355	343	247
% of total	12%	15%	14%
Cognitive Impairment	753	632	483
% of total	26%	27%	26%
Hearing Loss	31	12	24
% of total	1%	1%	1%
Mobility Ortho/Neuro Impairment	84	103	113
% of total	3%	4%	6%
Other Vision Loss	37	14	20
% of total	1%	1%	1%
Communication	43	21	21
% of total	2%	1%	1%

The rate of disability type served has remained very constant from 2010 to 2012. Individuals with mental health impairments continue to constitute the largest percentage of consumers served by the agency, with individuals with cognitive impairments being the next most frequent type of disability served. The decrease in total numbers of individuals served by disability type is reflective of the overall decrease in number of persons served by year. Table 9 below identifies the rate of people found eligible and categorized by significance of disability

Table 9  
*Significance of Disability Categories*

Significance of Disability	2010	2011	2012
Most Significant	73%	66%	53%
Significant	21%	26%	38%
Not Significant	6%	8%	9%

Table 9 indicates the rate of consumers with the most significant disabilities has been steadily declining since 2010, while the rate of individuals categorized as significantly disabled has increased over the three year period. The rate of individuals categorized as “Not Significant” has also steadily, though slightly, increased by year. The rate of decrease for the most significantly disabled changed most dramatically from 2011 to 2012, as did the increase in those categorized as significantly disabled.

## **Key Informant Interviews**

The following themes emerged on a recurring basis from the individual interviews conducted for this assessment in this category:

- Independent living services are not clearly and consistently linked to VR services. IL services for people with the most significant disabilities need to be developed and utilized and clearly linked to vocational services.
- DC-RSA provides a form of Supported Employment (SE) that consists of 90 days of job coaching through an HCA provider. Extended services are assured through a letter given to the counselor by the HCA provider. This model is not consistent with the traditional SE model and resembles 90 days of job coaching on the job.
- There is a need to improve the coordination of services between DC-RSA and DDA in order to ensure that SE services are provided to those with the most significant disabilities
- DC-RSA’s Social Security reimbursement was very low last year. This indicates that either consumers that are receiving SSI/DI are not going to work, or they are going to work in part-time jobs that are low paying and do not remove them from dependence on SSA benefits. This indicates a need for higher-paying, career-level job placement for this population.
- It was reported by more than one individual that some consumers with the most significant disabilities have been closed successfully in jobs that pay below the minimum wage. It is important to note that this is not considered integrated employment that would qualify to close someone as successfully rehabilitated according to Federal RSA’s Technical Assistance Circular dated November 21, 2005.
- There is a need for job placement services for consumers with the most significant disabilities. They are currently waiting long periods of time and are not experiencing much success in finding employment through HCA providers.
- There is a need for low-vision evaluators

## **Survey Results by Type**

**Partner survey: barriers to achieving goals for individuals 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 individuals with disabilities. Of those who responded to this question, 70.7% indicated that the barriers were different. These individuals were then asked to identify the top

three barriers to achieving employment goals for DC-RSA consumers with most significant disabilities. Table 10 details their responses to this question.

Table 10.

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

<b>Partner Survey</b>	<b>Percent</b>
Not having job skills	41.4
Not having education or training	39.7
Employers' perceptions about employing people with disabilities	20.7
Not enough jobs available	15.5
Not having job search skills	13.8
Disability-related transportation issues	12.1
Perceptions regarding impact of income on benefits	12.1
Not having disability-related accommodations	8.6
Other transportation issues	8.6
Lack of help with disability-related personal care	6.9
Mental health issues	6.9
Housing issues	6.9
Language barriers	3.4
Substance abuse issues	1.7
Other health issues	1.7
Childcare issues	1.7

The most commonly identified barriers to achieving employment goals for DC-RSA consumers with most significant disabilities were not having job skills and not having education or training. Other barriers were identified considerably less frequently than the top two barriers.

**Staff survey: barriers to achieving goals for individuals 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 individuals with disabilities. Of those who responded to this question, 64.1% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to achieving employment goals for DC-RSA consumers with most significant disabilities. Table 11 details their responses to this question.

Table 11.

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

<b>Staff Survey</b>	<b>Percent</b>
Not having job skills	35.9
Employers' perceptions about employing people with disabilities	30.8
Not enough jobs available	20.5
Mental health issues	17.9
Not having education or training	15.4
Lack of help with disability-related personal care	15.4
Not having job search skills	12.8
Not having disability-related accommodations	12.8
Disability-related transportation issues	5.1
Perceptions regarding impact of income on benefits	5.1
Housing issues	5.1
Other health issues	5.1
Substance abuse issues	2.6
Other transportation issues	0.0
Language barriers	0.0
Childcare issues	0.0

The most commonly identified barriers to achieving employment goals for DC-RSA consumers with most significant disabilities were not having job skills and employers' perceptions about employing people with disabilities. Not having job skills was identified as the top barrier for persons with most significant disabilities by both partners and DC-RSA staff. Other barriers were identified somewhat less frequently than the top two barriers.

**Partner survey: barriers to accessing DC-RSA services.** Partner survey respondents were asked if the barriers to accessing DC-RSA services for consumers with the most significant disabilities were different than the general population of individuals with disabilities. Of those who responded to this question, 52.1% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to accessing DC-RSA services for DC-RSA consumers with most significant disabilities. Table 12 details their responses to this question.

Table 12.

*Barriers to Accessing DC-RSA Services for Individuals with Most Significant Disabilities, Partner Survey.*

<b>Partner Survey</b>	<b>Percent</b>
Difficulties accessing assessment services	24.1
Difficulties accessing training or education programs	22.4
Limited accessibility of DC-RSA via public transportation	19.0
Other challenges related to the physical location of the DC-RSA office	13.8
Difficulties completing the application	13.8
Inadequate disability-related accommodations	10.3
Language barriers	10.3
Difficulties completing the Individualized Plan for Employment	10.3
Difficulties accessing plan services	10.3
Other challenges related to the physical location of the DC-RSA office	8.6

The most commonly identified barriers to accessing DC-RSA services identified by respondents to the partner survey were accessing assessment services, accessing training or education programs, and limited accessibility of DC-RSA by public transportation. Other barriers were identified somewhat less frequently than the top three barriers.

**Staff survey: barriers to accessing DC-RSA services.** Staff survey respondents were asked if the barriers to accessing DC-RSA services for consumers with the most significant disabilities were different than the general population of individuals with disabilities. Of those who responded to this question, 39.4% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to accessing DC-RSA services for DC-RSA consumers with most significant disabilities. Table 13 details their responses to this question.

Table 13.

*Barriers to Accessing DC-RSA Services for Individuals with Most Significant Disabilities, Staff Survey.*

<b>Staff Survey</b>	<b>Percent</b>
Limited accessibility of DC-RSA via public transportation	20.5
Difficulties accessing training or education programs	15.4
Other challenges related to the physical location of the DC-RSA office	15.4
Difficulties completing the application	12.8
Inadequate disability-related accommodations	12.8
Difficulties completing the Individualized Plan for Employment	7.7
Difficulties accessing plan services	7.7
Other challenges related to the physical location of the DC-RSA office	7.7
Difficulties accessing assessment services	5.1
Language barriers	5.1

The most commonly identified barriers to accessing DC-RSA services identified by respondents to the staff survey were limited accessibility of DC-RSA by public transportation, difficulties accessing training or education programs, and other challenges related to the physical location of the DC-RSA office. The top barrier identified by partner survey respondents, difficulties accessing assessment services, was among the least frequently identified barriers to accessing DC-RSA services in the staff survey.

