
**San Diego State University
Interwork Institute**

**Oregon Vocational Rehabilitation
and
State Rehabilitation Council
Comprehensive Statewide Needs Assessment**

**Submitted to:
Oregon State Rehabilitation Council
Oregon Vocational Rehabilitation**

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Executive Summary

Oregon Vocational Rehabilitation, the State Rehabilitation Council and the Interwork Institute at San Diego State University jointly conducted an assessment of the vocational rehabilitation needs of persons with disabilities residing in the state of Oregon. 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 Vocational Rehabilitation'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:

- Telephone, electronic, and mail surveys conducted with four stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, employers, and VR staff);
- Focus groups conducted with three stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, and VR staff);
- Key informant interviews conducted with individuals identified as knowledgeable about the needs of individuals with disabilities in the state, workforce dynamics in the state, or both; and,
- Analysis of existing demographic and case service data relevant to individuals with disabilities in the state of Oregon.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) potential, actual, or former consumers of VR services located throughout the state; (b) representatives of organizations that provide services to individuals who are potential, actual, or former consumers of VR services; (c) VR staff; and (d) representatives of businesses. 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 state. Responses to the individual survey reflect the opinions of current and former clients of VR including individuals who had not yet developed a rehabilitation plan, individuals with active rehabilitation plans, and individuals whose cases had been closed. Efforts were made to gather information pertinent to un-served and under-served populations through inquiries with individuals who serve a broad range of persons with disabilities in the state (whether they are affiliated with VR or not). Likewise, the VR staff members that participated in key informant interviews, focus groups and surveys serve individuals with disabilities representing a broad range of backgrounds and experiences. Efforts were made to solicit responses from businesses reflecting the opinions of employers representing a variety of industries.

Four hundred telephone interviews were completed with individuals with disabilities, 31 partner surveys were completed, 85 VR staff surveys were completed, and 98 business surveys were completed. A total of 80 persons participated in 12 focus group conducted in Eugene, Medford, Portland, and Redmond, while 25 individuals participated in the key informant interviews. The following summary highlights some of the most commonly cited needs

associated with achieving employment goals and accessing VR services derived from the surveys, focus groups, and key informant interviews.

Frequently Encountered Barriers to Achieving Employment Goals

Individuals with disabilities, representatives of partner organizations, and VR staff all identified the lack of available jobs as among the most frequently encountered barriers to achieving employment goals. Each of the respondent groups (individuals, partners, and VR staff) identified a different barrier most frequently, with individuals mentioning the need for more education and training, partners mentioning employers' perceptions of individuals with disabilities, and staff mentioning mental health issues.

Key informants identified the following as the top barriers to employment encountered by people with disabilities:

- Employers' concerns about risks associated with hiring individuals with disabilities,
- Employers' concerns about accommodating individuals with disabilities,
- Misperceptions about disabilities held by human services and education professionals,
- Lack of job preparation, and
- Lack of interpersonal or "soft" skills.

Frequently Encountered Barriers to Achieving Employment Goals for Individuals with Most Significant Disabilities

A question about barriers to achieving employment goals for individuals with most significant disabilities was asked of partner and VR staff respondents. Both partners and VR staff identified (a) employers' perceptions about employing persons with disabilities and (b) not having job skills among the most frequent barriers to achieving employment goals for persons with the most significant disabilities.

Key informant interview findings suggested that an additional barrier to employment for individuals with most significant disabilities may take the form of diminished expectations of work potential on the part of both employers and human service professionals. In addition, vocational rehabilitation staff may perceive these individuals as representing time-intensive cases and may be reluctant to provide the necessary services due to concerns about time demands.

Frequently Encountered Barriers to Achieving Employment Goals for Youth in Transition

Partners and VR staff members were asked about barriers to achieving employment goals for youth in transition. There was noteworthy agreement between partners and VR staff with respect to several of the most frequently cited barriers to achieving employment goals for youth in transition. Both groups identified not having job skills, a lack of education or training, and a lack of job search skills among the most frequent barriers to achieving employment goals for youth in transition.

The focus group research yielded data suggesting that there was a need to increase the emphasis upon and provision of transition services within the schools. The key informant interviews echoed this finding. Other transition needs identified through key informant interviews were improving transition services in rural areas, facilitating pursuit of higher education for transition students, providing job coaches in the high schools, providing work experiences while youth attend school, and increasing family awareness of disability and students' potential.

Frequently Encountered Barriers to Achieving Employment Goals for Consumers who are Racial or Ethnic Minorities

Partners and VR staff members were asked about barriers to achieving employment goals for consumers who are racial or ethnic minorities. There was a substantial degree of congruence between partners and VR staff with respect to the most frequent barriers to achieving employment goals for consumers who are racial or ethnic minorities. Language barriers were identified most commonly, followed by lack of education or training, lack of job skills, and employers' perceptions about hiring workers with disabilities.

The key informant interviews suggested that barriers encountered by individuals with disabilities from racial, cultural, or ethnic minority backgrounds included language and cultural barriers, as well as the lack of vocational rehabilitation outreach into communities where these individuals live.

Barriers to Accessing VR Services

Individuals with disabilities, partners, and VR staff were asked about barriers to accessing VR services. Partners and staff agreed that accessing training education services was prominent among the top barriers to accessing VR services. There was some agreement between individuals with disabilities, partners and VR staff that limited accessibility of VR via public transportation represented a barrier to accessing services.

Key informants identified specific populations that were encountering difficulties accessing VR services – individuals with developmental disabilities, transition age youth, individuals with significant disabilities, and individuals with disabilities who were homeless. The barriers described for these populations were related to eligibility determination, low employment expectations on the part of the counselors, and valid identification.

Employer Survey, Perceived Helpfulness of Employer Services

Employer survey respondents were asked to rate the perceived helpfulness of a variety of potential services provided to employers by VR. The survey items with the highest perceived helpfulness reported by respondents to the business survey were:

- Providing workers with disabilities with the accommodations and supports they need to do the employer's work;

- If concerns arise, providing consultation with management, the workers, and co-workers to resolve the concerns;
- Placing qualified individuals in internships at the business with full reimbursement of the employer's expenses;
- Providing training consultation and resources related to the provision of reasonable accommodations; and
- Finding workers that meet the employer's workforce needs.

The needs assessment in the State of Oregon is the result of a cooperative effort between Vocational Rehabilitation and the State Rehabilitation Council. These efforts solicited information concerning the needs of persons with disabilities from persons with disabilities, service providers, VR staff and businesses for the purpose of providing VR and the SRC with direction for addressing structure and resource demands. The needs assessment effort is based upon the contributions of approximately 700 individuals representing different stakeholder groups. It is anticipated that Vocational Rehabilitation and the State Rehabilitation Council will use this information in a strategic manner that results in provision of vocational rehabilitation services designed to address the current and future needs of individuals with disabilities who seek employment.

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Impetus for Needs Assessment

The Rehabilitation Act 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 of 1973, 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, state-wide 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 sufficient efforts are being made to serve the diverse needs of persons with disabilities in Oregon, Vocational Rehabilitation (VR) entered into a contract with the Interwork Institute at San Diego State University for the purpose of jointly developing and implementing methods for a comprehensive statewide needs assessment.

Purpose of Needs Assessment

The purpose statewide needs assessment project was to identify the needs of persons with disabilities related to desired employment outcomes. Data collection efforts solicited input from a broad spectrum of persons with disabilities, service providers, employers, and VR staff. It is expected that data from the needs assessment effort will provide VR and the SRC with direction for current planning and allocation concerns as well as guidance in planning for future structure and resource demands.

Utilization of Needs Assessment Outcomes

It is expected that data from and findings 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 resources;
2. Identifying 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 Oregon 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:

- Telephone, electronic and mail surveys conducted with four stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, employers, and VR staff);

- Focus groups conducted with three stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, and VR staff);
- Key informant interviews conducted with individuals identified as knowledgeable about the needs of individuals with disabilities in the state, individuals identified as knowledgeable of state workforce dynamics, or both; and
- Analysis of existing demographic and case service data relevant to individuals with disabilities in the state.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) potential, current, or former consumers of VR services located throughout the state; (b) representatives of organizations that provide services to individuals who are potential, current, or former consumers of VR services; (c) VR staff; and (d) representatives of businesses. 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 state. Responses to the individual survey reflect the opinions of current and former clients of VR. Efforts were made to gather information pertinent to un-served and under-served populations through inquiries with individuals who serve a broad range of persons with disabilities in the state (whether they are affiliated with VR or not). Efforts were also made to solicit responses from businesses reflecting the opinions of employers representing a variety of industries. Likewise, the VR staff who participated in key informant interviews, focus groups and surveys work with 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 Oregon. In addition, the use of multiple data collection approaches enhances the ability to generalize assessment findings to larger populations with a greater degree of confidence.

Inherent in any type of research effort are limitations that may constrain the utility of the data 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. Intrinsic to 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 VR 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 throughout the state.

Methods

Individual Survey

Instrument. The instrument used for the telephone survey of individuals with disabilities (Appendix A) was based upon the telephone survey instrument developed by VR, the SRC, and Public Policy Insights for the 2007 statewide needs assessment and the revisions to the instrument completed in 2010. At the direction of the work group, significant modifications were made to the 2010 instrument. The work group endeavored to make revisions which would shed light on respondents' experiences with job developers, the impact of criminal convictions upon employment goals, client satisfaction with counseling processes, client experiences with WorkSource Oregon, and collaborations with tribal vocational rehabilitation entities.

The telephone survey instrument was designed to elicit consumers' perspectives in three main areas. First, respondents were asked a variety of questions related to vocational service and independent living needs (e.g., education, training, job skills, language skills, etc.) and whether VR had helped them with the identified needs. Next, respondents were asked whether they had experienced specific barriers to accessing VR services (e.g., public transportation, language). Finally, respondents were asked to provide specific demographic data in order to collect information descriptive of the respondent population.

Survey population. A definition of the population of individuals to be surveyed by telephone was developed through discussions between the work group and the project team at SDSU. From its client database, VR provided to the project team at SDSU telephone numbers of individuals who met the following criteria:

- Completed an application for VR services but had not yet been determined eligible or ineligible for services;
- Had been determined eligible for VR services but did not yet have a completed individualized plan for employment;
- Had a completed an individualized plan for employment and were receiving vocational rehabilitation services through VR;
- Had a case with VR which was closed and were determined rehabilitated; or
- Had a case with VR that was closed for other reasons.

This set of criteria was intended to result in survey responses from individuals with disabilities who were currently receiving services from VR, individuals with disabilities who had received services from VR in the past, and individuals who had applied for, but were not yet receiving services from VR.

Data collection. Prior to the inauguration of the consumer telephone interviews, efforts were made to alert VR consumers of the process. Staff was sent a brief description of the

process by the Director via email and was instructed about how to answer questions posed by consumers. Written notices were also posted in VR offices.

Trained interviewers with the Social Science Research Center (SSRC) at California State University Fullerton conducted the telephone interviews using a computer-assisted telephone interviewing (CATI) surveying technique. CATI is beneficial for a variety of reasons, including: (1) It customizes the flow of the survey questions based upon the responses provided by an individual; (2) it helps to facilitate a consistent interviewing approach when surveys are conducted by several different interviewers; and (3) it improves the rate at which data can be collected. Survey responses collected through the CATI interviewing approach were then exported to the Statistical Package for the Social Sciences (SPSS), a data-analysis application, and delivered to the project team at SDSU for analysis.

Efforts to ensure respondent confidentiality. Numerous efforts were made to assure the confidentiality of survey respondents. VR provided the project team at SDSU with consumers' telephone numbers for conducting the surveys but did not include identifying information, such as names and addresses that might be used to discern the identity of an individual. Also, the telephone interviewers with the SSRC did not ask individuals for their names or addresses. In addition, responses to the telephone surveys were aggregated by the project team at SDSU prior to reporting results, which served to further protect the identities of individual survey respondents.

Accessibility. Measures were taken to ensure accessibility in the survey process. First, the survey instrument was translated into Spanish, and interviewers at SSRC were capable of conducting the interview in either English or Spanish. In addition, SSRC staff members were instructed to offer an Internet-based version of the survey to individuals who indicated they could not complete a telephone survey. Finally, during instances where an individual could not complete the survey due to the nature of his or her disability, a family member or an attendant was permitted to respond on behalf of the individual.

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

Number of completed surveys. The SSRC completed 400 telephone interviews with individuals with disabilities, family members, and attendants.

Partner Survey

Instrument. The instrument used for the electronic survey of community partners (Appendix B) was based upon a modified version of the VR staff survey used for the 2010 statewide needs assessment. Modifications were made to the 2010 partner survey instrument in order to identify needs of individuals with disabilities that partners considered particularly challenging to address.

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. VR and the work group identified partners for participation in the survey effort. Partners were sent an invitation and link to the survey by e-mail. Approximately ten 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. 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, which served to further protect the identities of the partner survey respondents.

Accessibility. The electronic partner survey was developed in an electronic survey application known to be fairly accessible and checked for accessibility prior to distribution. Respondents were also provided with the name and contact information of the Research Director on the project team at SDSU in the event that respondents wanted to place requests for 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 partners, were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

Number of completed surveys. A total of 31 electronic surveys were completed by representatives of community partner agencies.

VR Staff Survey

Instrument. The instrument used for the electronic survey of VR staff (Appendix C) was based upon a modified version of the VR staff survey used for the 2010 statewide needs assessment. Modifications were made to the 2010 partner survey instrument in order to identify needs of individuals with disabilities that partners considered particularly challenging to address, and to assess VR staff perceptions of services provided to VR consumers through WorkSource Oregon.

Survey population. Individuals identified for participation in this survey effort can be described as all staff working for VR during July and August of 2013.

Data collection. Data was gathered from VR staff through the use of an Internet-based survey. VR staff members were sent an electronic invitation and link to the survey from the Director. Approximately ten days after the initial distribution, a second message was sent as

both a “thank you” to those who had completed the survey and a reminder to those who had not. 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 staff survey respondents.

Accessibility. The electronic staff survey was developed in an electronic survey application known to be relatively accessible and it was tested for accessibility prior to distribution. Respondents were also provided with the name and contact information of the Research Director on the project team at SDSU in the event that respondents wanted to place requests for 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 85 surveys were completed by VR staff.

Business Survey

Instrument. The business survey (Appendix D) differed markedly from the individual, community partner, and VR staff surveys. In addition, it differed considerably from the business survey conducted as part of the 2010 comprehensive statewide needs assessment project. The business survey was much shorter in length than the individual, partner and staff surveys, and focused largely upon the perceived helpfulness of a variety of services provided to employers by VR. A relatively short section that prompted respondents to describe their businesses in terms of type of industry, years of operation, location, and number of employees concluded the business survey.

Survey population. VR and the work group provided the researchers at SDSU with names and addresses of 2,943 businesses. The businesses identified for inclusion in the survey process were those identified in VR records as businesses where one or more VR clients had been placed at some point in the past. From the list of 2,943 businesses, the research team at SDSU randomly selected 750 businesses.

Data collection. Data was gathered from businesses through the use of a mailed survey form. Each business survey distributed was accompanied by a letter from the VR Director informing respondents of the purpose of the survey effort and soliciting their participation. Respondents were also provided with a stamped, addressed return envelope in order to facilitate a higher response rate. Surveys were distributed during June and July of 2013. Responses from surveys returned by mail were then entered into SPSS by the research team at SDSU for analysis.

Efforts to ensure respondent confidentiality. Respondents to the business survey were not asked to identify themselves or their businesses when completing the survey. Completed surveys were returned directly by mail to the researchers at SDSU. Responses from the businesses were aggregated by the project team prior to reporting results. This step served to further protect the identities of the respondents.

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

Number of completed surveys. A total of 98 surveys were completed by business respondents and returned by mail to the project team at SDSU.

Focus Groups

Instrument. The focus groups were conducted based on protocol developed by the researchers at SDSU and the work group (Appendix E). 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 employment, obtaining employment, retaining employment, and increasing the employment of persons with disabilities. Participants in the partner agency and VR 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.

Population. Three groups were conducted in each of the four regions identified by the needs assessment work group: (1) One group was comprised of individuals with disabilities, (2) the second group was comprised of representatives of organizations that provide services to persons with disabilities, and (3) the third group was comprised of VR staff. Focus group participants were recruited by VR staff in the four regions. VR staff members were asked to recruit six to ten participants for each group.

Data collection. A total of 12 focus groups were conducted in Eugene, Portland, Medford and Redmond between July 9, 2013 and July 26, 2013. The format of the focus groups was consistent across the regions. 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 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.

Accessibility. The project team included funds in its budget sufficient to pay for interpreting and other communication accommodations necessary to conduct the focus groups; however, no accommodations were requested.

Data analysis. Notes were transcribed and analyzed by the researchers at SDSU. Results were organized according to the prompts used to stimulate discussion of the needs of individuals with disabilities (e.g., needs associated with preparing for employment, needs associated with obtaining employment, needs associated with remaining employed, and so forth). Themes or concerns that surfaced with consistency across groups (within or across regions) were identified and reported as consensual themes in the report narrative.

Number of participants. A total of 80 persons participated in the 12 focus group meetings. The participation for each group in the four regions was the following:

- Eugene: 4 individuals, 7 partners, 10 staff;
- Medford: 2 individuals, 8 partners, 9 staff;
- Portland: 3 individuals, 10 partners, 6 staff; and
- Redmond: 4 individuals, 11 partners, 6 staff.

Key Informant Interviews

Instrument. The instruments used for the key informant interviews of individuals with disability expertise (Appendix F) and workforce expertise (Appendix G) were based on the key informant interview protocols used during the 2010 comprehensive statewide needs assessment.

Survey population. The key informant population was identified by VR and the work group and consisted of individuals who were perceived to be knowledgeable about the employment-related needs of individuals with disabilities in the state, workforce dynamics in the state, or both. VR and the work group provided the project team at SDSU with a list of 38 key informants.

Data collection. Key informant interviews were conducted between July 10, 2013 and August 5, 2013. Key informants were initially sent an e-mail message by the research team at SDSU informing them of the interview effort. Key informants were then contacted by phone and asked to schedule a time for an interview. Key informants who did not respond to either the e-mail message or telephone call were contacted once more by e-mail and offered an opportunity to participate.

Key informant interviews were conducted by telephone. The general format of the interviews was consistent across the interviews. First, participants were asked questions to ascertain their personal and professional expertise and their experience with VR. Participants were then asked open-ended questions about their perceptions of barriers to employment for

persons with disabilities. Finally, participants were asked to share their perceptions of how VR could improve employment outcomes for individuals with disabilities.

Efforts to ensure respondent confidentiality. Key informant interview 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. The project team included funds in its budget sufficient to pay for communication accommodations necessary to conduct the key informant interviews, though no requests for accommodations were placed.

Data analysis. The interviewers took notes as the interviews were conducted. 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.

Number of participants. A total of 25 individuals participated in the key informant interviews.

Analysis of Existing Data

The project team at SDSU reviewed a variety of existing data sources for the purposes of identifying and describing VR's target population and sub-populations statewide and by distinct service areas. Data relevant to the population of the state, the population of persons with disabilities in the state, and other demographic characteristics of residents of the state of Oregon were utilized in this analysis. Sources analyzed included VR case service date for the 2011 calendar year, and the 2011 American Community Survey.

Individual Survey Results

Respondent Characteristics

Interviewers with SSRC completed surveys with 400 individuals between June 11th and June 19th, 2013. Of the 400 surveys, 394 were conducted in English and six were conducted in Spanish. All respondents were 18 years of age or older. Of the 400 completed interviews, 328 (82.0%) were conducted with the person with the disability, 64 (16.0%) were completed with a family member, and 8 (2.0%) were completed with the individual's attendant. The median interview length was 18 minutes.

Current clients of VR comprised 50.2% of the interview respondents (n = 201) while individuals with closed cases comprised the 40.8% (n = 163). Thirty-six respondents (9.0%) indicated that they had never used the services of VR.

Of the 400 respondents, 208 (52.0%) were male, and 188 (47.0%) were female. Four individuals (1.0%) declined to indicate their gender. Participants were asked to report their year of birth. The birth years reported by respondents spanned a range from 1920 (1 individual) to 1995 (3 individuals) with a median year of birth of 1965. The most common year of birth reported by respondents was 1958 (19 respondents). An individual born in 1920 would be 92 or 93 years of age at the time the survey was conducted depending upon the month and day of their birth. An individual born in 1995 would be 17 or 18 years of age at the time the survey was conducted depending upon the month and day of their birth; however it is likely that the respondents born in 1995 were 18 years of age as the interview screening process was designed to ascertain that respondents were at least 18 years of age. Individuals born in 1958 would be either 54 or 55 years of age at the time of the survey depending upon the month and day of their birth.

Table 1 illustrates the race/ethnic distribution of the telephone interview respondents.

What is your racial or ethnic group?	n	Percent
Caucasian/White	328	82.0%
Hispanic	16	4.0%
Other	15	3.8%
Native American	11	2.8%
African-American/Black	11	2.8%
Refused	7	1.8%
Asian or Pacific Islander	6	1.5%
Don't know	6	1.5%

Table 1. *Race or Ethnicity of Interview Respondents, Individual Survey*

Approximately 82.0% of the respondents indicated that they were Caucasian/White, while the other race/ethnic groups were represented in percentages ranging from 4.0% (Hispanic) to 1.5% (Asian/Pacific Islander). Approximately 3.8% of respondents indicated that they were of another ethnicity not mentioned in the choices. The majority of these individuals reported being of mixed race. Respondents were asked if they were a client of any tribal rehabilitation program and 11 individuals (2.8%) responded affirmatively. Six of these individuals indicated that their state vocational rehabilitation counselor and tribal rehabilitation program were collaborating; three indicated that they were not collaborating, and two either did not know or refused to answer the question. The six individuals who indicated that their state vocational rehabilitation counselor and their tribal rehabilitation program were collaborating were asked if the partnership was helpful and all six responded affirmatively.

Interview respondents were presented with a list of 20 conditions used by VR to categorize disabling conditions and were asked to identify what they felt was their primary disabling condition. Respondents were also provided with an “other” response which they could choose if they felt that none of the response options described their primary disability. Table 2 illustrates the conditions reported by the respondents to the telephone interview. It should be noted that a considerable number of individuals identified their disability as “Other”; when a respondent did so he or she was prompted to describe the disability. Upon examination of the disabilities described as “Other” it was evident that the majority of the reported disabilities could be placed into the VR disability categories utilized in the survey. Prior to completing the analysis the research team examined each “Other” response and where appropriate recoded the disabling condition. For example, if a respondent indicated “Other – major depression” that response was recoded into “Psychosocial impairments”; likewise, if a respondent indicated “Other – autism”, that response was recoded into “Cognitive impairments”. The valid percentage of the respondents reporting each type of disability is reported as “Valid %.” This is followed by another number (“Sample %”), which indicates the percentage of individuals in the entire telephone survey population that were identified by VR as having that primary disability in their VR case record.

While the telephone interview process was conducted using random sampling techniques, there are some discrepancies between the percentages of reported disabilities in the final survey sample and the primary disabilities documented by VR in the case files of the individuals that comprised the larger client universe from which the final survey sample was obtained. The discrepancies of largest size occur with the “psychosocial impairments” category (10.1% of the final telephone survey sample compared to 19.0% of the VR telephone survey population) and the “cognitive impairments” category (18.5% of the final telephone survey sample compared to 27.1% of the VR telephone survey population).

Primary disability	Valid %	Sample %
Blindness	1.5%	0.3%
Cognitive impairments	18.5%	27.1%
Communicative impairments	7.1%	1.8%
Deaf-blindness	0.3%	0.0%
Deafness, communication auditory	0.5%	1.2%
Deafness, communication visual	0.5%	1.4%
General physical debilitation	8.1%	3.2%
Hearing loss, communication auditory	4.3%	3.0%
Hearing loss, communication visual	0.3%	0.3%
Manipulation	0.3%	1.4%
Mobility	7.3%	2.9%
Mobility and manipulation	3.0%	2.9%
Psychosocial impairments	10.1%	19.0%
Respiratory impairments	2.0%	0.5%
Other hearing impairments	0.8%	0.3%
Other mental impairments	14.7%	13.6%
Other orthopedic impairments	3.8%	6.0%
Other physical impairments	12.4%	14.3%
Other visual impairments	1.5%	0.6%
Other: Specify	2.5%	--

Table 2. *Primary Disability Reported by Respondents, Individual Survey.*

There are a number of possible explanations for the discrepancies between the two sets of percentages. The first is that individuals from different disability categories may have elected to participate or declined to participate at different rates. Another possible explanation for the discrepancies may be a lack of understanding of the distinctions between the different disability categories, which might prompt an individual to identify a disability category that is different from the one identified through the VR disability determination process. Another possible explanation is that individuals were given the freedom to report whichever disability they felt was their primary disability, and their opinions about their primary disability might differ from the disability identified by VR as the primary disability. Some of the discrepancy might be attributable to individuals who may have been reluctant to disclose their disability due to concerns about stigma associated with the disability.

Respondents were also asked whether they had a secondary or third (tertiary) disabling condition. Table 3 illustrates the number of respondents reporting each type of primary, secondary, and tertiary disability.

Self-reported primary disability (n)	Primary	Secondary	Tertiary
Blindness	6	2	0
Cognitive impairments	73	28	18
Communicative impairments	28	9	2
Deaf-Blindness	1	0	0
Deafness, communication auditory	2	1	0
Deafness, communication visual	2	1	0
General physical debilitation	32	18	2
Hearing loss, communication auditory	17	11	3
Hearing loss, communication visual	1	2	0
Manipulation	1	2	2
Mobility	29	24	4
Mobility and manipulation	12	8	2
Psychosocial impairments	40	25	14
Respiratory impairments	8	3	4
Other hearing impairments	3	1	3
Other mental impairments	58	28	14
Other orthopedic impairments	15	21	13
Other physical impairments	49	40	16
Other visual impairments	6	12	6
Other: Specify	10	20	18

Table 3. *Reported Primary, Secondary, and Tertiary Disabilities, Individual Survey.*

Not all participants reported a secondary or tertiary disability. Of the 400 respondents, 254 reported having a secondary disability, and 121 reported having a tertiary disability.

Employment-Related Needs

Participants were asked a series of 18 closed-ended (yes/no) questions about specific employment-related barriers. Each of these questions was paired with another closed-ended (yes/no) question asking respondents if VR had helped them to address the barrier. Table 4 illustrates the percentage of the respondents who answered each question that identified the issue as a barrier to achieving their employment goals (“Percent”), followed by the percentage that indicated that VR had helped them to address the barrier (“Percent helped”).

Barriers to achieving employment goal	Percent	Percent helped
Need more education or training	63.8%	43.1%
Need more job skills	62.0%	44.7%
Not enough jobs available	50.1%	28.0%
Need more job search skills	47.7%	55.9%
Other health issues	44.2%	30.2%
Employers' perceptions about employing persons with disabilities	39.4%	45.5%
Lack of disability accommodations	36.7%	52.1%
Mental health issues	36.3%	33.2%
Other transportation issues	27.2%	36.5%
Lack of help with disability-related personal care	19.6%	30.2%
Disability-related transportation issues	19.0%	41.5%
Perceptions regarding impact of income on benefits	18.0%	28.1%
Need more language skills	16.3%	10.0%
Convictions for criminal offenses	14.1%	8.9%
Housing issues	13.5%	6.7%
Substance abuse issues	6.6%	8.9%
Childcare issues	5.1%	2.6%

Table 4. *Employment-Related Barriers, Individual Survey.*

The barriers to achieving employment goals identified by the largest percentages of respondents were needing more education or training (63.8%), needing more job skills (62.0%) and not enough jobs being available (50.1%). The areas where the greatest percentage differences were evident between identified barriers and receipt of help from VR were the same survey items (a difference of 22.1% for not enough jobs available, a difference of 20.7% for more education or training, and a difference of 17.3% for more job skills).

Respondents were also asked if they had worked with a job developer. Two-hundred eighteen respondents (56.6% of those who responded to the question) indicated that they had worked with a job developer. The 218 respondents were then asked if the job developer helped them to get a job and their responses are summarized in Table 5. Ninety-eight respondents (46.7%) responded “Yes”, while 112 respondents (53.3%) responded “No”. The responses of those who indicated that they had worked with a job developer were examined according to the plan status of the individual associated with the phone number of the survey respondent. It should be noted that it is possible that the case status may be incorrect in a small number of cases if the individual participating in the interview was not the individual who applied for or received services through VR. This could happen if, for example, two or more individuals with disabilities resided in the same household.

Did the job developer help you to get a job?	Percent
Pre plan	46.7%
Plan	40.5%
Rehabilitated	75.6%
Closed other than rehabilitated	35.4%

Table 5. *Job Developer Assistance According to Plan Status, Individual Survey.*

A greater percentage of respondents whose cases were closed as rehabilitated indicated that the job developer helped them to get a job (75.6%), when compared to respondents whose cases reflected other statuses. The percentage of respondents who indicated that the job developer helped them to get a job was lowest among those whose cases were closed other than rehabilitated (35.4%). Interestingly 46.7% of those who were pre-plan indicated that the job developed helped them to get a job; though the reasons for this particular finding aren't clearly apparent in the telephone interview data.

Participants who indicated that other health issues were a barrier to achieving their employment goals (44.2%) were asked to describe these health issues. It should be noted that many of these 167 individuals responded with multiple health issues. Commonly reported other health issues included:

- Orthopedic injuries,
- Cognitive impairments,
- Mental health disabilities
- Neurological conditions,
- Stamina/fatigue issues, and
- Vision impairments.

Other Barriers to Achieving Employment Goals

In the same section of survey items, participants were also provided with an “other” response option and prompted to describe the barrier if they selected this option. One-hundred thirty-six respondents provided answers to this open-ended question prompting them to describe other challenges or barriers not addressed in previous questions that had prevented them from achieving their employment goals. The most common issues preventing individuals from achieving their employment goals related to the limitations imposed by their disability or disabilities. Other commonly reported barriers preventing respondents from achieving their employment goals were:

- The labor market or economic conditions,
- Inadequate services from human services providers,
- Educational barriers,
- Age discrimination,
- Lack of financial resources, and
- Discrimination based upon disability.