## **Focus Groups Results by Type**

**Consumer focus groups:** The supported employment needs identified in the consumer focus groups emphasized the need to provide more education to employers about disability in order to increase employment opportunities for people with the most significant disabilities. The following comments from individuals with disabilities illustrate this need:

*“Workplaces need sensitivity training. They need training in how to be prepared to work with individuals with disabilities.”*

*“There is a need to address attitudinal barriers that contribute to persistent employment gaps for people with disabilities.”*

The need for more variety in employment opportunities and more flexibility by DC-RSA in application of their rules and policies was also identified as a need as illustrated by the following comments:

*“We (consumers) need access to more service-industry jobs; jobs that don’t demand high skills levels.”*

*“DC-RSA should support secondary job goals when an individual is already employed and wants to advance.”*

**Partner focus groups.** The community partners identified the need for better coordination and clarification of responsibilities between DC-RSA and DDA as the primary unmet need for individuals with significant disabilities. Individuals with significant disabilities predominantly identified by the focus group participants were individuals with intellectual disabilities (i.e., developmental disabilities). The need for coordination was particularly emphasized in relation to the provision of supported employment. The following comments from community partners illustrate this need:

*“[There is a] disconnect between DDA and DC-RSA services. If the individual is eligible for DD services, [it is] unclear if she would also be eligible for RSA services.”*

*“RSA said “we don’t do Supported Employment, it’s a DDA function.” RSA says individuals “need to be competitively employed.” Persons with severe intellectual disabilities can be competitively employment with supported employment.”*



*“[For individuals with] significant and multiple disabilities, [it is] unclear if client can be eligible for both DDA and RSA services.”*

*“More coordination between programs. Public has no clear understanding of the different programs. For clients with intellectual disabilities –disconnect between DDA and RSA.”*

*“Gap in transition from RSA to DDA – there shouldn’t be an end to employment while systems close paperwork on one end (i.e., RSA) and open paperwork on other end (i.e., DDA).”*

Following in importance was the need for individualized support. For individuals with significant disabilities, individualized support was identified as critical at all phases from job exploration to ongoing support. The following comments from community partners illustrate this need:

*“DC-RSA needs to do a better job learning about employer’s needs and then matching these to individual’s strength.”*

*“Supports need to be individualized; in RSA clients seem to be pigeon-holed into careers. Counselors need to listen to what the client is asking, not what’s easy for the counselor.”*

*“Services need to better match individual needs. One size fits all does not apply to these populations.”*

The community partners that attended the focus groups identified the need for long-term extended services available in the standard supported employment model as a need for consumers with the most significant disabilities placed in employment. Some of the comments were:

*“DC-RSA’s concept of Supported Employment is “temporary.” Clients need continued, long-term support (especially clients with significant disabilities).”*

*“There is a need for extended/ongoing job coaching for individuals who don’t have intellectual disabilities as well.”*

*“Individuals with severe intellectual disabilities need supported employment, long-term support.”*

The partner focus group comments reinforced the observations that the project team made during the individual interviews. There appears to be a misunderstanding on the part of DC-RSA staff about how Supported Employment services are generally structured and how extended services are provided to consumers placed in employment. DC-RSA staff expressed this same

issue in their focus groups when the topic of Supported Employment arose. This is discussed in the next section.

**DC-RSA staff focus groups.** The primary supported employment need identified in the staff focus groups focused on the need to better understand the services available through supported employment and how and when to provide them. Specifically, DC-RSA staff expressed difficulty understanding the distinction between supported employment and other programs as illustrated by the following comment:

*“The difference between supported employment services and other types of vendor services isn’t clear to some DC-RSA staff. There is confusion about the whole thing.”*

Additionally, staff described the vendors’ reluctance to provide extended services, which is a key component of supported employment. They indicated that vendors are not comfortable committing to the providing extended services once the VR case is closed, and this limits the options available for placement. The project team noted that DC-RSA staff expects the vendors to provide extended services without a funding mechanism to provide the service.

Finally, staff identified the need to extend supported employment to other disability groups. Although it appears that DC-RSA is primarily providing what they term as Supported Employment to people with mental health impairments, there are a limited number of individuals with intellectual disabilities receiving SE services, and DC-RSA staff identified the need for SE services to be provided to individuals with TBI.

### **Recommendations in this area:**

- Provide training to DC-RSA and IL staff on the link between VR and IL services. DC-RSA should consider recruiting an Independent Living Center (ILC) to provide job placement services and to become an HCA provider if there is not one doing this now.
- Develop a solicitation to provide job placement services for people with deafness and blindness
- Provide training to DC-RSA staff and HCA providers on the Supported Employment program model and extended service provision, especially for consumers that do not qualify for services through DDA.
- Initiate and cultivate a collaborative partnership with DDA in order to ensure that supported employment services are available to consumers with the most significant intellectual disabilities. This will ensure the availability of a long term extended service provider and may result in an expansion of more traditional SE services.
- Provide benefits counseling to clients that receive SSI/DI at the beginning of the VR process to help them understand how work affects benefits. Ensure that their Ticket to Work has been assigned to DC-RSA.
- Ensure that all successfully closed consumers, especially those with the most significant disabilities, are working in jobs that pay at or above minimum wage. DC-RSA should provide training on Federal RSA’s TAC dated November 21, 2005 entitled, *“Factors State Vocational Rehabilitation Agencies Should Consider When Determining Whether a*

*Job Position Within a Community Rehabilitation Program is Deemed to be in an "Integrated Setting" for Purposes of the Vocational Rehabilitation Program"*

- Identify why the agency has had such a significant drop in the rate of service to persons with the most significant disabilities. The data is not consistent with the reports from DC-RSA staff about the type of consumers they are serving. It is recommended that DC-RSA examine the significance of disability determination process to determine if there is a case recording reason for the drop in rates.

**SECTION 3**  
**NEEDS OF INDIVIDUALS WITH DISABILITIES FROM DIFFERENT ETHNIC GROUPS, INCLUDING NEEDS OF INDIVIDUALS WHO HAVE BEEN UNSERVED OR UNDERSERVED BY THE VR PROGRAM**

Table 14 identifies the ethnicity of consumers served by DC-RSA for the three year period of this report. The number of consumers by ethnicity is identified along with the rate of that ethnicity to the total population of DC-RSA consumers. That rate is then compared to the rate of that ethnicity occurring in Washington, DC in general to determine if DC-RSA is serving different ethnicities at the rate that they occur generally in the District.

Table 14  
*Consumers by Ethnicity*

<b>Ethnicity</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Asian	25	23	21
% of all consumers	1%	1%	1%
% in DC	4%	4%	4%
Difference	-3%	-3%	-3%
American Indian or Alaskan Native	98	42	42
% of all consumers	2%	1%	1%
% in DC	1%	1%	1%
Difference	1%	0%	0%
Black or African American	2881	2127	1626
% of all consumers	65%	63%	56%
% in DC	51%	51%	51%
Difference	14%	12%	7%
Hispanic or Latino	236	156	167
% of all consumers	5%	5%	6%
% in DC	10%	10%	10%
Difference	-5%	-5%	-4%
Native Hawaiian or Pacific Islander	24	16	16
% of all consumers	1%	1%	1%
% in DC	0.10%	0.10%	0.10%
Difference	0%	0%	0%
White	293	182	193
% of all consumers	7%	5%	7%
% in DC	42%	42%	42%
Difference	-35%	-37%	-35%

Table 14 indicates that DC-RSA serves primarily African-American consumers, though this number has decreased in rate over the three years from 2010-2012. The rates identified for

DC generally are from the US Census Bureau, and they indicate that DC-RSA is serving White individuals at a rate lower than their occurrence in the general population. This is also true of Hispanics and Asians. It is important to understand that there may be many reasons why a particular ethnic group may or may not seek out services from DC-RSA at the same rate that they occur in the general population. It is not possible to identify what those reasons might be in this report. The project team offers the information as a starting point for discussions and investigation to determine if there are strategies and actions that DC-RSA might take to increase service to some populations in the District.