Following the question about whether there was anything else that had prevented them from achieving their employment goals, those who responded affirmatively were asked whether VR had helped them with these other employment-related barriers. Approximately 25.6% of respondents who answered this question indicated that VR had helped them with these other needs. Respondents who indicated that VR had helped them were asked to describe how they had been helped. This was an open-ended question, and respondents provided narrative statements describing how VR had helped them with these other needs. It should be noted that some of the 32 respondents described several ways that VR had helped them. The most commonly mentioned types of assistance with other needs described in the open-ended question were:

- Counseling,
- Job placement assistance, and
- Education assistance.

At the conclusion of the survey section prompting respondents to identify employment-related barriers, interviewers asked survey participants to describe the most significant barrier to achieving their employment goals. This was an open-ended question, and 377 respondents provided narrative statements describing their perceptions of the most significant barriers they faced. The most common barriers expressed by respondents were the limitations imposed by their disability or disabilities. Other commonly mentioned barriers to achieving employment goals were:

- Lack of education,
- The labor market or the lack of available jobs,
- Difficulties finding an appropriate job,
- Convictions for criminal offenses,
- Other health-related issues,
- Age,
- Transportation,
- Training needs, and
- Lack of work experience.

Barriers to Achieving Employment Goals by Geographic Location

Individual interview respondents were grouped according to their geographic region and their responses to the series of 18 closed-ended (yes/no) questions about specific employment-related barriers were examined for discrepancies between different regions of the state. For the purposes of this analysis, three geographic regions were identified: “North” (which included the following counties: Marion, Polk, Clackamas, Multnomah, Yamhill, Washington, Columbia, Clatsop, Tillamook, and Hood River), “South” (which included the following counties: Lincoln, Benton, Linn, Lane, Douglas, Coos, Curry, Josephine, and Jackson), and “East” (which included the following counties: Wasco, Jefferson, Deschutes, Klamath, Lake, Crook, Wheeler, Sherman, Gillam, Morrow, Umatilla, Grant, Harney, Malheur, Baker, Union, and Wallowa). There were 247 respondents in the North region, 112 in the South region, and 41 in the East region. Table 6

illustrates the percentage of all respondents who answered each question that identified an issue as a barrier to achieving their employment goals (“Percent”), followed by the percentages for each of the geographic regions.

Barriers to achieving employment goal	All	North	South	East
Need more education or training	63.8%	65.8%	60.6%	61.1%
Need more job skills	62.0%	63.9%	57.0%	65.0%
Not enough jobs available	50.1%	49.3%	49.0%	58.3%
Need more job search skills	47.7%	52.1%	40.4%	41.5%
Other health issues	44.2%	45.8%	38.2%	51.2%
Employers’ perceptions about employing persons with disabilities	39.4%	42.2%	38.1%	27.0%
Lack of disability accommodations	36.7%	38.8%	30.1%	42.1%
Mental health issues	36.3%	38.2%	32.7%	35.0%
Other transportation issues	27.2%	28.7%	24.1%	26.3%
Lack of help with disability-related personal care	19.6%	20.7%	16.5%	21.9%
Disability-related transportation issues	19.0%	19.4%	19.6%	14.6%
Perceptions regarding impact of income on benefits	18.0%	21.6%	11.8%	13.2%
Need more language skills	16.3%	18.5%	10.2%	19.5%
Convictions for criminal offenses	14.1%	14.0%	14.7%	12.5%
Housing issues	13.5%	12.8%	15.5%	12.2%
Substance abuse issues	6.6%	6.6%	6.3%	7.3%
Childcare issues	5.1%	6.1%	2.7%	4.9%

Table 6. *Employment-Related Barriers by Geography, Individual Survey.*

There was generally a reasonable degree of agreement between the proportions of individuals in each region that identified each of the items as barriers to achieving employment goals. The largest discrepancies observed pertained to the following barriers:

- Needing more job search skills: was identified by a larger proportion of respondents in the north (52.1%), than the south (40.4%) and east (41.5%).
- Other health issues were identified by a larger proportion of respondents in the east (51.2%), than the south (38.2%) and north (45.8%).
- Employers’ perceptions about employing persons with disabilities were identified as barriers by a larger proportion of respondents in the north (42.2%) and south (38.1%), than the east (27.0%).
- Lack of disability accommodations was identified as a barrier by a larger proportion of respondents in the east (42.1%) and north (38.8%) than the south (30.1%).

Satisfaction with Counseling Services

Respondents were presented with five questions designed to assess their satisfaction with the counseling services they received. Each of the five statements was accompanied by a response scale designed to assess the extent to which they agreed with the statement. The response options were “Strongly agree”, “Agree”, “Uncertain”, “Disagree”, and “Strongly Disagree”. Table 7 illustrates the responses to the five questions assessing satisfaction with counseling services. The mean scores were computed by assigning a value of 5 to each “Strongly agree” response, a value of 4 to each “Agree” response, a value of 3 to each “Uncertain” response, a value of 2 to each “Disagree” response, and a value of 1 to each “Strongly disagree” response, then dividing the total by the number of responses to the question. Items with higher mean scores indicate a general pattern of responses of greater agreement with the statement than items with lower mean scores.

Satisfaction with counseling services	Mean	S.D.
My vocational rehabilitation counselor explained why I was eligible or ineligible for rehabilitation services	4.22	0.91
My vocational rehabilitation counselor was sensitive to my cultural background	4.03	0.94
My vocational rehabilitation counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan	4.01	1.08
My vocational rehabilitation counselor encouraged me to participate in the development of my rehabilitation plan	4.00	1.04
My vocational rehabilitation counselor helped me to understand how my disability might affect my future work	3.66	1.21

Table 7. *Satisfaction with Counseling Services, Individual Survey.*

The mean scores for all five counselor satisfaction items occurred within a range of 3.66 to 4.22, suggesting a tendency for more individuals to agree with each statement than disagree. The item with the highest mean “agreement” score pertained to counselors explaining why applicants were found eligible or ineligible for services. The item with the lowest mean “agreement” score pertained to counselors helping clients to understand how their disability might influence employment.

Satisfaction with Counseling Services by Geographic Region

Satisfaction with counseling services was examined using the same geographic regions identified in the previous section addressing barriers to achieving employment goals (north, south, and east). In Table 8, a mean satisfaction score is reported for all respondents, followed by satisfaction scores for respondents in each of the three distinct geographic regions. The mean scores were computed by assigning a value of 5 to each “Strongly agree” response, a value of 4 to each “Agree” response, a value of 3 to each “Uncertain” response, a value of 2 to each “Disagree” response, and a value of 1 to each “Strongly disagree” response, then dividing the total by the number of responses to the question. Items with higher mean scores indicate a

general pattern of responses of greater agreement with the statement than items with lower mean scores.

Satisfaction with counseling services	All	North	South	East
My vocational rehabilitation counselor explained why I was eligible or ineligible for rehabilitation services	4.22	4.24	4.18	4.18
My vocational rehabilitation counselor was sensitive to my cultural background	4.03	4.01	4.03	4.14
My vocational rehabilitation counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan	4.01	4.00	4.00	4.08
My vocational rehabilitation counselor encouraged me to participate in the development of my rehabilitation plan	4.00	4.03	3.92	4.03
My vocational rehabilitation counselor helped me to understand how my disability might affect my future work	3.66	3.60	3.69	3.92

Table 8. *Satisfaction with Counseling Services by Geography, Individual Survey.*

Significant differences between the different regions were not apparent in this analysis. Satisfaction scores were largely grouped closely together around the combined mean.

Most Helpful VR Services

Respondents were presented with an open-ended question, which asked them to identify the three most helpful services received from VR. Respondents provided narrative statements describing their perceptions of the services that were most helpful to them. Three hundred seventy-three individuals described at least one helpful service. Two hundred forty-five of these individuals described at least two helpful services, and 144 respondents described three helpful services. Predominant themes that emerged in response to this question are listed below, with the services listed in descending order according to frequency (i.e., the most commonly mentioned services appear at the top of the list).

- Job development/job search assistance,
- Transportation assistance,
- Education assistance,
- Assessment services,
- Purchasing or providing equipment,
- Assistance with resume preparation,
- Counseling,
- Training, and
- Supportive, encouraging, or helpful staff.

Barriers to Accessing VR Services

Participants were asked eight closed-ended (yes/no) questions about specific challenges or barriers to accessing services through VR. Table 9 illustrates the percentage of respondents who identified each of the eight response options as a barrier to accessing VR services.

Barriers to accessing VR services	n	Percent
Difficulties scheduling meetings with your counselor	90	23.3%
Other difficulties working with VR staff	80	20.8%
Limited accessibility to VR via public transportation	78	20.6%
Difficulties completing the Individualized Plan for Employment	74	20.6%
Other challenges related to the physical location of the VR office	53	14.0%
Difficulties completing the VR application	46	11.9%
Lack of disability-related accommodations	43	11.5%
Language barriers	26	6.6%

Table 9. *Barriers to Accessing VR Service, Individual Survey.*

The challenges or barriers to accessing VR services most frequently cited by respondents included scheduling meetings with counselors (23.3%) and other difficulties working with VR staff (20.8%). Language barriers were identified as barriers by the smallest proportion of respondents (6.6%). Participants were also presented with an open-ended question asking if there were any other challenges or barriers that had made it difficult for them to access VR services. Eighty-eight respondents shared other challenges or barriers they encountered in response to an open-ended question. The predominant types of challenges to accessing VR services encountered by individuals were:

- Challenges associated with the individual’s disability or disabilities,
- Lack of awareness of VR and the services it provides,
- Delays in communication or service provision, and
- Difficulties scheduling appointments.

Barriers to Accessing VR Services by Geographic Region

Barriers to accessing VR services were examined using the same geographic regions identified in the previous sections addressing barriers to achieving employment goals and satisfaction with counseling services (north, south, and east). Table 10, illustrates the percentage of all respondents who identified each response option as a barrier to accessing VR services (“Percent”), followed by the percentages for each of the geographic regions.

Barriers to accessing VR services	Percent	North	South	East
Difficulties scheduling meetings with your counselor	23.3%	25.1%	22.4%	15.0%
Other difficulties working with VR staff	20.8%	24.6%	20.0%	0.0%
Limited accessibility to VR via public transportation	20.6%	18.5%	26.6%	16.2%
Difficulties completing the Individualized Plan for Employment	20.6%	23.1%	15.8%	18.4%
Other challenges related to the physical location of the VR office	14.0%	13.4%	16.8%	10.3%
Difficulties completing the VR application	11.9%	12.9%	11.2%	7.5%
Lack of disability-related accommodations	11.5%	12.3%	11.3%	7.5%
Language barriers	6.6%	7.9%	2.8%	9.8%

Table 10. *Barriers to Accessing VR Services by Geography, Individual Survey.*

With the exception of language barriers, the percentages of respondents in the east region that identified each response option as a barrier to accessing VR services was lower than the combined statewide average. The largest discrepancies occurred with “Other difficulties working with VR staff” (identified by 0% of respondents in the east, 20.0% of respondents in the south, and 24.6% of respondents in the north), “Limited accessibility to VR via public transportation” (16.2% in the east, 18.5% in the south, and 26.6% in the north), and “Difficulties scheduling meetings with your counselor” (15.0% in the east, 22.4% in the south, and 25.1% in the north).

Improvements to VR Services

Respondents were presented with a question that asked them what changes to VR services might improve their experience with VR and help them to achieve their employment goals. This was an open-ended question, and 295 respondents provided statements offering suggested changes. One notable finding is that several individuals who responded to this question did not suggest changes but instead expressed satisfaction with the services provided by VR. Of those who did suggest changes, predominant themes that emerged in response to this question are listed in descending order according to the frequency with which they were identified:

- More individualized attention and support from vocational rehabilitation staff,
- More staff networking with employers and knowledge of the labor market,
- Timely provision of rehabilitation services,
- Increased capacity to serve clients/smaller caseloads,
- More training opportunities available to clients,
- Better communication between vocational rehabilitation staff and clients,
- More education opportunities available to clients,
- VR office locations closer to clients,
- Increased funding for VR services,
- Increased availability of transportation services,
- Highly trained vocational rehabilitation staff, and
- Highly qualified job developers.

Experience With WorkSource Oregon Services

Respondents were presented with a series of three questions designed to briefly assess their experiences with WorkSource Oregon services. The first question asked respondents if they were familiar with WorkSource Oregon's employment services. Of the 380 respondents who provided an affirmative or negative response to the question, 267 (70.3%) indicated that they were familiar, and 113 (29.7%) indicated that they were not familiar with WorkSource Oregon's employment services.

The 267 who indicated that they were familiar with WorkSource Oregon's employment services were asked if they had used the services of WorkSource Oregon. Of the 264 individuals who provided a yes or no response to this question, 214 (81.1% of those who were familiar) indicated that they had used WorkSource Oregon services while 50 (18.9% of those who were familiar) indicated that they had not.

The 214 individuals who indicated that they had used WorkSource Oregon services were asked if the services were helpful to them. Of the 205 individuals who provided a yes or no response to this question 140 (68.3% of those who had used services) indicated that the services were helpful, while 65 (31.7% of those who had used services) indicated that the services were not helpful.

Partner Survey Results

A total of 31 partner surveys were completed. Questions appearing on the partner survey addressed five general areas:

- Barriers to achieving employment outcomes,
- Barriers to accessing VR services,
- Services readily available to VR clients,
- Needed services for VR clients, and
- Desired changes.

Respondent Characteristics

The first survey question was an open-ended question asking respondents to indicate their job title. The majority of respondents provided job titles associated with direct service provision (e.g., Accommodations Coordinator, Independent Living Specialist, Vocational Rehabilitation Counselor) or human services administration (e.g., Executive Director, Manager of Employment Services). A smaller number indicated positions relevant to the employer community (e.g., Business Relations Coordinator, Administrator of Business and Employment Services).

Respondents were asked whether they specialized in any disabilities or specific client populations. Seventeen respondents (54.8%) indicated one or more specializations. Table 11 illustrates the specializations indicated by these respondents.

Specialization	n	Percent
Diagnosed mental health	10	58.8%
Developmental disabilities	9	52.9%
Youth transition program	4	23.5%
Spinal cord injuries	3	17.6%
Hearing impaired	3	17.6%

Table 11. *Target Populations or Specializations of Respondents, Partner Survey.*

Respondents reported a variety of specializations, the most common of which were mental health (58.8%) and developmental disabilities (52.9%). Ten individuals (58.8%) reported other specializations, which included populations such as persons with addictions, blindness, learning disabilities, and traumatic brain injury.

Potential Barriers to Employment

Partner survey respondents were presented with a number of potential barriers to achieving employment goals that might be encountered by VR clients. For each potential barrier, respondents were asked to indicate whether the potential barrier was adequately addressed by vocational rehabilitation services, not adequately addressed by vocational rehabilitation services, or not a barrier. Respondents were also given a “Don’t know” response option. Table 12 summarizes, in descending order, the percentage of respondents that identified each of the following issues as a barrier to achieving employment goals that was not adequately addressed by vocational rehabilitation services.