## **Key Informant Interviews**

The following themes emerged on a recurring basis from the individual interviews conducted for this assessment in this area:

- There is a large Hispanic population that is growing in DC, and they are not accessing services from DC-RSA at the same rate that they appear in the District.
- DC has a large Ethiopian population that does not appear to be accessing services as frequently as other groups of consumers.
- The Asian population in the District is not accessing services at the same rate they appear in the District generally. The feedback the project team received is that Asian people with disabilities do not seek out services from DC-RSA as frequently as some populations, but that their access may increase if there were counselors of Asian descent performing targeted outreach.
- People with significant physical disabilities were reported by several individuals as being underserved by the agency. The increasing numbers of consumers with mental health impairments has shifted the focus and resources of the organization away from people with the most significant physical disabilities.
- Several individuals identified persons with Autism Spectrum Disorders as being an emerging population that will need to have agency resources allocated to their service at some point in the near future in order to meet their need for job training and placement.

## **Survey Results by Type**

**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 individuals with disabilities. Of those who responded to this question, 64.7% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to achieving employment goals for DC-RSA consumers who are racial or ethnic minorities. Table 15 details their responses to this question.

Table 15.

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

<b>Partner Survey</b>	<b>Percent</b>
Not having education or training	34.5
Not having job skills	25.9
Employers' perceptions about employing people with disabilities	15.5
Not enough jobs available	15.5
Not having job search skills	15.5
Language barriers	15.5
Perceptions regarding impact of income on benefits	13.8
Other	6.9
Lack of help with disability-related personal care	6.9
Housing issues	6.9
Substance abuse issues	5.2
Childcare issues	5.2
Disability-related transportation issues	3.4
Not having disability-related accommodations	3.4
Other transportation issues	3.4
Mental health issues	1.7
Other health issues	1.7

Responses to the partner survey indicated that the most commonly identified barriers to achieving employment goals for DC-RSA consumers who are racial or ethnic minorities were not having education or training and not having job skills. Other barriers were identified somewhat less frequently than the top two barriers.

**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 individuals with disabilities. Of those who responded to this question, 54.3% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to achieving employment goals for DC-RSA consumers who are racial or ethnic minorities. Table 16 details their responses to this question.

Table 16.

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

<b>Staff Survey</b>	<b>Percent</b>
Not having education or training	35.9
Language barriers	23.1
Not having job search skills	17.9
Not having job skills	15.4
Employers' perceptions about employing people with disabilities	12.8
Substance abuse issues	10.3
Not enough jobs available	7.7
Other health issues	7.7
Other	5.1
Not having disability-related accommodations	5.1
Mental health issues	5.1
Perceptions regarding impact of income on benefits	2.6
Disability-related transportation issues	2.6
Other transportation issues	2.6
Lack of help with disability-related personal care	0.0
Housing issues	0.0
Childcare issues	0.0

DC-RSA staff identified not having education or training most frequently as one of the top three barriers to achieving employment goals. This barrier was also identified by respondents to the partner survey with the greatest frequency. Language barriers and not having job skills were also barriers that were mentioned relatively frequently by respondents to both the partner and staff surveys.

**Partner survey: barriers to accessing DC-RSA services for consumers who are racial or ethnic minorities.** Partner survey respondents were asked if the barriers to accessing DC-RSA services for consumers who are racial or ethnic minorities were different than the general population of individuals with disabilities. Of those who responded to this question, 44.7% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to accessing DC-RSA services for DC-RSA consumers who are racial or ethnic minorities. Table 17 details their responses to this question.

Table 17.

*Barriers to Accessing DC-RSA Services for Individuals Who Are Racial or Ethnic Minorities, Partner Survey.*

<b>Partner Survey</b>	<b>Percent</b>
Difficulties accessing training or education programs	17.2
Difficulties completing the application	17.2
Limited accessibility of DC-RSA via public transportation	12.1
Inadequate disability-related accommodations	12.1
Language barriers	10.3
Difficulties accessing assessment services	8.6
Difficulties accessing plan services	8.6
Difficulties completing the Individualized Plan for Employment	6.9
Other challenges related to the physical location of the DC-RSA office	1.7

The most commonly identified barriers to accessing DC-RSA services identified by respondents to the partner survey were accessing training or education programs and difficulties completing the application.

**Staff survey: barriers to accessing DC-RSA services for individuals who are racial or ethnic minorities.** Staff survey respondents were asked if the barriers to accessing DC-RSA services for consumers who are racial or ethnic minorities were different than the general population of individuals with disabilities. Of those who responded to this question, 44.1% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to accessing DC-RSA services for DC-RSA consumers who are racial or ethnic minorities. Table 18 details their responses to this question.

Table 18.

*Barriers to Accessing DC-RSA Services for Individuals Who Are Racial or Ethnic Minorities, Staff Survey.*

<b>Staff Survey</b>	<b>Percent</b>
Language barriers	35.9
Limited accessibility of DC-RSA via public transportation	12.8
Difficulties accessing training or education programs	10.3
Difficulties completing the application	10.3
Difficulties accessing assessment services	10.3
Difficulties accessing plan services	10.3
Other challenges related to the physical location of the DC-RSA office	10.3
Inadequate disability-related accommodations	2.6
Difficulties completing the Individualized Plan for Employment	0.0

The most commonly identified barrier to accessing DC-RSA services identified by respondents to the staff survey was language barriers. Whereas a smaller proportion of partner



survey respondents (10.3%) identified language barriers as a concern, 35.9% of DC-RSA staff respondents indicated that language barriers limited access to DC-RSA services for clients who are racial or ethnic minorities.

## **Focus Groups Results by Type**

**Consumer Focus Groups.** In the consumer focus groups, unmet needs specific to individuals with visual impairments were frequently cited. These comments often demonstrated a need for there to be a link and integration between DC-RSA services and other services that would provide a more holistic approach to addressing the consumer's needs. The following comments from individuals with disabilities illustrate these needs:

*“Consumers who are blind need a connection to a social worker for basic needs of living like housing and food.”*

The consumer focus groups echoed the need for independent living services in addition to VR services, and the need for both to be linked as part of a whole. One consumer stated,

*“There is a need for more independence training for individuals who are visually impaired. I'm grateful for my aid, but one day I don't want to have to need one.”*

The need for housing was identified as an unmet need for several groups including young homeless people, and people just released from prison. Some of the other groups identified as underserved included older adults with disabilities, individuals with mental illness, individuals with communication impairments (verbal, written), and individuals from lower socio-economic backgrounds.

**Partner focus groups.** It is interesting to note that the participants in the partner focus groups did not identify any unserved or underserved groups by ethnicity, only by disability and age. While unmet needs for specific ethnic groups were not identified, general statements regarding outreach and communication were expressed. The following comments from community partners illustrate this focus:

*“DC-RSA information should be available in the languages and communication formats desired by underserved groups. Family members shouldn't be used as translators for individuals with language barriers as doing so may compromise the independence or autonomy of the individual.”*

The partner focus groups did identify the need to do specific outreach in the communities where consumers lived, rather than expecting them to come to DC-RSA's office for service. One participant captured an often expressed sentiment when she said,

*“DC-RSA needs to conduct outreach to isolated race or ethnic groups in the home communities of these groups.”*

Individuals with mental health impairments were identified frequently as an underserved group based on disability, despite the fact that the agency's data files indicate that these individuals are served at disproportionately high rates. In addition, community partners highlighted the complex needs of individuals who are dually diagnosed, citing the numerous housing, health and recovery needs of these individuals.

The needs of individuals with sensory disabilities were also frequently identified as an underserved group. Sensory disabilities encompassed visual impairments and hearing impairments. The following is illustrative of the sentiments expressed in this area:

*“RSA is behind on serving people with mobility and sensory impairments. They need to communicate with low-incidence disabilities (i.e., blind, Deaf) using appropriate methods of communication. That capacity isn't currently present at DC-RSA.”*

Another underserved group identified by the partner groups was individuals with Learning Disabilities (LD). Other underserved groups mentioned included individuals with intellectual disabilities and older individuals looking to reenter the workforce.

**DC-RSA staff focus groups.** In the staff focus groups, the unmet needs specific to ethnic groups were described in terms of the language barriers encountered in the provision of services. There are limited numbers of DC-RSA staff, service providers, and assessment providers that can communicate effectively with consumers that require translation services. This results in a lack of services to certain ethnic groups such as Spanish speakers. Although there is a translation service available to DC-RSA staff, the real need is to meet the consumers in their own communities and the use of translation services in that environment is awkward at best. The best solution is to hire staff that are bilingual according to DC-RSA staff.

The unmet needs for individuals with visual impairments as an underserved group were mentioned in both staff focus groups. The needs of this population ranged from transition services to job placement. The following comments from staff illustrate this need:

*“There is a big need for job developers who can work with individuals who are blind or visually-impaired -- currently there is only one job developer in the district who can serve this population.”*

*“There is a need for youth with low-vision to prepare for transition by developing work skills. They need help with training and job placement.”*

The unmet needs for clients with criminal records were also mentioned in both staff focus groups. Comments were specific to employment barriers as reflected in the following comment from staff:

*“Criminal history is a barrier for many clients – DC-RSA staff need more education regarding opportunities to expunge convictions. Not many employers are willing to hire*

*these guys. The problem with clearing their background presents a big challenge to getting them employed.*

Other underserved groups mentioned included:

- Older individuals with disabilities (including dementia) who need to keep working. There will be a concurrent growing need for personal attendant care for this group. The identification of this group was consistent across all groups.
- Individuals with mental health impairments in that vendors are not trained to serve this group.
- Individuals with traumatic brain injury, especially their need for employment services and job retention services. Washington, DC is ranked high in both the number of traumatic brain injuries and the number of traumatic brain injury deaths.
- Individuals with autism spectrum disorders, especially those who are high-functioning, for whom employment is feasible.
- Veterans: There is a need for much more outreach to this group. There needs to be more partnership between RSA and VA. The partnership is not consistent.

**Recommendations in this area:**

- DC-RSA should consider performing targeted outreach to the Hispanic, Asian and Ethiopian populations in the District. They should identify community programs that serve individuals with disabilities of these ethnic backgrounds, do on-site outreach, and establish an ongoing liaison relationship with these organizations if possible. This is likely to increase referrals and establish important partnerships for future service.
- Whenever possible, DC-RSA should target and hire bilingual staff in languages consistent with the populations they are trying to serve in increasing numbers.
- In order to increase the numbers of individuals served that have significant physical disabilities, DC-RSA should outreach to organizations that serve this population such as United Cerebral Palsy, the Muscular Dystrophy Association, and any spinal cord injury Rehabilitation hospitals or programs in the District.

## **SECTION 4**

### **NEEDS OF INDIVIDUALS WITH DISABILITIES SERVED THROUGH OTHER COMPONENTS OF THE STATEWIDE WORKFORCE INVESTMENT SYSTEM**

The following information was gathered during this assessment in this area. DC-RSA's internal data does not address the area of service by the Workforce Investment System. There is a measure of referral by agency, but this does not capture or identify need, so it has not been included in this section.

#### **Key Informant Interviews**

The following information was gathered from the individuals interviewed for this assessment in this area.

- Although many DC-RSA counselors work out of the One-Stops (referred to now as the American Job Centers operated through the Department of Employment Services), most describe the partnership as one consisting primarily of information and referral. If a person with a disability, especially someone with a significant disability comes into one of the American Job Centers, that person is generally immediately referred to the DC-RSA counselor and does not access the general American Job Center services. AJC staff are generally viewed as uneducated about working with people with disabilities and unlikely to change in the future. There are a very few examples of shared funding for cases between AJC and DC-RSA, but at least two were identified in the assessment.
- The staff at the AJCs need to receive training on how to work with people with disabilities so that they are more comfortable with the population.
- The consumers interviewed reiterated much of what DC-RSA staff indicated regarding how well they are being served by the One-Stops. They are basically referred back to DC-RSA and are not accessing services at the One-Stops because of poor programmatic accessibility and the lack of knowledge by the staff there.

#### **Focus Groups Results by Type**

**Consumer focus groups.** The quality of programs accessed through the Workforce Investment System was mentioned frequently as an area requiring improvement. Needs for improvement ranged from accessibility of programs to accessibility of counselors. The information shared by the consumers in the focus groups was consistent with the data gathered from the electronic surveys and the individual interviews of consumers. Difficulties with programmatic accessibility, especially for people with blindness were cited regularly as a problem. In addition to the problems with assistive technology so that people with disabilities could access services, consumers frequently cited difficulty receiving adequate services from staff. Two comments from the focus groups reflect the general sentiment expressed during the research.

*“There is no accessible technology for the visually impaired at the one-stops “Why go there if it isn't accessible?”*

*“We need accurate information from one-stop staff. It is hard to get help there, hard to access staff, and oftentimes when you do speak with them, they give wrong information. For instance, a client went to the One-Stop for an interview and was told to show up the next day; when she did, she was told she needed to pre-register for the interview a week ago. There is a lot of miscommunication.”*

Consumers generally painted a picture of the One-Stops as not friendly to or knowledgeable about people with disabilities. They frequently indicated that the One-Stops have a need to develop services unique to individuals with disabilities that they are unable or unwilling to provide at the present time. The following comments from clients illustrate this need:

*“They (One-Stops) need more clear information about how employment affects disability benefits. The information they give is not consistent across caseworkers. They need more part time job opportunities that will not affect disability benefits.”*

The consumers that participated in the focus groups reinforced the information gathered in the individual interviews and surveys, that the relationship between DC-RSA and the One-Stops is primarily one of information and referral. Once the One-Stop staff knows that a person has a disability, they refer them to DC-RSA, and there is no attempt to share funding of cases or work together to share resources for the good of the client.

*“Once the One-Stop center understands that a person has a disability, they refer them back to DC-RSA. We need to be able to access services through the One-Stop like everyone else.”*

**Partner focus groups.** The partner groups consisted of those that were familiar with One-Stop services, and those that were not. There was a general need to increase community partners' awareness and knowledge about services offered by other entities in the Workforce Investment System, especially since they were often working with people with disabilities to help them get to work. For community partners who were aware of the Workforce Investment System programs, the need for more accessible services was identified. The comments were consistent with those cited by the consumer focus groups in that programmatic accessibility and general quality of service was a concern.