Barriers to achieving employment goals	n	Percent
Employers' perceptions about employing persons with disabilities	18	60.0%
Mental health issues	18	60.0%
Not having education or training	17	54.8%
Housing issues	16	53.3%
Not enough jobs available	14	46.7%
Substance abuse issues	14	46.7%
Childcare issues	13	43.3%
Language barriers	13	41.9%
Not having job skills	13	41.9%
Perceptions regarding impact of income on benefits	13	41.9%
Convictions for criminal offenses	13	41.9%
Other health issues	12	40.0%
Not having job search skills	12	40.0%
Lack of help with disability-related personal care	12	38.7%
Disability-related transportation issues	9	29.0%
Other transportation issues	8	25.8%
Not having disability accommodations	7	23.3%

Table 12. *Barriers to Achieving Employment Goals for VR Consumers, Partner Survey.*

Employment-related barriers identified as not adequately addressed by vocational rehabilitation services by half or more of partner survey respondents included employers' perceptions about employing persons with disabilities (60.0%), mental health issues (60.0%), not having education or training (54.8%), and housing issues (53.3%). Partner survey respondents were given a list of barriers and asked to identify the top three most frequent barriers to achieving employment goals for VR clients. Table 13 lists the barriers along with the number of times each of the barriers was mentioned by the 31 survey respondents.

Top three most frequent barriers to achieving employment goals	n	Percent
Employers' perceptions about employing persons with disabilities	18	58.1%
Not having job skills	14	45.2%
Not having education or training	11	35.5%
Not enough jobs available	9	29.0%
Not having job search skills	7	22.6%
Mental health issues	6	16.1%
Convictions for criminal offenses	5	16.1%
Perceptions regarding impact of income on benefits	4	12.9%
Substance abuse issues	4	12.9%
Not having disability accommodations	3	9.7%
Disability-related transportation issues	2	6.5%
Other transportation issues	2	6.5%
Housing issues	2	6.5%
Lack of help with disability-related personal care	2	6.5%
Childcare issues	1	3.2%
Other health issues	0	0.0%
Language barriers	0	0.0%

Table 13. *Most Frequent Barriers to Achieving Employment Goals for VR Consumers, Partner Survey.*

Employers' perceptions about employing persons with disabilities (58.1%), lack of job skills (45.2%) and lack of education or training (35.5%) were the items most commonly mentioned among the top three most frequent barriers to achieving employment goals.

Partner survey respondents were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for vocational rehabilitation consumers that they believed were most difficult to address. Table 14 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address according to partner survey respondents.

Top three most difficult barriers to address	n	Percent
Not enough jobs available	15	48.4%
Employers' perceptions about employing persons with disabilities	12	38.7%
Convictions for criminal offenses	11	35.5%
Mental health issues	8	25.8%
Substance abuse issues	8	25.8%
Not having education or training	6	19.4%
Not having job skills	5	16.1%
Housing issues	4	12.9%
Lack of help with disability-related personal care	4	12.9%
Perceptions regarding impact of income on benefits	4	12.9%
Disability-related transportation issues	4	12.9%
Not having disability accommodations	4	12.9%
Language barriers	2	6.5%
Other health issues	1	3.2%
Childcare issues	1	3.2%
Not having job search skills	1	3.2%
Other transportation issues	0	0.0%

Table 14. *Most Difficult Barriers to Address, Partner Survey.*

Lack of available jobs (48.4%), employers' perceptions about employing people with disabilities (38.7%) and convictions for criminal offenses (35.5%) were identified most frequently by respondents to the partner survey as the barriers that were most difficult to address.

Barriers to Employment for Individuals with Most Significant Disabilities

Respondents were asked if the barriers to achieving employment goals for individuals with the most significant disabilities were different from the overall population of persons with disabilities. Of the 31 respondents, 27 (87.1%) indicated that the barriers to achieving employment goals were different for individuals with the most significant disabilities. These 27 respondents were then asked to indicate the top three most frequent barriers to achieving employment goals for VR consumers with the most significant disabilities from a list of barriers. Table 15 lists the barriers along with the number of times each barrier was mentioned as one of the top three barriers for VR consumers with the most significant disabilities.

Top three barriers to achieving employment goals for individuals with most significant disabilities	n	Percent
Employers' perceptions about employing persons with disabilities	16	59.3%
Not having job skills	12	44.4%
Not having disability accommodations	9	33.3%
Not having job search skills	8	29.6%
Not having education or training	7	25.9%
Mental health issues	5	18.5%
Convictions for criminal offenses	5	18.5%
Not enough jobs available	4	14.8%
Disability-related transportation issues	4	14.8%
Perceptions regarding impact of income on benefits	3	11.1%
Substance abuse issues	2	7.4%
Lack of help with disability-related personal care	1	3.7%
Other health issues	1	3.7%
Housing issues	1	3.7%
Language barriers	0	0.0%
Childcare issues	0	0.0%
Other transportation issues	0	0.0%

Table 15. *Most Frequent Barriers for Individuals with Most Significant Disabilities, Partner Survey.*

Employers' perceptions of people with disabilities (59.3%), not having job skills (44.4%), and lack of disability accommodations (33.3%) were the items most frequently mentioned as the top three barriers to achieving employment goals for VR consumers with most significant disabilities. Partner survey respondents were also given an "other" response option and were asked to describe these other employment-related issues or barriers. Six respondents offered narrative responses and two identified lack of understanding of supported employment as a barrier to employment.

Partner survey respondents were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for vocational rehabilitation consumers with most significant disabilities that they believed were most difficult to address. Table 16 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address.

Top three most difficult barriers to address	n	Percent
Employers' perceptions about employing persons with disabilities	16	59.3%
Not enough jobs available	10	37.0%
Mental health issues	7	25.9%
Not having job skills	6	22.2%
Not having disability accommodations	6	22.2%
Convictions for criminal offenses	5	18.5%
Lack of help with disability-related personal care	5	18.5%
Not having education or training	4	14.8%
Perceptions regarding impact of income on benefits	4	14.8%
Not having job search skills	4	14.8%
Substance abuse issues	3	11.1%
Housing issues	2	7.4%
Disability-related transportation issues	2	7.4%
Language barriers	2	7.4%
Other health issues	2	7.4%
Other transportation issues	1	3.7%
Childcare issues	0	0.0%

Table 16. *Most Difficult Barriers to Address for Individuals with Most Significant Disabilities, Partner Survey.*

Employers' perceptions about employing people with disabilities (59.3%) was identified most frequently by respondents as the barrier that was most difficult to address. Other barriers that were difficult to address were identified less frequently and included not enough jobs available (37.0%) and mental health issues (25.9%).

Barriers to Employment for Youth in Transition

Respondents were asked if the barriers to achieving employment goals for youth in transition were different from the overall population of persons with disabilities. Of the 30 partner survey respondents who answered this question, 22 (73.3%) indicated that the barriers to achieving employment goals were different for youth in transition. Respondents were then asked to indicate the top three barriers to achieving employment goals for youth in transition from a list of barriers. Table 17 lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers for youth in transition.

Top three barriers to achieving employment goals for youth in transition	n	Percent
Not having education or training	15	71.4%
Not having job skills	14	66.7%
Not having job search skills	8	38.1%
Disability-related transportation issues	5	23.8%
Employers' perceptions about employing persons with disabilities	4	19.0%
Not enough jobs available	3	14.3%
Lack of help with disability-related personal care	3	14.3%
Mental health issues	2	9.5%
Other transportation issues	2	9.5%
Not having disability accommodations	2	9.5%
Perceptions regarding impact of income on benefits	1	4.8%
Substance abuse issues	1	4.8%
Convictions for criminal offenses	1	4.8%
Housing issues	0	0.0%
Other health issues	0	0.0%
Language barriers	0	0.0%
Childcare issues	0	0.0%

Table 17. *Most Frequent Barriers for Youth in Transition, Partner Survey.*

Lack of education or training (71.4%) and not having job skills (66.7%) were the items most frequently mentioned as among the top three barriers to achieving employment goals for youth in transition. Not having job search skills (38.1%) was also mentioned somewhat frequently.

Partner survey respondents were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for youth in transition that they believed were most difficult to address. Table 18 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address for youth in transition.

Top three most difficult barriers to address	n	Percent
Employers' perceptions about employing persons with disabilities	11	52.4%
Not having education or training	10	47.6%
Not enough jobs available	9	42.9%
Not having job skills	7	33.3%
Not having job search skills	4	19.0%
Substance abuse issues	4	19.0%
Mental health issues	3	14.3%
Not having disability accommodations	3	14.3%
Other transportation issues	3	14.3%
Perceptions regarding impact of income on benefits	2	9.5%
Disability-related transportation issues	2	9.5%
Convictions for criminal offenses	1	4.8%
Lack of help with disability-related personal care	1	4.8%
Childcare issues	1	4.8%
Housing issues	0	0.0%
Language barriers	0	0.0%
Other health issues	0	0.0%

Table 18. *Most Difficult Barriers to Address for Youth in Transition, Partner Survey.*

Employers' perceptions about employing people with disabilities (52.4%) was identified most frequently by respondents as the barrier that was most difficult to address. Other barriers identified as difficult to address with considerable frequency were not having education or training (47.6%) and not enough jobs available (42.9%).

Barriers to Employment for Consumers who are Racial or Ethnic Minorities

Respondents were asked if the barriers to achieving employment goals for consumers who are racial or ethnic minorities are different from the overall population of persons with disabilities. Of the 29 respondents who answered this question, 17 (58.6%) indicated that the barriers to achieving employment goals were different for consumers who are racial or ethnic minorities. Respondents were then asked to indicate the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities from a list of barriers. Table 19 lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers for consumers who are racial or ethnic minorities.

Top three most frequent barriers to achieving employment goals for consumers who are racial or ethnic minorities	n	Percent
Language barriers	11	61.1%
Not having education or training	8	44.4%
Not having job skills	7	38.9%
Employers' perceptions about employing persons with disabilities	6	33.3%
Convictions for criminal offenses	5	27.8%
Not enough jobs available	4	22.2%
Childcare issues	3	16.7%
Not having job search skills	2	11.1%
Other transportation issues	2	11.1%
Housing issues	1	5.6%
Substance abuse issues	1	5.6%
Disability-related transportation issues	1	5.6%
Lack of help with disability-related personal care	1	5.6%
Perceptions regarding impact of income on benefits	0	0.0%
Mental health issues	0	0.0%
Not having disability accommodations	0	0.0%
Other health issues	0	0.0%

Table 19. *Most Frequent Barriers for Consumers who are Racial or Ethnic Minorities, Partner Survey.*

Language barriers (61.1%), not having education or training (44.4%), and not having job skills (38.9%) were the items most frequently mentioned among the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities.

Partner survey respondents were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for consumers who are racial or ethnic minorities that they believed were most difficult to address. Table 20 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address for consumers who are racial or ethnic minorities.

Top three most difficult barriers to address	n	Percent
Not enough jobs available	8	44.4%
Language barriers	7	38.9%
Convictions for criminal offenses	6	33.3%
Employers' perceptions about employing persons with disabilities	5	27.8%
Not having education or training	5	27.8%
Mental health issues	4	22.2%
Substance abuse issues	3	16.7%
Not having job skills	2	11.1%
Not having job search skills	2	11.1%
Childcare issues	2	11.1%
Housing issues	2	11.1%
Not having disability accommodations	1	5.6%
Other transportation issues	1	5.6%
Disability-related transportation issues	1	5.6%
Lack of help with disability-related personal care	1	5.6%
Other health issues	1	5.6%
Perceptions regarding impact of income on benefits	0	0.0%

Table 20. *Most Difficult Barriers to Address for Consumers who are Racial or Ethnic Minorities, Partner Survey.*

Lack of available jobs (44.4%), language barriers (38.9%), and convictions for criminal offenses (33.3%) were identified most frequently by respondents as barriers that were most difficult to address for consumers who are racial or ethnic minorities.

Other Primary Barriers to Achieving Employment Goals

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 VR consumers. Thirteen responses were provided expressing a variety of needs such as on-the-job training opportunities for clients, providing highly individualized services to rehabilitation clients, and enhancing the interpersonal skills of clients. However, content analysis of the narrative responses suggested that each comment focused upon a relatively unique need and as a result there were no common themes evident in the responses.

Difficulties Accessing VR Services

Respondents were presented with a question that prompted them to indicate the top three most frequent reasons people with disabilities might find it difficult to access vocational rehabilitation services. Table 21 lists the barriers to vocational rehabilitation access along with the number of times each of the barriers was mentioned as one of the top three most frequent barriers by the 29 partner survey respondents that responded to this question.

Top three barriers to accessing VR services	n	Percent
Difficulties accessing assessment services	12	41.4%
Difficulties accessing training or education programs	11	37.9%
Limited accessibility to VR via public transportation	9	31.0%
Difficulties completing the VR application	9	31.0%
Difficulties accessing plan services	8	27.6%
Difficulties completing the Individualized Plan for Employment	6	20.7%
Language barriers	5	17.2%
Inadequate disability-related accommodations	5	17.2%
Other challenges related to the physical location of the VR office	2	6.9%

Table 21. *Top Three Reasons People find it Difficult to Access VR Services, Partner Survey.*

Difficulties accessing assessment services (41.4%), difficulties accessing training or education programs (37.9%), limited accessibility of VR via public transportation (31.0%) and difficulties completing the VR application (31.0%) were the items most commonly cited as presenting barriers to accessing VR services. Partner survey respondents were also given an “other” response option. Ten responses were provided describing a variety of factors that made it difficult for people to access VR services. One theme that emerged across several responses pertained to a barrier resulting from lack of awareness of vocational rehabilitation services.

Barriers to Accessing VR Services for Individuals with Most Significant Disabilities

Partner survey respondents were asked if the reasons for finding it difficult to access VR services by individuals with the most significant disabilities were different from the general population of persons with disabilities. Of the 30 respondents that answered this question, 17 (56.7%) indicated that the reasons for finding it difficult to access VR services by individuals with the most significant disabilities were different from the general population of persons with disabilities. These 17 respondents were then asked to indicate the top three most frequent reasons for finding it difficult to access VR services by individuals with the most significant disabilities. Table 22 lists the reasons along with the number of times each was mentioned as one of the top three most frequent barriers for individuals with the most significant disabilities.

Top three most frequent barriers to accessing VR services for individuals with most significant disabilities	n	Percent
Difficulties accessing training or education programs	10	58.8%
Inadequate disability-related accommodations	6	35.5%
Difficulties accessing assessment services	6	35.3%
Limited accessibility to VR via public transportation	5	29.4%
Difficulties completing the VR application	5	29.4%
Difficulties accessing plan services	5	29.4%
Other challenges related to the physical location of the VR office	4	23.5%
Difficulties completing the Individualized Plan for Employment	3	17.6%
Language barriers	0	0.0%

Table 22. *Difficulties Accessing VR Services for Individuals with Most Significant Disabilities, Partner Survey.*

When interpreting the responses to this question, the relatively small number of respondents should be taken into consideration. Difficulties accessing training or education programs (58.8%) was indicated most frequently as one of the barriers to accessing VR services for individuals with most significant disabilities. Other barriers mentioned by over one-third of respondents were inadequate disability-related accommodations (35.5%) and difficulties accessing assessment services (35.3%).