*“I am concerned that the One-Stops are not accessible to people with significant disabilities. Clients have to do applications on their own and they have to know how to use a computer. If they don't, or if they need assistive technology, they will have a tough time getting services.”*

**DC-RSA staff focus groups.** The information gathered from DC-RSA staff was consistent with the comments from the other focus groups. The primary concern for staff is the

accessibility of the One-Stop career centers and other programs in the Workforce Investment System. The American Job Centers do not serve people with disabilities well for the most part, and they have particular trouble serving people with blindness or other vision loss. Staff report that almost all of the centers refer people to DC-RSA once they know the person has a disability.

### **Recommendations**

- DC-RSA and the AJCs should identify a pilot group of ten mutual consumers throughout the District to participate in a pilot program where shared funding of training and shared service provision occurs. These pilot cases should be used as training examples for staff from both organizations throughout the District to improve and increase collaboration and sharing of resources between the two agencies. At least half of these pilot program cases should consist of transition-age youth in order to increase the working partnership with the Youth programs at the AJCs and DC-RSA.
- DC-RSA should provide training to AJC staff on the rehabilitation process and the basics of working with people with disabilities. Training between the two agencies should occur on a regular basis.

## SECTION 5 NEEDS OF INDIVIDUALS IN TRANSITION

Table 19 identifies the number of transitions age individuals served by DC-RSA.

Table 19  
*Transition Consumers Served by DC-RSA*

Data Element	2010	2011	2012
Percent of transition age served to total served	18.59%	26.21%	25.43%
Employment rate for transition population served	46.33%	32.44%	35.28%

The rate of transition age individuals in relation to the general population of consumer served by DC-RSA increased from 2010 to 2011 and then slightly decreased from 2011-2012, where it stands at roughly 25%. The employment rate decreased in 2011 from the year before, but rose in 2012 by almost 3%.

### Key Informant Interviews

The following information was gathered from the individuals interviewed for this assessment in this area.

- DC-RSA has a transition unit. There have been several changes designed to improve compliance with Federal transition guidelines and services to transition youth including ensuring that the IPE is written prior to exit from the school system, providing services prior to exit when needed, improving collaboration with school district staff, and developing a transition tool kit.
- Transition age youth are not exiting the school system with marketable skills and are not job ready. There is a need for social and soft skills training.
- Transition youth need to have some work experience prior to exiting the school system so that they are aware of what is required on the job.
- There is a need for evaluation and assessment services for young people with disabilities being served by the secondary school system. DC-RSA is currently paying for psychometric testing while students are in high school because the school district records are, in some cases, very old. The lack of records and the need for current information for eligibility and planning purposes results in delays in both areas, and ultimately in service delivery.
- Students in transition need to know about the services that RSA has to offer. Many have never heard of DC-RSA and have not been exposed to the agency through counselors on-site at the schools. This results in a lack of services once they graduate or exit the school system
- There is a need to expose young people with disabilities to the availability and use of assistive technology prior to graduation or exit from the school system. This need is

consistent with the need for the acquisition of independent living skills training that many young people with significant disabilities experience.

### Survey Results by Type

**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 individuals with disabilities. Of those who responded to this question, 69.2% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to achieving employment goals for youth in transition. Table 20 details their responses to this question.

Table 20.

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

<b>Partner Survey</b>	<b>Percent</b>
Not having job skills	48.3
Not having education or training	41.4
Not having job search skills	24.1
Not enough jobs available	17.2
Perceptions regarding impact of income on benefits	13.8
Employers' perceptions about employing people with disabilities	5.2
Other	5.2
Substance abuse issues	5.2
Housing issues	3.4
Disability-related transportation issues	3.4
Not having disability-related accommodations	3.4
Language barriers	1.7
Other transportation issues	1.7
Mental health issues	1.7
Lack of help with disability-related personal care	0.0
Childcare issues	0.0
Other health 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 and not having job search 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 individuals with disabilities. Of those who responded to this question, 72.2% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to achieving employment goals for DC-RSA consumers who are racial or ethnic minorities. Table 21 details their responses to this question.



Table 21.  
*Barriers to Achieving Employment Goals for Youth in Transition, Staff Survey.*

<b>Staff Survey</b>	<b>Percent</b>
Not having job skills	61.5
Not having education or training	35.9
Not having job search skills	28.2
Not enough jobs available	28.2
Substance abuse issues	7.7
Perceptions regarding impact of income on benefits	7.7
Other	5.1
Mental health issues	5.1
Other transportation issues	5.1
Employers' perceptions about employing people with disabilities	2.6
Other health issues	2.6
Not having disability-related accommodations	2.6
Disability-related transportation issues	2.6
Language barriers	0.0
Lack of help with disability-related personal care	0.0
Housing issues	0.0
Childcare issues	0.0

Not having job skills was identified by considerably more DC-RSA staff respondents than the other barriers to achieving employment goals for youth in transition. Other needs commonly identified included not having education or training, not having job search skills, and not enough jobs available. The top four barriers for youth in transition identified by DC-RSA staff were the same as the top four barriers for youth in transition identified by partners.

**Partner survey: barriers to accessing DC-RSA services for youth in transition.**

Partner survey respondents were asked if the barriers to accessing DC-RSA services for youth in transition were different than the general population of individuals with disabilities. Of those who responded to this question, 44.0% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to accessing DC-RSA services for youth in transition. Table 22 details their responses to this question.

Table 22

*Barriers to Accessing DC-RSA Services for Youth in Transition, Partner Survey.*

<b>Partner Survey</b>	<b>Percent</b>
Difficulties completing the application	17.2
Difficulties accessing plan services	15.5
Difficulties accessing training or education programs	13.8
Difficulties completing the Individualized Plan for Employment	13.8
Limited accessibility of DC-RSA via public transportation	12.1
Other challenges related to the physical location of the DC-RSA office	10.3
Inadequate disability-related accommodations	6.9
Difficulties accessing assessment services	5.2
Language barriers	3.4

The most commonly identified barriers to accessing DC-RSA services identified by respondents to the partner survey were difficulties completing the application, difficulties accessing plan services, difficulties accessing training or education programs, and difficulties completing the Individualized Plan for Employment.

**Staff survey: barriers to accessing DC-RSA services for youth in transition.** Staff survey respondents were asked if the barriers to accessing DC-RSA services for youth in transition were different than the general population of individuals with disabilities. Of those who responded to this question, 38.2% indicated that the barriers were different. These individuals were then asked to identify the top three barriers to accessing DC-RSA services for youth in transition. Table 23 details their responses to this question.

Table 23.

*Barriers to Accessing DC-RSA Services for Youth in Transition, Staff Survey.*

<b>Staff Survey</b>	<b>Percent</b>
Difficulties completing the application	15.4
Other challenges related to the physical location of the DC-RSA office	12.8
Limited accessibility of DC-RSA via public transportation	10.3
Difficulties accessing training or education programs	10.3
Difficulties accessing assessment services	7.7
Difficulties completing the Individualized Plan for Employment	7.7
Language barriers	5.1
Difficulties accessing plan services	5.1
Inadequate disability-related accommodations	5.1

Like respondents to the partner survey, difficulties completing the application were one of the most commonly identified barriers to accessing DC-RSA services for youth in transition.

## Focus Groups Results by Type

**Consumer focus groups.** The consumer focus groups articulated the needs of individuals in transition to be employment preparation, housing, and parent support. The following comments from clients illustrate these needs:

*“Youth with disabilities need skill-set development opportunities in order to compete for jobs; without this they get discouraged and lack motivation. They also need accessible and supported housing.”*

*“There is a need for supports for parents of young adults with disabilities. The parents are left on their own right now, resulting in leaving young adults home. There is a need for parents of youth with disabilities to get support and training to understand disability and advocate for their child.”*

**Partner focus groups.** The predominant need related to transition according to those in the partner focus groups was the need for DC-RSA to get involved sooner with transition students while they are still in school. Related to earlier involvement is the need to improve communication with the schools and reduce the delay in DC-RSA services upon exiting from school. The following comments for community partners illustrate these needs:

*“RSA needs to get to know students while in school and talk to teachers to help determine students’ needs. RSA does not start transition process with students until final year. Reason given: Not enough personnel to do that earlier.”*

*“DC public schools are striving to connect transition-age youth to DC-RSA at earlier ages. DC-RSA is reluctant to engage with people who aren't 18 years of age -- there is a need to start serving transition-age youth prior to age 18, ensuring there is no gap from school to the adult system. We need to connect students to adult services while they are still in school. Students need to know what services are available and when to access them.”*

The community partners articulated the need for a seamless transition from school to post-school activities for people with disabilities, but the current state of affairs does not ensure the transition occurs the way it should.

*“Seamless transition” is really just a hand off. RSA and the schools are not really working together. For one thing, RSA is not reaching students until their final year in high school. They need to start at middle school. No or late contact results in students not knowing where to go, so they end up staying home years after finishing school.”*

The partner focus groups also indicated that there was a great need for the provision of information about DC-RSA's processes and services to students, parents, and teachers. The following comments from community partners illustrate these needs:

*'Families need training and support to better understand the VR system and eligibility, which is very different from the entitlement services within the school system. Parents, students, and teachers don't know what RSA services are. They need to education clients and parents about what is available.'*

*"Teachers need to understand available services to incorporate them into an IEP. They need to assist transition-age youth with the paperwork necessary to establish eligibility for DC-RSA services. The transition from youth to adult services needs to be done in a more supportive manner. Parents and students are intimidated by the system and access to DC-RSA and other service providers should be simplified."*

**DC-RSA staff focus groups.** The staff involved in the focus groups recognized the need to improve the referral process between DC-RSA and the schools. Other needs that were identified included the need for more opportunities (i.e., training, exploration) to better prepare students for employment; maintaining contact with students; and improved collaboration with the schools. DC-RSA staff indicated that transition students come out of the schools with no understanding of what is required in the world of work, and this type of training is essential if they are expecting to find and keep employment. These comments are consistent with information gathered from the surveys, individual interviews and other focus groups.

## **Recommendations**

- It was reported that a Project Search program was being developed in the District. Project Search is an excellent example of the development of work experience opportunities for individuals in transition. DC-RSA should work to develop similar programs throughout the District that give young people the opportunity to experience real work settings and acquire marketable skills for employment upon graduation.
- DC-RSA should recruit and hire a supervisor for the transition unit.
- Encourage the secondary school system in the District to provide current assessment tests to students with disabilities being served by Special Education. DC-RSA might be able to help facilitate this possibility by identifying any Vocational Psychologists that can provide the assessment and connecting them with the schools. One possibility might be for DC-RSA to train a select number of interested consumers to provide this service to the schools. This concept is similar to the "grow your own" projects where VR consumers interested in rehabilitation counseling have IPEs developed with the goal of becoming counselors that will work in the public VR program.
- Ensure that counselors are on-site at the schools and present in the IEP meetings. DC-RSA should develop marketing materials targeted specifically to transition students and their families. These materials should be widely available at the school sites.
- Work collaboratively with the schools to identify ways to provide assistive technology evaluations for those students that may benefit from its use.

- DC-RSA should ensure that IL services are available to, and a part of, transition plans for youth with significant disabilities. They should partner with DCIL to ensure IL services are available and utilized by transition consumers in need.

## SECTION 6 OTHER NEEDS OF INDIVIDUALS WITH DISABILITIES

### Key Informant Interviews

The following information was gathered from the individuals interviewed for this assessment in this area.

- Several staff and consumers that were interviewed discussed the need to approach the rehabilitation process holistically, to identify ways to help meet the needs that consumers have for housing and medical care in addition to work. They indicated that the District is resource rich in many ways, but that there needs to be a coordinated effort between agencies to meet the varied needs of clients.
- The consumers identified a need for improved training and education so that they would be more employable in the higher-end jobs available in the District. This included Federal jobs that provide stability and benefits.

### Survey Results by Type

**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 24 illustrates the responses to the questions about employment-related needs.

Table 24.  
*Employment-Related Needs, Individual Survey*

Individual Survey	Identified as a barrier (%)
Not enough jobs available	43.4
Not having education or training	37.7
Other health issues	33.9
Mental health issues	32.6
Other transportation issues	32.4
Lack of help with disability-related personal care	31.8
Employers' perceptions about employing persons with disabilities	31.4
Housing issues	30.8
Lack of accommodations	30.7
Perceptions regarding impact of income on benefits	29.2
Not having job search skills	27.6
Not having job skills	24.4
Disability-related transportation issues	22.3
Language barriers	15.3
Substance abuse issues	9.2
Childcare issues	5.2

Barriers identified by the greatest proportions of individual survey respondents included not enough jobs available, lack of education or training, and other health issues. Each of these concerns was identified as a barrier by over a third of the individual survey respondents. Several other concerns (e.g., mental health issues and other transportation issues) 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. Fifty-six 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. Other commonly mentioned barriers to achieving employment goals were:

- Limitations due to their disability or disabilities
- Employer attitudinal barriers towards people with disabilities
- Lack of available jobs
- Lack of support and involvement in the job placement process

**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 DC-RSA 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 DC-RSA, (b) a barrier that was not adequately addressed by DC-RSA, or (c) not a barrier. Table 25 illustrates the percentage of individuals that identified each potential barrier as one that was not adequately addressed by DC-RSA.

Table 25.  
*Employment-Related Needs, Partner Survey*

<b>Partner Survey</b>	<b>Identified as a barrier (%)</b>
Not having job skills	76.0
Not having education or training	74.0
Housing issues	72.9
Not having job search skills	71.4
Employers' perceptions about employing persons with disabilities	58.3
Not enough jobs available	55.1
Perceptions regarding impact of income on benefits	54.0
Lack of accommodations	46.9
Disability-related transportation issues	46.0
Lack of help with disability-related personal care	44.9
Other transportation issues	42.9
Mental health issues	39.6
Childcare issues	39.6
Language barriers	38.0

Partner surveys generally reflected a tendency for respondents to rate items as barriers not adequately met by DC-RSA more frequently than respondents to the individual survey. The items identified by the greatest percentage of partner respondents included not having job skills, not having education and training, housing issues, and not having job search skills. The only item among the top four barriers that was also among the top four barriers indicated by respondents to the individual survey was not having education or training.

Partner agency respondents 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 DC-RSA consumers. Twenty-eight responses were provided expressing a variety of needs. Common themes or issues that appeared in two or more of the responses were:

- Lack of communication and coordination between services
- Unprofessional staff
- Lack of access to services
- Lack of client education
- Language barriers
- Lack of counselor follow-up
- Stigma associated with having a disability

**Staff survey: employment-related needs.** Respondents to the DC-RSA staff survey were prompted with a number of questions similar to the individual and partner surveys that asked them about reasons that DC-RSA 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 DC-RSA, (b) a barrier that was not adequately addressed by DC-RSA, or (c) not a barrier. Table 26 illustrates the percentage of staff respondents that identified the potential barrier as one that was not adequately addressed by DC-RSA.