Barriers to Accessing VR Services for Youth in Transition

Partner survey respondents were asked if the reasons for finding it difficult to access VR services by youth in transition were different from the general population of persons with disabilities. Of the 29 respondents who answered this question, 15 (55.2%) indicated that the reasons for finding it difficult to access VR services by youth in transition were different from the general population of persons with disabilities. Respondents were then asked to indicate the top three most frequent reasons for finding it difficult to access VR services by transition-aged youth. Table 23 lists the reasons along with the number of times each was mentioned as a barrier to accessing VR services.

Top three most frequent barriers to accessing VR services for transition-age youth	n	Percent
Difficulties completing the Individualized Plan for Employment	6	42.9%
Difficulties completing the VR application	6	42.9%
Difficulties accessing plan services	6	42.9%
Difficulties accessing training or education programs	5	35.7%
Limited accessibility to VR via public transportation	3	21.4%
Difficulties accessing assessment services	3	21.4%
Inadequate disability-related accommodations	2	14.3%
Other challenges related to the physical location of the VR office	1	7.1%
Language barriers	1	7.1%

Table 23. *Difficulties Accessing VR Services for Youth in Transition, Partner Survey.*

When reviewing the responses depicted in Table 23, please note that the total number of respondents to this question was relatively small (14). Difficulties completing the Individualized Plan for Employment (42.9%), difficulties completing the application (42.9%) and difficulties accessing plan services (42.9%) were the items most commonly cited as barriers to accessing VR services for youth in transition. Difficulties accessing training and education programs was also identified as a barrier by over one-third of the respondents to this question (35.7%).

Barriers to Accessing VR Services for Consumers who are Racial or Ethnic Minorities

Partner survey respondents were asked if the reasons for finding it difficult to access VR services by consumers who are racial or ethnic minorities were different from the general population of persons with disabilities. Of the 27 respondents who answered this question, 13 (48.1%) indicated that the reasons for finding it difficult to access VR services by consumers who are racial or ethnic minorities were different from the general population of persons with disabilities. These 13 respondents were then asked to indicate the top three most frequent reasons for finding it difficult to access VR services by consumers who are racial or ethnic minorities. Table 24 lists the reasons along with the number of times each was mentioned as one of the top three most frequent barriers to accessing VR services encountered by consumers who are racial or ethnic minorities.

Top three most frequent barriers to accessing VR services for consumers who are racial or ethnic minorities	n	Percent
Language barriers	8	61.5%
Difficulties completing the VR application	7	53.8%
Difficulties accessing assessment services	4	30.8%
Difficulties accessing plan services	4	30.8%
Difficulties completing the Individualized Plan for Employment	3	23.1%
Limited accessibility to VR via public transportation	2	15.4%
Difficulties accessing training or education programs	2	15.4%
Inadequate disability-related accommodations	2	15.4%
Other challenges related to the physical location of the VR office	0	0.0%

Table 24. *Difficulties Accessing VR Services for Consumers who are Racial or Ethnic Minorities, Partner Survey.*

Language barriers (61.5%) and difficulties completing the VR application (53.8%) were the items most commonly cited as barriers to accessing VR services for consumers who are racial or ethnic minorities.

Other Barriers to Accessing VR Services

Partner survey respondents 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 VR services. Eight responses were provided which described additional barriers associated with accessing VR services. One theme that emerged with some degree of consistency in the responses was the barrier posed by the lack of awareness of vocational rehabilitation services.

Services to VR Consumers

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 wide range of disabilities. Table 25 illustrates the number and percentage of the 28 partners that responded to this question who indicated that each service was readily available.

Which services are readily available to VR consumers?	n	Percent
Job search services	20	71.4%
Job training services	17	60.7%
Assistive technology	14	50.0%
Benefits planning assistance	13	46.4%
Other transportation assistance	11	39.3%
Other education services	8	28.6%
Vehicle modification assistance	8	28.6%
Substance abuse treatment	7	25.0%
Medical treatment	7	25.0%
Mental health treatment	6	21.4%
Housing	4	14.3%
Income assistance	4	14.3%
Personal care attendants	4	14.3%
Health insurance	3	10.7%

Table 25. *Partners Indicating Service was Readily Available, Partner Survey.*

Items lower on the table indicate services that respondents believe are less available in their communities. Table 25 indicates that a greater percentage of partner survey respondents perceive services such as job search (71.4%), job training (60.7%), and assistive technology (50.0 %) services were readily available to VR clients than services such as health insurance (10.7%), personal care attendants (14.3%), income assistance (14.3%), and housing (14.3%). Partner survey respondents were presented with an “other” response option and were asked to describe any other services that were readily available to VR clients. Three of the five individuals who provided narrative responses suggested that none of the services listed were readily available to vocational rehabilitation consumers.

Partner survey respondents were asked a yes/no question which asked them if, in their experience, the network of rehabilitation service providers in Oregon was able to meet the vocational rehabilitation service needs of individuals with disabilities. Of the 25 partner survey respondents who answered the question, 8 (32.0%) responded “Yes” and 17 (68.0%) 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 Oregon were unable to meet. Eighteen respondents provided 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:

- Job training services
- Job development services
- Long-term supports for individuals with disabilities
- Timely provision of services

Partner survey respondents were provided with a checklist and asked to identify the primary reasons that vocational rehabilitation service providers were generally unable to meet the needs of persons with disabilities. Table 26 depicts the responses of the 19 individuals who responded to the question.

Primary reasons providers unable to meet service needs	n	Percent
Not enough providers available in area	8	42.1%
Low quality of provider services	8	42.1%
Client barriers prevent successful interactions with providers	7	36.8%
No providers in the area	0	0.0%

Table 26. *Reasons Providers are Unable to Meet Service Needs, Partner Survey.*

Not enough providers available in area (42.1%) and low quality of provider services (42.1%) were the most frequently selected reasons for providers being unable to meet the needs of persons with disabilities. Partner survey respondents were presented with an “other” response option and were asked to describe any other primary reasons that providers were unable to meet consumers’ service needs. Eight respondents provided answers to this question. There were a variety of reasons for providers being unable to meet the needs of persons with disabilities, with inadequate funding mentioned in four of the eight responses.

Partner survey respondents were presented with an open-ended question and asked to identify the most important change that vocational rehabilitation could make to support consumers’ efforts to achieve their employment goals. Twenty-two respondents provided answers to the question, and a number of suggested changes were described by respondents. Themes that were evident in more than one response were increased collaboration between vocational rehabilitation partners and providing services in shared locations.

Partner survey respondents were also presented with an open-ended question and asked to identify the most important change that community partners could make to support consumers’ efforts to achieve their employment goals. Nineteen individuals provided narrative responses and described desired changes. Three proposed changes that were mentioned with a degree of consistency were:

- Enhancing collaboration within the network of service providers,
- Sharing resources, and
- Raising awareness of the work potential of individuals with disabilities.

VR Staff Survey Results

A total of 85 VR staff surveys were completed. The staff survey was started 106 times, however only 85 surveys yielded useful data. The remaining 21 surveys likely include individuals who opened the survey link but never completed it, as well as individuals who

completed the survey at an earlier or later date. Questions appearing on the staff survey addressed six general areas:

- Barriers to achieving employment outcomes,
- Barriers to accessing VR services,
- Services readily available to VR clients,
- Needed services for VR clients, and
- WorkSource Oregon services
- Desired changes.

Respondent Characteristics

A preliminary question prompted respondents to share their job titles. Table 27 illustrates the job titles held by the 85 survey respondents.

Job title	n	Percent
Counselor	43	50.6%
Office Specialist/Human Services Assistant	15	17.6%
Management and Professional Staff	12	14.1%
Counselor Specialist	6	7.1%
Branch Manager	5	5.9%
Support Staff – VR Administration	4	4.7%

Table 27. *Job Titles of Respondents, Staff Survey.*

Counselors, Office Specialist/Human Services Assistants, and Management and Professional Staff comprised a large majority of the respondents to the staff survey. Of the respondents 26 indicated that they specialized in specific disability or client target populations. Table 28 illustrates the disability and client target populations indicated by the survey respondents. Individuals with hearing impairments and individuals with mental health disabilities were the most common specializations mentioned by respondents. Of the four “other” responses, each described a distinct population (addiction and criminal histories, foster care, autism spectrum disorders, and learning disabilities).

Specialization	n
Hearing impaired	8
Diagnosed mental health	8
Developmental disabilities	6
Youth transition program	6
Other	4
Spinal cord injuries	1

Table 28. *Specific Populations Served by Respondents, Staff Survey.*

Potential Barriers to Employment

VR staff respondents were presented with a number of potential barriers to achieving employment goals that might be encountered by clients. For each potential barrier, respondents were asked to indicate whether the potential barrier was adequately addressed by vocational rehabilitation services, was not adequately addressed by vocational rehabilitation services, or was not a barrier. Respondents were also given a “Don’t know” response option. Table 29 summarizes, in descending order, the number and percentage of the 85 VR staff respondents that identified each of the following concerns as barriers to achieving employment goals that were not adequately addressed by vocational rehabilitation services.

Barriers to achieving employment goals not adequately addressed	n	Percent
Housing issues	56	67.5%
Not enough jobs available	51	60.7%
Mental health issues	47	55.3%
Substance abuse issues	46	54.8%
Convictions for criminal offenses	46	54.1%
Employers’ perceptions about employing persons with disabilities	45	52.9%
Lack of help with disability-related personal care	41	48.2%
Other health issues	38	44.7%
Childcare issues	37	43.5%
Other transportation issues	34	41.0%
Language barriers	29	34.1%
Disability-related transportation issues	23	27.1%
Not having job skills	20	23.8%
Not having education or training	16	18.8%
Perceptions regarding impact of income on benefits	14	16.5%
Not having disability accommodations	14	16.5%
Not having job search skills	7	8.3%

Table 29. *Employment-Related Barriers for VR Consumers, Staff Survey.*

Employment-related issues identified as not adequately addressed by vocational rehabilitation services by more than half of respondents included housing (67.5%), not enough jobs available (60.7%), mental health issues (55.3%), substance abuse issues (54.8%), convictions for criminal offenses (54.1%), and employers’ perceptions about employing persons with disabilities (52.9%). VR staff members were also given an “other” response option and were asked to describe other employment-related issues or barriers. Nine respondents identified “other” barriers that touched upon a variety of subjects including family issues, fear, and the need for dental services. One issue that was mentioned by three respondents pertained to the need for long-term supports that might be provided through partnerships between VR and other agencies or organizations.

VR staff members were given a list of barriers and asked to identify the top three most frequent barriers to achieving employment goals for vocational rehabilitation consumers. Table 30 lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers by VR staff respondents.

Top three barriers to achieving employment goals	n	Percent
Mental health issues	50	58.8%
Not enough jobs available	29	34.1%
Convictions for criminal offenses	25	29.4%
Employers' perceptions about employing persons with disabilities	23	27.1%
Not having job skills	21	24.7%
Not having education or training	19	22.4%
Substance abuse issues	18	21.2%
Not having job search skills	17	20.0%
Other transportation issues	12	14.1%
Housing issues	9	10.6%
Other health issues	8	9.4%
Perceptions regarding impact of income on benefits	6	7.1%
Lack of help with disability-related personal care	6	7.1%
Language barriers	3	3.5%
Childcare issues	3	3.5%
Disability-related transportation issues	2	2.4%
Not having disability accommodations	1	1.2%

Table 30. *Top Three Most Frequent Barriers to Achieving Employment Goals, Staff Survey.*

Mental health issues (58.8%) was the barrier most frequently mentioned among the top three barriers to achieving employment goals. Other barriers mentioned frequently included not enough jobs available (34.1%), convictions for criminal offenses (29.4%), and employers' perceptions about employing people with disabilities (27.1%). VR staff members were also given an "other" response option and were asked to describe other employment-related issues or barriers that they would place among the top three most frequent barriers to achieving employment goals. Nine responses were provided. Four of the nine statements mentioned client motivation to work as a frequent barrier to achieving employment goals.

VR staff members were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for vocational rehabilitation consumers that they believed were most difficult to address. Table 31 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address by VR staff respondents.

Top three most difficult barriers to address	n	Percent
Mental health issues	44	52.4%
Convictions for criminal offenses	36	42.9%
Substance abuse issues	35	41.7%
Not enough jobs available	31	36.9%
Employers' perceptions about employing persons with disabilities	25	29.8%
Housing issues	20	23.8%
Other transportation issues	12	14.3%
Lack of help with disability-related personal care	9	10.7%
Other health issues	8	9.5%
Language barriers	8	9.5%
Not having job skills	7	8.3%
Not having education or training	6	7.1%
Childcare issues	6	7.1%
Not having job search skills	5	6.0%
Perceptions regarding impact of income on benefits	4	4.8%
Disability-related transportation issues	2	2.4%
Not having disability accommodations	1	1.2%

Table 31. *Most Difficult Barriers to Address, Staff Survey.*

Mental health issues were identified as one of the most difficult barriers to address by over half of the staff respondents (52.4%). Other barriers mentioned most frequently as difficult to address included convictions for criminal offenses (42.9%), substance abuse issues (41.7%), and not enough jobs available (36.9%).

Barriers to Employment for Individuals with Most Significant Disabilities

Respondents were asked if the barriers to achieving employment goals for individuals with the most significant disabilities were different from the general population of persons with disabilities. Of the 84 respondents who answered the question, 72 (85.5%) indicated that the barriers to achieving employment goals were different for individuals with the most significant disabilities. Respondents were then asked to indicate the top three barriers from a list of 18 barriers to achieving employment goals for VR consumers with the most significant disabilities. Table 32 lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers for VR consumers with the most significant disabilities.

Top three most frequent barriers to achieving employment goals for individuals with most significant disabilities	n	Percent
Mental health issues	31	43.1%
Not having job skills	31	43.1%
Employers' perceptions about employing persons with disabilities	30	41.7%
Not enough jobs available	24	33.3%
Lack of help with disability-related personal care	15	20.8%
Not having education or training	14	19.4%
Convictions for criminal offenses	12	16.7%
Substance abuse issues	11	15.3%
Not having disability accommodations	10	13.9%
Disability-related transportation issues	9	12.5%
Not having job search skills	8	11.1%
Perceptions regarding impact of income on benefits	8	11.1%
Other health issues	7	9.7%
Language barriers	4	5.6%
Other transportation issues	3	4.2%
Housing issues	3	4.2%
Childcare issues	1	1.4%

Table 32. *Most Frequent Barriers for Individuals with Most Significant Disabilities, Staff Survey.*

Mental health issues (43.1%), not having job skills (43.1%), employers' perceptions of people with disabilities (41.7%), and not enough jobs available (33.3%) were the items most frequently mentioned among the top three barriers to achieving employment goals for VR consumers with the most significant disabilities. VR staff members were also given an "other" response option and were asked to describe other employment-related issues or barriers that they would place among the top three barriers to achieving employment goals for VR consumers with the most significant disabilities. Nine responses were provided; two barriers were mentioned by multiple respondents: lack of qualified job developers, and lack of sustained support services.