Table 26.  
*Employment-Related Needs, Staff Survey*

<b>Staff Survey</b>	<b>Identified as a barrier (%)</b>
Not enough jobs available	48.6
Employers' perceptions about employing persons with disabilities	42.9
Housing issues	39.4
Not having job skills	37.1
Not having job search skills	36.1
Childcare issues	35.3
Language barriers	34.3
Substance abuse issues	30.3
Other health issues	28.1
Perceptions regarding impact of income on benefits	27.3
Lack of help with disability-related personal care	26.5
Mental health issues	26.5
Not having education or training	25.0
Other transportation issues	20.6
Lack of accommodations	20.0
Disability-related transportation issues	15.2

Staff surveys reflected a tendency for respondents to rate items as barriers not adequately met by DC-RSA less frequently than respondents to the partner survey. The items identified by the greatest percentage of staff respondents were not enough jobs available, employers' perceptions about hiring with individuals with disabilities, housing issues, and not having job skills.

DC-RSA 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 DC-RSA consumers. Eighteen responses were provided; common themes or issues that appeared in the responses were the following:

- Counselor caseload
- Lack of vocational training services
- Lack of client job skills
- Criminal history of the client

### **Focus Groups Results by Type**

**Consumer focus groups.** A frequent need expressed by consumers in the focus groups was that they were in need of more education and training to prepare them for employment. This education ranged from GED preparation to vocational training to advanced college training.

This need was particularly frequent for individuals with blindness interested in entering the labor market. Two comments from the consumer focus groups illustrate this point:

*“A lack of education leads to lack of jobs. Educational barriers contribute to the employment gap for people with disabilities, and DC-RSA should be helping to bridge this gap by providing better educational opportunities.”*

*“DC-RSA counselors are writing IPEs for only one year in duration, which makes it difficult for clients to plan for post-secondary education or vocational training. There is a need to develop multi-year IPEs that support education and training goals.”*

**Partner focus groups:** The community partners expressed that there was a need for increased use of assistive technology for the consumers they work with and the training that goes along with using the technology. They also indicated that consumers need to increase their ability to function independently and that these IL services should be linked with DC-RSA services more closely. A final need that was expressed with regularity was the need to increase self-employment opportunities for consumers of DC-RSA. The partners indicated that there are very few self-employment plans that they work with and that this is a good option for some consumers.

## **Recommendations**

- Create a coalition of government programs and service providers that work together in partnership to meet the needs of people with disabilities in the District. These organizations, with DC-RSA as the leader, can identify ways to streamline referral and share knowledge and resources.

## **SECTION 7**

### **NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY REHABILITATION PROGRAMS IN THE DISTRICT**

#### **Key Informant Interviews**

The following information was gathered from the individuals interviewed for this assessment in this area

- CRPs in the District are referred to as Human Care Agreement (HCA) providers. Although there are several HCA providers in the District, there is a considerable wait period for job placement from these providers in many cases. Many potential reasons were cited for this delay, including the billing and authorization process, the job readiness of clients referred, and the populations served by the HCA providers.
- The need to develop further HCA providers was not articulated except for those providing job placement services to people with sensory impairments.
- There is a need to develop vocational evaluation services as these are very limited in the District.
- Individuals that work with people with deafness indicate that there is a great need for providers that can communicate using American Sign Language so that they can work with people that sign. There are every few HCA providers now that are able to work with the deaf.
- There is a need for HCA providers that are trained to provide assessment and job placement services to people with blindness and other visual impairments.
- There is a need to have a uniform way of evaluating the effectiveness of HCA providers and reporting on their performance so that consumers can make informed choices about who they want to work with.
- The payment procedures to HCA providers were cited as a potential factor in the low employment outcomes for DC-RSA consumers referred for placement. HCA providers are paid whether or not the consumer actually obtains employment. Many DC-RSA staff indicated that they believe outcomes would improve if HCA contracts were outcomes-based.

#### **Survey Results by Type**

**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 individuals with a range of disabilities. Table 27 illustrates the percentage of the partner survey respondents who indicated that each service was readily available.

Table 27.

*Services Available to Individuals with Disabilities, Partner Survey*

<b>Partner Survey</b>	<b>Percent Indicating Available</b>
Job search services	65.5
Job training services	58.6
Assistive technology	44.8
Benefits planning assistance	41.4
Other education services	37.9
Other transportation assistance	34.5
Substance abuse treatment	27.6
Mental health treatment	25.9
Medical treatment	20.7
Income assistance	19.0
Personal care attendants	19.0
Housing	15.5
Vehicle modification assistance	12.1
Health insurance	12.1

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

**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 individuals with disabilities. Of the partner survey respondents who answered the question, 35.8% responded “Yes,” and 64.2% 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. Thirty-two respondents provided narrative answers to this question. Partner survey respondents identified a number of services that providers were unable to meet; those that were mentioned by more than one respondent were:

- Timely provision of vocational rehabilitation services
- Educational services
- Navigating the system of vocational rehabilitation providers
- Job development
- Employment training services
- Job coaching
- Assistive technology

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 28 depicts the responses of the partners who responded to the question.

Table 28.

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

<b>Partner Survey</b>	<b>Percent</b>
Low quality of provider services	39.7
Not enough providers available in area	34.5
Client barriers prevent successful interactions with providers	25.9
No providers in the area	6.9

Low quality of provider services was the most frequently selected reason for providers being unable to meet the needs of persons with disabilities. Not enough providers available in the area followed closely in frequency.

Respondents were presented with an open-ended question that asked them to identify the vocational rehabilitation service needs that the network of rehabilitation service providers in Washington D.C. were unable to meet. Thirty-two respondents provided answers to this question. Partner survey respondents identified a number of services providers were unable to meet. Those that were mentioned by more than one respondent were:

- Getting services and responding to clients in a timely manner
- Providing more staff
- Job placement
- Allowing for an easier intake process
- Providing more job coaches
- Offering more opportunities for employment training

Partner survey respondents that identified “other” as a response to reasons why they were not able to meet client needs identified two main reasons for this. The two themes that surface most commonly in the comments by respondents were case overload and lack of services. A total of 17 people responded to the “other” reasons category by providing a narrative comment.

Partner survey respondents were presented with an open-ended question and asked to identify the most important change that the network or rehabilitation service providers could make to support consumers’ efforts to achieve their employment goals. Thirty-three respondents provided and described a variety of desired changes including:

- Providing more job training
- Building a relationship with other services
- Providing more access to services
- Increasing awareness of services

- Increasing both employer and public awareness of disability
- Improving education services

**Staff survey: readily available services.** DC-RSA staff survey respondents were provided with a checklist of services identical to the checklist provider to partner survey respondents and asked to indicate which of the services were readily available in the area to individuals with a range of disabilities. Table 29 illustrates the percentage of the staff survey respondents who indicated that each service was readily available.

Table 29.  
*Services Available to Individuals with Disabilities, Staff Survey*

<b>Staff Survey</b>	<b>Percent Indicating Available</b>
Job training services	87.2
Assistive technology	87.2
Other education services	84.6
Job search services	82.1
Other transportation assistance	69.2
Mental health treatment	69.2
Benefits planning assistance	66.7
Substance abuse treatment	59.0
Personal care attendants	56.4
Medical treatment	53.8
Income assistance	35.9
Vehicle modification assistance	35.9
Health insurance	33.3
Housing	23.1

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

**Staff survey: capacity to meet vocational rehabilitation needs.** DC-RSA 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 individuals with disabilities. Of the staff survey respondents who answered the question, 53.8% responded “Yes,” and 46.2% 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. Thirteen respondents provided narrative answers to this question. Staff survey respondents identified a number of services that providers were unable to meet, and job placement was a consistent theme across many of the respondents. Supported employment

services were also mentioned as a need that vendors were unable to meet by two of the thirteen individuals that provided narrative responses to this question.

DC-RSA 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 30 depicts the responses of the DC-RSA staff who responded to the question.