VR staff were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for vocational rehabilitation consumers with most significant disabilities that they believed were most difficult to address. Table 33 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address for consumers with the most significant disabilities.

Top three most difficult barriers to address	n	Percent
Employers' perceptions about employing persons with disabilities	36	50.7%
Mental health issues	26	36.6%
Not having job skills	26	36.6%
Not enough jobs available	25	35.2%
Lack of help with disability-related personal care	16	22.5%
Convictions for criminal offenses	15	21.1%
Substance abuse issues	12	16.9%
Other health issues	11	15.5%
Not having disability accommodations	10	14.1%
Not having education or training	6	8.5%
Disability-related transportation issues	6	8.5%
Housing issues	5	7.0%
Language barriers	5	7.0%
Perceptions regarding impact of income on benefits	4	5.6%
Not having job search skills	3	4.2%
Other transportation issues	2	2.8%
Childcare issues	1	1.4%

Table 33. *Most Difficult to Address Barriers for Individuals with Most Significant Disabilities, Staff Survey.*

Employers' perceptions about employing persons with disabilities were among the most difficult barriers to address mentioned by over half of the staff respondents (50.7%). Other barriers mentioned most frequently as difficult to address included mental health issues (36.6%), not having job skills (36.6%), and not enough jobs available (35.2%). VR staff members were also given an "other" response option and were asked to describe other barriers that were difficult to address for individuals with most significant disabilities. Eight responses were provided, with two of the eight responses indicating that there was a lack of job developers qualified to work effectively with this population.

Barriers to Employment for Youth in Transition

Respondents were asked if the barriers to achieving employment goals for youth in transition are different from the overall population of persons with disabilities. Of the 85 respondents, 66 (77.6%) indicated that the barriers to achieving employment goals were different for youth in transition. Respondents were then asked to indicate the top three barriers from a list of 18 barriers to achieving employment goals for youth in transition. Table 34 lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers for youth in transition.

Top three most frequent barriers to achieving employment goals for youth in transition	n	Percent
Not having job skills	52	77.6%
Not having education or training	32	47.8%
Not having job search skills	31	46.3%
Not enough jobs available	26	38.8%
Other transportation issues	12	17.9%
Mental health issues	11	16.4%
Employers' perceptions about employing persons with disabilities	9	13.4%
Substance abuse issues	7	10.4%
Disability-related transportation issues	5	7.5%
Lack of help with disability-related personal care	3	4.5%
Perceptions regarding impact of income on benefits	3	4.5%
Convictions for criminal offenses	2	3.0%
Not having disability accommodations	2	3.0%
Housing issues	2	3.0%
Other health issues	1	1.5%
Language barriers	0	0.0%
Childcare issues	0	0.00%

Table 34. *Most Frequent Barriers for Youth in Transition, Staff Survey.*

Lack of job skills was identified by 77.6% of respondents as one of the most frequent barriers to employment for youth in transition. Other commonly identified barriers included not having education or training (47.8%), not having job search skills (46.3%), and not enough jobs available (38.8%). VR staff members were also given an “other” response option and were asked to describe other frequent barriers to achieving employment goals for youth in transition. Six responses were provided, with three reinforcing the concept of barriers related to the lack of work history and knowledge of work culture.

VR staff were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for youth in transition that they believed were most difficult to address. Table 35 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address for youth in transition.

Top three most difficult barriers to address	n	Percent
Not having job skills	33	50.8%
Not enough jobs available	28	43.1%
Not having education or training	19	29.2%
Employers' perceptions about employing persons with disabilities	17	26.2%
Mental health issues	17	26.2%
Other transportation issues	15	23.1%
Substance abuse issues	12	18.5%
Not having job search skills	10	15.4%
Not having disability accommodations	7	10.8%
Housing issues	7	10.8%
Disability-related transportation issues	6	9.2%
Convictions for criminal offenses	5	7.7%
Lack of help with disability-related personal care	2	3.1%
Other health issues	2	3.1%
Perceptions regarding impact of income on benefits	2	3.1%
Language barriers	1	1.5%
Childcare issues	0	0.0%

Table 35. *Most Difficult to Address Barriers for Youth in Transition, Staff Survey.*

Not having job skills (50.8%) and not enough jobs available (43.1%) were the most commonly identified difficult-to-address barriers associated with youth in transition. VR staff members were also given an “other” response option and were asked to describe other barriers that were difficult to address for youth in transition. Ten responses were provided; two themes evident in these responses were the role of family as a barrier that was difficult to address (identified by five respondents) and lack of motivation as a barrier that was difficult to address (identified by three respondents).

Barriers to Employment for Consumers who are Racial or Ethnic Minorities

Respondents were asked if the barriers to achieving employment goals for consumers who are racial or ethnic minorities were different from the overall population of persons with disabilities. Of the 85 respondents, 47 (55.3%) indicated that the barriers to achieving employment goals were different for consumers who are racial or ethnic minorities. Respondents were then asked to indicate the top three barriers from a list of 18 barriers to achieving employment goals for consumers who are racial or ethnic minorities. Table 36 lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers for consumers who are racial or ethnic minorities.

Top three most frequent barriers to achieving employment goals for consumers who are racial or ethnic minorities	n	Percent
Language barriers	30	63.8%
Employers' perceptions about employing persons with disabilities	19	40.4%
Not having education or training	18	38.3%
Not having job skills	17	36.2%
Not enough jobs available	17	36.2%
Not having job search skills	5	10.6%
Other transportation issues	5	10.6%
Mental health issues	5	10.6%
Substance abuse issues	5	10.6%
Convictions for criminal offenses	5	10.6%
Housing issues	2	4.3%
Other health issues	2	4.3%
Childcare issues	2	4.3%
Lack of help with disability-related personal care	1	2.1%
Perceptions regarding impact of income on benefits	1	2.1%
Disability-related transportation issues	0	0.0%
Not having disability accommodations	0	0.0%

Table 36. *Most Frequent Barriers for Racial or Ethnic Minorities, Staff Survey.*

Language barriers were identified by 63.8% of respondents as a frequent barrier to employment for consumers who are racial or ethnic minorities. Other commonly identified barriers included employers' perceptions about employing persons with disabilities (40.4%) not having education or training (38.3%), not having job skills (36.2%), and not enough jobs available (36.2%). VR staff members were also given an "other" response option and were asked to describe other frequent barriers to achieving employment goals for consumers who are racial or ethnic minorities. Eight responses were provided, with five identifying bias or discrimination based upon race or ethnicity as a barrier to achieving employment goals.

VR staff were presented with a list of barriers and asked to identify the three barriers to achieving employment goals for consumers who are racial or ethnic minorities that they believed were most difficult to address. Table 37 lists the barriers along with the number of times each of the barriers was mentioned as one of the most difficult to address.

Top three most difficult barriers to address	n	Percent
Language barriers	25	54.3%
Employers' perceptions about employing persons with disabilities	19	41.3%
Not enough jobs available	17	37.0%
Not having education or training	14	30.4%
Not having job skills	12	26.1%
Not having job search skills	8	17.4%
Other transportation issues	7	15.2%
Housing issues	7	15.2%
Mental health issues	5	10.9%
Convictions for criminal offenses	5	10.9%
Childcare issues	4	8.7%
Substance abuse issues	2	4.3%
Other health issues	2	4.3%
Disability-related transportation issues	2	2.2%
Perceptions regarding impact of income on benefits	1	2.2%
Not having disability accommodations	0	0.0%
Lack of help with disability-related personal care	0	0.0%

Table 37. *Most Difficult to Address Barriers for Racial or Ethnic Minorities, Staff Survey.*

Language barriers (54.3%), employers' perceptions about employing persons with disabilities (41.3%), and not enough jobs available (37.0%) were the most commonly identified difficult-to-address barriers associated with consumers who are racial or ethnic minorities. VR staff members were also given an "other" response option and were asked to describe other barriers that were difficult to address for consumers who are racial or ethnic minorities. Eight responses were provided, with five identifying bias or prejudicial attitudes of employers based upon race or ethnicity as a difficult barrier to address.

Barriers to Accessing VR Services

Respondents were presented with a question that prompted them to indicate the three most frequent reasons that people with disabilities might find it difficult to access VR services. There were ten response options, including an "other" response that permitted respondents to elaborate. Table 38 lists the barriers to accessing VR, along with the number of times each of the barriers was mentioned as one of the top three barriers by the 85 VR staff that completed the survey.

Barriers to accessing VR services	n	Percent
Limited accessibility to VR via public transportation	32	40.0%
Difficulties accessing training or education programs	30	37.5%
Language barriers	22	27.5%
Difficulties completing the VR application	16	20.0%
Difficulties accessing plan services	16	20.0%
Other challenges related to the physical location of the VR office	16	20.0%
Difficulties completing the Individualized Plan for Employment	15	18.8%
Difficulties accessing assessment services	12	15.0%
Inadequate disability-related accommodations	9	11.3%

Table 38. *Most Frequent Reasons People find it Difficult to Access VR Services, Staff Survey.*

Lack of access to VR via public transportation (40.0%), difficulties accessing training or education programs (37.5%), and language barriers (27.5%) were the items most commonly cited as barriers to accessing VR services. VR staff members were also given an “other” response option and were asked to describe additional barriers to accessing VR services. Thirty responses were provided, and the themes mentioned commonly by respondents included the following, which are listed with the most frequently occurring themes first:

- Lack of awareness of the existence of VR or the services that VR can provide,
- Lack of motivation to work or participate in vocational rehabilitation,
- Lack of child care,
- Barriers associated with the nature of the individuals’ disabilities,
- Work disincentives associated with entitlement programs, and
- Barriers associated with VR services being located in DHS offices.

Barriers to Accessing VR Services for Individuals with Most Significant Disabilities

VR staff members were asked if the reasons for finding it difficult to access VR services by individuals with most significant disabilities were different from the general population of persons with disabilities. Of the 82 respondents to this question, 38 (46.3%) indicated that the reasons for finding it difficult to access VR services by individuals with most significant disabilities were different from the general population of persons with disabilities. Respondents were then asked to indicate the top three reasons individuals with most significant disabilities found it difficult to access VR services. Table 39 lists the reasons along with the number of times each was mentioned as one of the top three barriers to accessing VR services for individuals with most significant disabilities.

Barriers to accessing VR services for individuals with most significant disabilities	n	Percent
Limited accessibility to VR via public transportation	14	37.8%
Inadequate disability-related accommodations	13	35.1%
Difficulties completing the VR application	12	32.4%
Difficulties accessing training or education programs	10	27.0%
Other challenges related to the physical location of the VR office	10	27.0%
Difficulties completing the Individualized Plan for Employment	9	24.3%
Difficulties accessing assessment services	7	18.9%
Difficulties accessing plan services	5	13.5%
Language barriers	4	10.8%

Table 39. *Barriers to Accessing VR Services for Individuals with Most Significant Disabilities, Staff Survey.*

Limited accessibility of VR via public transportation (37.8%), inadequate disability-related accommodations (35.1%) and difficulties completing the VR application (32.4%) were the items most commonly cited as barriers to accessing VR services for individuals with most significant disabilities. VR staff members were also given an “other” response option and were asked to describe other barriers to accessing VR services that they would consider among the top three barriers to access for individuals with most significant disabilities. Only one barrier, awareness of VR services, was mentioned by more than one respondent.

Barriers to Accessing VR Services for Youth in Transition

VR staff members were asked if the reasons for finding it difficult to access VR services by youth in transition were different from the general population of persons with disabilities. Of the 79 respondents who answered this question, 41 (51.9%) indicated that the reasons for finding it difficult to access VR services by youth in transition are different from the general population of persons with disabilities. Respondents were then asked to indicate the top three reasons for finding it difficult to access VR services by youth in transition. Table 40 lists the reasons along with the number of times each was mentioned as one of the top three barriers to accessing VR services for youth in transition.

Barriers to accessing VR services for youth in transition	n	Percent
Limited accessibility to VR via public transportation	14	34.1%
Difficulties completing the VR application	14	34.1%
Difficulties completing the Individualized Plan for Employment	14	34.1%
Other challenges related to the physical location of the VR office	10	24.4%
Difficulties accessing training or education programs	9	22.0%
Difficulties accessing assessment services	6	14.6%
Inadequate disability-related accommodations	4	9.8%
Difficulties accessing plan services	3	7.3%
Language barriers	2	4.9%

Table 40. *Barriers to Accessing VR Services for Youth in Transition, Staff Survey.*

Lack of access to VR via public transportation (34.1%), difficulties completing the application (34.1%), and difficulties completing the Individualized Plan for Employment (34.1%) were the items most commonly cited as presenting barriers to accessing VR services for youth in transition. VR staff members were also given an “other” response option and were asked to describe other barriers to accessing VR services that were among the top three barriers to access for transition-aged youth. Nineteen responses were provided; issues mentioned by more than one respondent were:

- Awareness of VR and how it might benefit them
- Motivation to follow-through during the vocational rehabilitation process
- Lack of availability of youth transition programs
- Availability to participate in services given school obligations

Barriers to Accessing VR Services for Consumers who are Racial or Ethnic Minorities

VR staff members were asked if the reasons for finding it difficult to access VR services by consumers who are racial or ethnic minorities were different from the general population of persons with disabilities. Of the 79 individuals who responded to this question, 33 (41.8%) indicated that the reasons for finding it difficult to access VR services by consumers who are racial or ethnic minorities were different from the general population of persons with disabilities. Respondents were then asked to indicate the top three reasons individuals who are racial or ethnic minorities find it difficult to access VR services. Table 41 lists the reasons along with the number of times each was mentioned as one of the top three reasons.

Barriers to accessing VR services for consumers who are racial or ethnic minorities	n	Percent
Language barriers	28	87.5%
Difficulties completing the VR application	17	53.1%
Limited accessibility to VR via public transportation	7	21.9%
Difficulties accessing assessment services	6	18.8%
Difficulties completing the Individualized Plan for Employment	5	15.6%
Difficulties accessing training or education programs	4	12.5%
Other challenges related to the physical location of the VR office	4	12.5%
Difficulties accessing plan services	2	6.3%
Inadequate disability-related accommodations	2	6.3%

Table 41. *Barriers to Accessing VR Services for Consumers who are Racial or Ethnic Minorities, Staff Survey.*

Language barriers (87.5%) and difficulties completing the VR application (53.1%) were the items most commonly cited as barriers to accessing VR services for consumers who are racial or ethnic minorities. VR staff members were also given an “other” response option and were asked to describe other barriers to accessing VR services that they would consider among the top three barriers to access for consumers who are racial or ethnic minorities. Ten responses were provided; issues mentioned by more than one respondent were:

- Lack of awareness of VR services, and
- Cultural beliefs or perspectives about vocational rehabilitation services that limit access.

Services Available to VR Consumers

VR staff members 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 wide range of disabilities. Table 42 illustrates the percentage of the 78 respondents to this question who indicated that each service was readily available.