Table 30.  
*Reasons Providers are Unable to Meet Service Needs, Staff Survey*

<b>Staff Survey</b>	<b>Percent</b>
Low quality of provider services	25.6
Client barriers prevent successful interactions with providers	17.9
Not enough providers available in area	10.3
No providers in the area	5.1

Consistent with the results of the partner survey, low quality of provider services was the most frequently selected reason for providers being unable to meet the needs of persons with disabilities.

Respondents were presented with an open-ended question asking what service needs vendors are unable to meet. Thirteen responses were provided and described a variety of needs that vendors were unable to meet:

- Job placement
- Supported employment
- Job development
- Vocational training
- Supported employment

DC-RSA 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 respondents provided responses and described a variety of desired vendor changes. Changes that were mentioned commonly included:

- Increasing disability awareness
- Assisting with job placement
- Clarifying policies
- Providing job skill training
- Improving customer service

## Focus Groups Results by Type

**Consumer focus groups.** The consumers that participated in the focus groups identified the need for expanded independent living and housing services most frequently in this area. Many consumers indicated that affordable housing was a major problem for them and that the lack of affordable housing affected their ability to survive and thrive in the District. IL services were cited most frequently by individuals with visual impairments as a need. The comment below was very common in the consumer focus groups:

*“We need more agencies or more capacity focused specifically on independent living -- not agencies that handle independent living in addition to a host of other concerns. The existing programs are not providing service they are advertising. “*

The need for increased job placement services for people with sensory impairments was also mentioned with some regularity by the groups. This is consistent with information gathered in the individual interviews and the surveys.

**Partner focus groups.** The need for monitoring and maintaining the quality of services provided by vendors was the primary focus of discussion in this category. The following comments illustrate this need:

*“RSA does not do a good job of reviewing programs. There is a need for quality assurance (QA) for accountability with current providers. There should be objective information about providers to share with the public and consumers.*

*“The quality of services of providers is very poor. Better providers will not contract with RSA because RSA does not pay in a timely manner.*

The partners identified the following services that need to be created or expanded:

- *Legal services (i.e., Advocate for Progress, Quality Trust, University Legal Services) to help parents navigate transition to RSA. But these services also don't understand the RSA process.*
- *More supported employment*
- *Vocational assessment services*
- *AT services*
- *Programs for seniors*
- *Services for people with learning disabilities*

**DC-RSA staff focus groups.** Staff identified the need to strengthen their relationships with existing vendors and service providers. They expressed that they do not interact with these vendors with the same regularity as in the past, and this results in a “disconnect” with them. Counselors indicated that they do not have the time to get involved in vendor network meetings and that they cannot build relationships with them as a result. Although the staff recognized a



need to improve performance by the CRPs, the payment process and the lack of accountability measures left them feeling as if there was little hope of significant improvement. They indicated that payments would need to be outcomes-based for there to be any real improvement.

## **Recommendations**

- DC-RSA should develop a solicitation for vocational evaluation services. The number of available providers might increase if the solicitation includes the provision of situational assessments and other work-based assessment activities rather than formal vocational evaluation that requires a Masters-level Certified Vocational Evaluator.
- Improve the capacity of DC-RSA to provide evaluation services in-house as the budget allows.
- Develop performance-based HCA agreements and regularly monitor the progress of HCA providers in meeting objectives.
- When soliciting for HCA providers, ensure that bilingual staff in targeted areas are employed by the approved providers in order to meet the language needs of the consumers referred by DC-RSA.
- Create a job developers network consisting of representatives of the HCA providers in the District and DC-RSA. This network should meet regularly with the goal of collaborating and reaching out to businesses in the District to promote the hiring of people with disabilities.
- Recruit HCA providers that are trained to work with people with sensory impairments
- It has been reported that DC-RSA is in the process of utilizing a “Vendor Report Card,” that will be available to consumers to ensure that they can make informed choices about the HCA provider they want to work with. It is recommended that DC-RSA continue this process and implement the report card as soon as possible.

## **SECTION 8**

### **BUSINESS SERVICES AND RELATIONS**

As noted earlier in the report, there were only three responses to the business survey conducted for this assessment. In addition, there was one individual interview of a business owner in the District conducted. Consequently, it is not possible to generalize any of the findings to the business community at large in the District. A brief summary of the findings of the completed surveys and the interview is offered here with recommendations that DC-RSA might find helpful as they form strategies for improving relationships with businesses in the future.

#### **Individual Interview**

The individual business owner interviewed for this study indicated that DC-RSA is actively involved with the Business Leadership Network in the area and that they have been engaged with businesses through their Business Relations Unit. The business owner indicated that DC-RSA consumers need to come to interviews with knowledge about the company they are interviewing with, including the culture of the business. Employers need help dispelling myths about people with disabilities, and DC-RSA can be instrumental in providing education to local area employers in this regard.

The need for soft skills training of applicants with disabilities was reiterated, and this is consistent with information gathered from other sources during this assessment. This need was identified as especially important for youth in transition since they have little or no work experience.

The need for DC-RSA to develop long-term relationships with employers was articulated. Businesses want a single point of contact, an expert on disability issues that they can contact when they need information, and DC-RSA is the logical and best choice to fill this role. If DC-RSA can build and develop trust with businesses in the District, this will result in increased employment outcomes for their consumers.

#### **Survey Results**

All three of the businesses that responded to the survey indicated that they would like assistance with recruiting qualified applicants with disabilities for future hires. They indicated that they would like assistance with recruiting applicants with good social and interpersonal skills along with those meeting the minimum qualifications for available jobs. The businesses indicated that they would also like to receive training on disabilities in general and on sensitivity to workers with disabilities.

#### **Recommendations**

The following recommendations are offered based on the limited information gathered in this section:

- DC-RSA should develop and provide disability awareness training to local area employers to increase their knowledge base about working with people with disabilities and, as a by-product, develop a trusting relationship and solidify the organization's role as the single point of contact on disability issues.
- DC-RSA should provide soft-skills training to job seekers and train their candidates on how to acquire knowledge about a business they are applying to, including knowledge about the culture of the organization so that this can be articulated in the interview and increase their chance of being hired.
- DC-RSA should actively participate in networking with businesses through the Chamber of Commerce, Human Resource organizations, and other avenues as a way of marketing their services and forming critical business partnerships.
- DC-RSA should develop a formal marketing campaign that highlights their ability to provide qualified candidates to businesses and help local businesses with important recruiting needs. This is especially true of Federal employment.
- DC-RSA should help develop a network or coalition of job placement providers that work together to form a strategy for placement of consumers rather than competing against each other. A "Job Developers Network," or something similar should be formed with the intent of sharing information and partnerships to achieve common goals.
- DC-RSA should work with Manpower, or other temporary placement agencies to replicate a program like Project Ability that will provide work experience and training for consumers, while forming lasting business partnerships for the future.

## **Conclusion**

The needs assessment in the District of Columbia is the result of a cooperative effort between DC-RSA and the State Rehabilitation Council. These efforts solicited information concerning the needs of persons with disabilities from persons with disabilities, service providers, DC-RSA staff and businesses for the purpose of providing DC-RSA and the SRC with direction for addressing structure and resource demands.

The results of the needs assessment efforts provide strategic planning information and offer stakeholders a means of communicating needs and educating service providers. Data resulting from the needs assessment effort suggest agreement between individuals with disabilities, partners, and DC-RSA staff with respect to some perceptions of need. It is anticipated that DC-RSA and the SRC will use this information in a strategic manner that results in provision of vocational rehabilitation services designed to address current needs of individuals with disabilities who seek employment.