Which services are readily available to VR consumers?	n	Percent
Job search services	68	87.2%
Benefits planning assistance	60	76.9%
Assistive technology	56	71.8%
Job training services	53	67.9%
Other education services	47	60.3%
Other transportation assistance	47	60.3%
Vehicle modification assistance	43	55.1%
Mental health treatment	41	52.6%
Medical treatment	34	43.6%
Substance abuse treatment	29	37.2%
Personal care attendants	16	20.5%
Health insurance	10	12.8%
Income assistance	8	10.3%
Housing	8	10.3%

Table 42. *Percentage of VR Staff Indicating Service is Readily Available, Staff Survey.*

Table 42 indicates that a greater percentage VR staff perceive services such as job search, benefits planning and assistive technology to be more readily available to VR clients than services such as housing, income assistance, and health insurance. VR staff members were presented with an “other” response option and were asked to describe any other services that were readily available to VR clients.

VR staff was asked a yes/no question whether in their experience, vendors were able to meet VR consumers’ vocational rehabilitation needs. Of the 79 VR staff that responded to this particular question, 59.5% responded “Yes”, and 40.5% responded “No”. This question was followed by an open-ended question which asked respondents to identify the services that vendors were unable to meet. Twenty-five respondents provided answers to this question. VR staff identified a number of services that vendors were unable to meet; those that were mentioned most commonly were:

- Job development or job placement (13 responses),
- Transportation (5 responses),
- Job skills training (4 responses).
- Mental health services (4 responses),
- Job carving (4 responses),
- Job coaching (4 responses),
- Interpersonal skills development (3 responses), and
- Services to individuals who speak languages other than English (3 responses).

VR staff who indicated that vendors were not able to meet VR consumers’ vocational rehabilitation need (n = 32) were then asked to identify the primary reasons that vendors are generally unable to meet consumers’ service needs. Table 43 depicts the responses of VR staff to this question.

Primary reasons vendors unable to meet service needs	N	Percent
Not enough vendors in the area	23	74.2%
Low quality of vendor services	21	67.7%
Client barriers prevent successful interactions with vendors	7	22.6%
No vendors in the area	7	22.6%

Table 43. *Reasons Vendors are Unable to Meet Service Needs, Staff Survey.*

Of the relatively small number of VR staff that indicated that vendors were generally unable to meet consumers’ vocational rehabilitation needs, the reasons most commonly identified were that there were not enough vendors in the area (74.2%) or the available services were of low quality (67.7%). VR staff were presented with an “other” response option and asked to describe any other primary reasons that vendors were unable to meet consumers’ service needs. Eleven respondents provided answers to this question. The following three themes emerged from their comments:

- Ineffective payment system for vendors
- Lack of disability-related expertise or knowledge
- Vendors are unwilling to provide services to clients who may be difficult to place or serve

Experiences with WorkSource Oregon

VR staff members were provided with a list of WorkSource Oregon services and asked to identify the services to which they referred clients. Table 44 indicates the number of respondents that identified each service as one to which they referred vocational rehabilitation clients.

What WorkSource Oregon services do you refer vocational rehabilitation clients to?	n	Percent
Job preparation workshops or services	52	72.2%
Job search or referral activities	50	69.4%
Labor market information or research	42	58.3%
National Career Readiness Certificate testing	34	47.2%
WIA training funds	32	44.4%

Table 44. *Referrals to WorkSource Oregon Services, Staff Survey.*

Over half of VR staff survey respondents indicated that they referred clients to job preparation workshops or services (72.2%), job search or referral activities (69.4%), and labor

market information or research (58.3%). VR staff were presented with an “other” response option and asked to describe any other WorkSource Oregon services to which they referred vocational rehabilitation clients. The only theme that emerged from the ten narrative responses to this question suggested that staff did not refer clients to WorkSource Oregon for services at all.

VR staff members were provided with a list of WorkSource Oregon services and asked to identify the services which were most helpful to vocational rehabilitation clients. Table 45 indicates the number of respondents that identified each service as one that was most helpful to vocational rehabilitation clients as reported by all staff respondents. Staff responses are also reported according to whether the respondent’s job title indicated that they were field staff (Branch Managers, Counselors, Counselor Specialists and Office Specialists/Human Services Assistant) or administration (Support Staff/Vocational Rehabilitation Administration, and Management and Professional Staff/Vocational Rehabilitation Administration)

What WorkSource Oregon services are most helpful to rehabilitation clients?	All	Field	Admin
Job preparation workshops or services	64.9%	70.5%	38.5%
Job search or referral activities	56.8%	62.3%	30.8%
Labor market information or research	40.5%	42.6%	30.8%
WIA training funds	33.8%	36.1%	23.1%
National Career Readiness Certificate testing	18.9%	23.0%	0.0%

Table 45. *Most Helpful WorkSource Oregon Services, Staff Survey.*

Job preparation workshops or services (64.9%), and job search and referral activities (56.8%) were identified by the largest percentages of respondents as helpful services. Among the services listed, National Career Readiness Certificate testing was identified least frequently as a most helpful service (18.9%). There were considerable discrepancies between field staff and administration staff concerning perceptions of helpfulness of WorkSource Oregon services. When compared to field staff, smaller proportions of administration staff rated each service as most helpful to rehabilitation clients.

VR staff members were provided with a list of WorkSource Oregon services and asked to identify the services which were least helpful to vocational rehabilitation clients. Table 46 indicates the number of respondents that identified each service as one that was least helpful to vocational rehabilitation clients. Staff responses are also reported according to whether the respondent’s job title indicated that they were field staff or administration.

What WorkSource Oregon services are least helpful to rehabilitation clients?	All	Field	Admin
National Career Readiness Certificate testing	63.1%	63.5%	61.5%
Job search or referral activities	29.2%	25.0%	46.2%
Labor market information or research	29.2%	30.8%	23.1%
WIA training funds	27.2%	26.9%	30.8%
Job preparation workshops or services	13.8%	13.5%	15.4%

Table 46. *Least Helpful WorkSource Oregon Services, Staff Survey.*

Among the services listed, National Career Readiness Certificate testing was identified most frequently as the least helpful service (63.1%). Field staff and administration responses were generally more similar when rating least helpful WorkSource Oregon services than they were when rating most helpful WorkSource Oregon services. The largest discrepancy in perceptions of least helpful services pertained to job search or referral activities, where 25.0% of field staff indicated that it was a least helpful services compared to 46.2% of administration staff. VR staff members were presented with an “other” response option and asked to describe any other WorkSource Oregon services they perceived as least helpful to vocational rehabilitation clients. Of the eleven narrative responses, two respondents identified staff as the least helpful WorkSource Oregon service

VR staff survey respondents were presented with a question asking them if WorkSource Oregon was accessible to vocational rehabilitation clients. Of the 77 respondents who answered this question, 60 (77.9%) indicated that WorkSource Oregon was accessible to vocational rehabilitation clients and 17 (22.1%) indicated that it was not. A greater percentage of field staff (81.3%) indicated that WorkSource Oregon was accessible to vocational rehabilitation clients than administration staff (61.5%). Respondents who indicated that WorkSource Oregon was not accessible were then prompted with a checklist and asked to identify areas where vocational rehabilitation clients encountered barriers to accessing WorkSource Oregon. Table 47 illustrates the responses to this question.

Areas where vocational rehabilitation clients encounter barriers to accessing WorkSource Oregon	n	Percent
Programs	16	94.1%
Services	15	88.2%
Architectural access	1	5.9%
Location	1	5.9%

Table 47. *Barriers to Accessing WorkSource Oregon Services, Staff Survey.*

Of the relatively small group of respondents to this question (n = 16), the vast majority viewed the barriers to accessing WorkSource Oregon services as program-oriented and service-oriented barriers. Respondents were also presented with an open-ended question asking them how WorkSource Oregon services could be enhanced to better serve vocational rehabilitation

clients. Fifty individuals provided narrative comments in response to this question. Themes that emerged with a degree of consistency among the respondents were:

- Providing more intensive supports and resources to customers with disabilities,
- Enhancing disability awareness and sensitivity to the concerns of customers with disabilities,
- Providing vocational rehabilitation services and WorkSource Oregon services at shared locations, and
- Enhancing cooperation between VR and Workforce Investment Act partners.

One additional theme, suggesting that the two systems (vocational rehabilitation and WorkSource Oregon) should serve mutually exclusive populations was voiced by a small number of respondents.

Desired Changes in VR Services

VR staff members were presented with an open-ended question and were asked to identify the most important change that VR could make to support consumers' efforts to achieve their employment goals. Fifty-three respondents provided answers to the question, and a number of suggested changes were shared by VR staff. Changes that were mentioned commonly included:

- Decreasing the amount of required documentation,
- Providing additional staff training,
- Enhancing collaboration and teamwork between VR staff,
- Increasing the number of VR staff,
- Enhancing job development services,
- Reducing caseload sizes, and
- Providing vocational rehabilitation services in a timelier manner.

VR staff members were presented with another open-ended question which asked them to identify the most important change that vendors could make to support consumers' efforts to achieve their employment goals. Forty-nine respondents provided responses and described several suggested vendor changes. Changes that were mentioned commonly included:

- Training that would enhance vendors' abilities to work with individuals with disabilities,
- Increased ability to engage in job-carving,
- Accepting clients with very significant barriers to employment,
- Enhancing communication with rehabilitation counselors,
- Increasing job development service, and
- Building relationships with local employers.

VR staff members were presented with a checklist of items and asked to identify the top three staff-focused changes that would enable them to better assist their consumers. Table 48

lists the changes along with the number of times each was mentioned as one of the top three staff-focused changes that would enable them to better assist consumers.

Staff-focused changes	n	Percent
Less paperwork	46	61.3%
Smaller caseload	31	41.3%
More administrative support	23	30.7%
More interaction with community-based service providers	22	29.3%
Additional training	17	22.7%
More supervisor support	16	21.3%
Better assessment tools	15	20.0%
Better data management tools	11	14.7%
Job coaching/mentoring	11	14.7%

Table 48. *Staff Focused Changes, Staff Survey.*

The staff-focus changes most commonly identified by VR staff as among the top three changes that would enable them to better serve their consumers were less paperwork (61.3%), smaller caseloads (41.3%), and more administrative support (30.7%). Staff-focused changes that were least commonly cited among the top three changes that would enable them to better serve their consumers were more job coaching/mentoring (14.7%) and better data management tools (14.7%). VR staff members were presented with an “other” response option and were asked to describe any other staff-focused changes that would be among the top three changes that would enable them to better serve their clients. Twenty respondents provided answers to this question; one theme that emerged with a small degree of consistency was a need for additional staff training (training requests included training addressing new counselors, stages of change, support staff, managing personal biases, being respectful, understanding how biases effect the counseling relationship, and case management).

VR staff members were presented with a checklist of items and asked to identify the top three consumer-focused changes that would enable them to better assist their consumers. Table 49 lists the changes along with the number of times each was mentioned as one of the top three consumer-focused changes that would enable them to better assist consumers.

Consumer-focused changes	n	Percent
Better job development skills	25	33.8%
Better communication with your consumers	25	33.8%
More time to provide job development services to your consumers	24	32.4%
Confidence approaching employers	19	25.7%
More time to provide job coaching services to your consumers	10	13.5%

Table 49. *Consumer Focused Changes, Staff Survey.*

The consumer-focused changes most commonly identified by the 74 VR staff members that responded to this question as among the top three changes that would enable them to better serve their consumers were better job development skills (33.8%), better communication with consumers (33.8%) and more time to provide job development services (32.4%). VR staff members were presented with an “other” response option and were asked to describe any other staff-focused changes that would be among the top three changes that would enable them to better serve their clients. Twenty-four respondents provided answers to this question, and they described a variety of changes. Two changes that emerged with consistency among the responses were the need for more job development services and the need to reduce the amount of paperwork for clients and staff.

Business Survey Results

A total of 98 business surveys were completed and returned by mail (750 surveys were mailed to businesses, and approximately 75 of the surveys were returned by the U.S. Postal Service with invalid addresses). The surveys focused predominantly upon the perceived helpfulness of a variety of potential services provided to employers by VR. A relatively short section that prompted respondents to describe their businesses in terms of type of industry, years of operation, location, and number of employees appeared near the end of the business survey.

Perceived Helpfulness of Services

Utilizing a five-point scale ranging from “Very Helpful” to “Very Unhelpful” respondents to the business survey were asked to indicate how helpful they believed each of nine different services would be with respect to hiring and retaining qualified individuals with disabilities. Table 50 summarizes the responses to the nine questions according to the average perceived helpfulness of the services mentioned in each question. Higher scores indicate greater levels of perceived helpfulness while lower scores indicate lower levels of perceived helpfulness reported by respondents.

Please indicate how helpful each of the following services would be to you	n	Mean
Providing workers with disabilities with the accommodations and supports they need to do your work	96	3.84
If concerns arise, providing consultation with management, the worker, and co-workers to resolve the concerns	96	3.80
Placing qualified individuals in internships at your business with full reimbursement of your expenses	95	3.72
Providing training consultation and resources related to the provision of reasonable accommodations	91	3.67
Finding Workers that meet your workforce needs	97	3.67
Helping your current workers with disabilities to remain on the job	92	3.65
Providing assistance with training new workers or interns at the job site	97	3.60
Offering training on disability awareness	94	3.54
Evaluating your workforce needs	96	3.21

Table 50. *Perceived Helpfulness of VR Services to Businesses, Business Survey.*

The survey items with the highest perceived helpfulness reported by respondents to the business survey were providing workers with disabilities with accommodations and supports, providing consultation with management, the worker and co-workers to resolve concerns, and placing qualified individuals in internships with full reimbursement of employer expenses. The item with the lowest perceived helpfulness reported by respondents was evaluating employers’ workforce needs.

At the conclusion of the section that prompted respondents to indicate the helpfulness of a variety of VR services, respondents were provided with an open-ended question prompting them to describe other types of assistance regarding workers with disabilities that they would like. A relatively small proportion (n = 21) provided responses to this question. Several indicated that they had no additional needs or did not identify any additional needs in their statements. Analysis of the narrative responses that identify needs indicated one theme that emerged across five of the respondents: a need for sustained follow-up and support provided to both employers and individuals with disabilities placed in employment. The following statements, drawn from the survey responses, illustrate this need:

“We employed an individual from voc rehab a year ago, but have not had any follow-up with voc rehab since -- this employee is a delight and is responsible within capacity of her assignment. I think regular follow-up meetings would be beneficial.”

“When we last worked with VR there was no support provided to us, the employer. However, at the outset they seemed to be interested in good placement. ”

Perceived Helpfulness of Services According to Number of Employees

Business survey responses pertaining to the perceived helpfulness of the nine different services were examined according to the number of individuals employed by the business as

reported by the survey respondents. Businesses were divided into three groups according to the number of employees: 1 – 50 employees, 51 – 250 employees, and over 250 employees. Table 51 summarizes the responses to the nine questions according to the average perceived helpfulness of the services mentioned in each question. The first column indicates the mean score for each item for all respondents combined, with the following columns indicating the mean scores for the businesses according to the number of employees.

Please indicate how helpful each of the following services would be to you	Mean	1-50	51-250	Over 250
Providing workers with disabilities with the accommodations and supports they need to do your work	3.84	3.79	4.03	3.67
If concerns arise, providing consultation with management, the worker, and co-workers to resolve the concerns	3.80	3.68	4.03	3.67
Placing qualified individuals in internships at your business with full reimbursement of your expenses	3.72	3.82	3.83	3.38
Providing training consultation and resources related to the provision of reasonable accommodations	3.67	3.53	3.76	3.79
Finding Workers that meet your workforce needs	3.67	3.63	4.00	3.29
Helping your current workers with disabilities to remain on the job	3.65	3.46	3.90	3.67
Providing assistance with training new workers or interns at the job site	3.60	3.56	3.77	3.42
Offering training on disability awareness	3.54	3.27	3.74	3.75
Evaluating your workforce needs	3.21	3.20	3.61	2.67

Table 51. *Perceived Helpfulness of VR Services to Businesses According to Number of Employees, Business Survey.*

Across the items representing different services, businesses with 51 – 250 employees had the highest mean perceived helpfulness scores for seven of the nine items. The three items with the highest mean perceived helpfulness scores for businesses with 1- 50 employees were: (a) placing qualified individuals in internships at your business with full reimbursement of your expenses; (b) providing workers with disabilities with the accommodations and supports they need to do your work; and (c) if concerns arise, providing consultation with management, the worker, and co-workers to resolve the concerns. The three items with the highest mean perceived helpfulness scores for businesses with 51-250 employees were: (a) providing workers with disabilities with the accommodations and supports they need to do your work; (b) if concerns arise, providing consultation with management, the worker, and co-workers to resolve the concerns; and (c) Finding workers that meet your workforce needs. The three items with the highest mean perceived helpfulness scores for businesses with over 250 employees were: (a) providing training consultation and resources related to the provision of reasonable accommodations; (b) offering training on disability awareness; and (c) providing workers with disabilities with the accommodations and supports they need to do your work.

Characteristics of Respondents' Businesses

The respondents described their respective businesses as belonging to the categories shown in Table 52.

Which best describes your business?	n	Percent
Building and grounds cleaning/maintenance	1	1.0%
Business and financial	3	3.1%
Child care	2	2.1%
Community and social services	5	5.2%
Construction	1	1.0%
Education and training	7	7.2%
Farming, fishing, or forestry	2	2.1%
Food service	12	12.4%
Government or public administration	7	7.2%
Health care	12	12.4%
Manufacturing or production	7	7.2%
Personal care and services	1	1.0%
Sales	7	7.2%
Technology	1	1.0%
Other	29	29.9%

Table 52. *Type of Business, Business Survey.*

The most commonly reported business type was “other” (n = 29) followed by health care (n = 12) and food service (n = 12). Businesses in the “other” category included several different types of businesses, including hotels, retail stores, training, fitness, recycling, parking, and utilities. Information concerning the number of individuals employed by the businesses appears in Table 53.

Total number of employees	n	Percent
1 to 15	23	24.0%
16 to 50	18	18.8%
51 to 250	31	32.3%
251 to 999	13	13.5%
1000+	11	11.5%

Table 53. *Number of Employees, Business Survey.*

The most commonly reported category of employees was 51 to 250 employees (n = 31), followed by 1 – 15 employees (n = 23), and 16-50 employees (n = 18). The largest employers were represented in smaller numbers among the survey responses. Of the participants who responded to the question that asked them if their business ever employed workers or interns associated with VR (n = 96), 36.5% indicated that they had employed workers or interns

affiliated with VR, 22.9% indicated that they had not employed workers or interns associated with VR, and 40.6% indicated that they did not know if they had employed workers or interns associated with VR.

Focus Group Results

The findings of the focus group research are reported according to the following five major themes:

1. Vocational rehabilitation and human service systems
2. Needs associated with preparing to work
3. Needs associated with obtaining and maintaining employment
4. Underserved groups
5. Transition-age youth

Vocational Rehabilitation and Human Service Systems

An overwhelming majority of the unmet needs identified by focus group participants were related to vocational rehabilitation and human services networks in Oregon. Participants in Portland expressed the most unmet needs in this area followed by participants in Medford, Eugene, and Redmond respectively. Thus, there was a great deal of consensus statewide regarding unmet needs related to vocational rehabilitation and human services networks.

Increased funding and capacity for vocational rehabilitation and human services providers. The most prevalent unmet service system need that was expressed by participants was the need for more funding and systemic support for people with disabilities statewide. Participants in all four regions indicated great needs in this area. The following comments paraphrased from focus group members highlight this need:

- *Resources to address basic needs such as health care, medical care, housing, and transportation are not available or sufficient.*
- *One-fourth of the population in Oregon is on food stamps; counselors feel they need to teach clients survival skills that are not necessarily work-related.*
- *Clients are in survival mode, how can they benefit from services when they're just trying to stay alive?*

Health care. Needs related to health care services emerged frequently in the focus groups. Participants in all regions expressed unmet health care needs. The following comments from focus group participants illustrate these needs:

- *Lack of healthcare coverage is due in part to employers under-employing people (i.e., employing workers on a part-time basis) so that they do not have to insure them.*
- *Some clients are not getting needed physical therapy and medications.*
- *Medicaid is difficult to get; mental health providers do not serve clients with Medicare.*
- *Oregon Health Plan is difficult to get; especially for physical therapy services.*

- *A person needs access to healthcare and medication to stabilize in order to find and maintain employment. Without healthcare, minor conditions that crop up turn into major chronic conditions.*
- *Clients need a diagnosis before vocational rehabilitation can work with them.*

Employer outreach. The need to educate employers about disability and disability-related issues was a subject of frequent discussion in the focus groups. Participants in all four regions where focus groups were held discussed the need for employers to be informed about disability in order to increase the hiring of individuals with disabilities. The following comments paraphrased from focus group participants illustrate this need:

- *Employers don't hire people with disabilities, especially people with hidden disabilities.*
- *They only hire people with disabilities because they have to.*
- *More education for employers about people with disabilities is needed; more educational training for employers – understanding that flexibility, such as telecommuting, is okay.*

Awareness of vocational rehabilitation services. Focus group participants described a need to enhance the visibility of VR, awareness of the services VR provides and who they can help. This need was expressed in all four regions where focus groups were held. Focus group participants shared the following:

- *There is a lack of clarity in community about what the agency does.*
- *Most people think they need to be unemployed to receive vocational rehabilitation services, when in fact they can access services while employed – before losing a job.*
- *I didn't hear about vocational rehabilitation from support groups or doctors.*
- *Vocational rehabilitation should have pamphlets which should be available at other programs, such as Social Security, welfare, food stamps, and HUD.*

Needs Associated with Preparing to Work

The Focus groups in Eugene, Medford, Portland, and Redmond highlighted pre-employment needs of people with disabilities. The client population consists of individuals who may be homeless, or have a criminal background. Transportation, housing, and healthcare were the needs mentioned most frequently. The focus of VR is largely on employment, but the basic needs of individuals need to be met before the client is able to focus on sustainable employment. These needs affect the ability of individuals to connect with VR and partner organizations.

Interpersonal skills. The need for “soft” skills was the most prominent unmet need among work skills-related needs. Focus group participants in Eugene, Medford, Portland and Redmond expressed unmet needs related to interpersonal skills. The following comments illustrate this need:

- *Employees must be willing to work on these soft skills in order to remain employed.*
- *Clients lack hard and soft skills such as computer, reading, interpersonal skills – knowing how to interact with a manager or co-worker, conflict resolution, manners, being able to start a conversation, and team building.*

Work experience opportunities. Focus group participants in all four regions described needs associated with preparing for work through practical experiences in work settings. Suggestions for applied work preparation opportunities articulated by focus group participants included the following:

- *I suggest developing internships with employers, for example, high tech corporations), to help clients build their skills. Education does not necessarily prepare people for jobs.*
- *There used to be certificate programs that provided internships/on site job experiences for students. There is a lack of occupational training so that students can get on-the-job experience, and be more informed about what they can and cannot do.*
- *We need more volunteer opportunities; they would help the person re-invent themselves and feel valued in addition to having it look good in the resume. This would allow the person to have a positive job reference.*

Vocational training. Another work skills-related need that surfaced from the focus-groups was the desire for skills training opportunities that lead to a job. This need was related to attaining skills clients needed to secure jobs that pay living-wages. Focus group participants in all four regions expressed unmet needs related to vocational training. The following comments illustrate this need:

- *Clients do not have the skills for positions with higher wages.*
- *A GED is not enough to obtain a living wage job.*
- *Clients lack education to fulfill VR plan.*
- *Need for supported education for people who want a certificate or return to school once employed.*

Funding for education. Funding for additional education surfaced as a need in the focus groups in Eugene, Medford, Portland, and Redmond. The statements below speak to this need:

- *Continuing education – there is not enough in the budget for clients to get a degree.*
- *For individuals with intellectual disabilities or developmental disabilities, a high school certificate does not give clients the opportunity to obtain financial aid for college.*

Needs Associated with Obtaining and Maintaining Employment

Job developer preparation. The need for skilled developers was a topic that emerged with consistency in the focus groups. Job developers are needed who have a thorough understanding of disability and are needed in order to provide appropriate services to clients. The following comments from focus group participants illustrate this need:

- *Need an understanding job developer who understands disability and disability related issues.*

- *EOP2 training is required for all job developers; however it is not helpful and is designed more for how to interact/approach businesses and not any training on how to work with clients. More training for job developers besides the EOP2 should be mandated.*
- *I had a job and had to take frequent breaks due to my disability. I thought that the job developer had found a placement that was aware of my needs. I was fired due to my need to take breaks. I should have been placed elsewhere if my needs were going to not match up with the job requirements.*

Job development contract. Focus group participants in Eugene, Medford, Portland, and Redmond all discussed weaknesses within the VR job development contract. The nature of the contract makes some services to the clients difficult or even unavailable. The following comments illustrate this concern:

- *Job Development is not helping people with severe disabilities. The payment system for job developers works against them finding jobs for individuals with more significant disabilities. Suggest using an in-house job developer*
- *Disincentive created with the new payment system at VR where job developers do not get paid until after client is placed.*
- *Job development contract needs to be revisited.*

Transportation. Focus group participants conveyed the need for increased transportation access throughout the state. This need addresses the current public transportation system barriers or limitations as they relate to individuals with disabilities. Focus group participants indicated that transportation needed to be expanded to enhance the employability of people with disabilities. The predominant need related to mobility was the need for expanded public transportation routes. It was evident that this need impacted individuals' abilities to find and retain employment, especially in rural areas. Focus group participants in all four regions described limitations of the public transportation systems in their areas. The following comments illustrate this need:

- *Public transportation is very limited and unreliable. I suggest clients who can drive, provide transportation to those who can't and get paid.*
- *There is minimal public transportation; it doesn't go to the college campus. There are limited hours of operation. For example, if person works late or need to pick up child at daycare, there are limited or no transportation options available.*
- *There is little to no transportation.*
- *Better transportation is needed.*

Long-term supports. The need for long-term supports for individuals with significant disabilities and the barriers to work posed by the lack of long-term supports emerged in several focus groups. The following comments illustrate the unmet need for long-term supports for some vocational rehabilitation clients:

- *Vocational rehabilitation policy regarding limitations on how much vocational rehabilitation can provide mental health counseling and medication – the policy and rules make it impractical or counterproductive for counselors to support the clients who need long-term support.*
- *Clients may not qualify for long-term support services, so they fall between the cracks. For example, if their IQ is too high they do not qualify for case management services.*
- *During the development of the plan, if it is determined that client needs long-term support services, but will not qualify for these services (or they are not available), the client will not go to plan.*

Mental health services. The need for more money and resources for mental health services, as well as supported employment services for individuals with mental health disabilities emerged from several focus group members. The following comments from focus group participants illustrate this need:

- *Mental health services for the entire population is needed.*
- *Mental health supported employment programs have 25% less funds than other mental health programs.*
- *Not having right medication, ongoing mental health counseling, and housing can lead to clients losing jobs.*

Underserved Groups

Underserved populations. Throughout Oregon, the focus group participants indicated that there were groups that were not being adequately served or were under-represented in the VR system. Several under-served populations were identified across the state. Although Latinos and Spanish speaking clients were identified most frequently as under-served populations, they were identified only slightly more often than the following populations of people with disabilities: individuals with Autism Spectrum Disorder, older workers; individuals who are Deaf or hard-of-hearing; racial, ethnic, or cultural minorities; rural populations; and individuals with traumatic brain injury. The following comments from focus group participants indicate the needs of these groups:

- *People who are expensive are underserved Counselors who have specialized caseloads may feel they are a drag on their office because they are begging for more money to provide the services.*
- *Cultural-Language barrier-some clients only Spanish speaking. Very specific training is needed for the Latino communities. Lack of understanding all the way around about jobs. Indigenous language-clients don't know English.*
- *Hispanic Community-They don't come to the office. It may be due to cultural issues. There's only one bilingual counselor.*
- *No deaf specialist. People working at vocational rehabilitation are still trying to learn the technology used to communicate with Deaf individuals.*
- *Traumatic brain injury – the disability is not significant enough to meet Social Security requirements; thus no Social Security benefits. They cannot receive long-term support, and do not have enough skills to maintain employment.*
- *Those who acquire their disability later in life encounter more challenges in employment.*

- *Multiple disabilities physical and mental create much smaller segment for employability.*

Other under-served groups mentioned include: African Americans, American Indians, individuals from India, ex-offenders, homeless individuals, individuals with cognitive impairments, individuals with mental illness, individuals with substance dependency, migrant workers, the transgender population, veterans, and youth in transition.

Transition-Age Youth

Expanding transition services. The unmet needs of youth in transition were discussed in the focus groups. The unmet needs in relation to the transition population included the need for vocational skills to be taught within the school system, more vocational planning to occur while the individuals were in school, and the need for more funds to extend the youth transition program to all schools. The following comments from focus group participants illustrate these needs:

- *Schools need to get more involved in job search and future employment because a large number of students are sitting at home after they age out of school system.*
- *County schools – no vocational planning occurring before they leave school system.*
- *Not all schools have youth transition program funding.*
- *There is a waiting list for transition services, what happens in the meantime?*

Key Informant Interview Results

A total of 25 individuals (representatives of community agencies/organizations and representatives from workforce development backgrounds) participated in the key informant interviews.

Respondent Characteristics

Informants included individuals with a range of personal and professional expertise with regard to individuals with disabilities and the vocational rehabilitation system. There was representation from VR, non-profit organizations, advocacy organizations, post-secondary education, public services, tribal rehabilitation, and workforce development. Most, but not all, key informants were no longer providing direct services to individuals with disabilities, but had assumed administrative roles.

Barriers to Employment

Key informants were asked to identify the top three barriers to employment encountered by people with disabilities. The top barrier focused on misperceptions employers had about disability. Specifically, employers “assume that persons with disabilities cannot work” and “lack the vision of how to utilize persons [with disabilities] in their workplace.” Informants described employers’ reluctance to hire individuals with disabilities due to fears about increased workers compensation claims and exposure to legal risks if the person is fired. Finally, employers were

concerned about accommodations – how to accommodate individuals and the cost of accommodations.

The second barrier identified by informants focused on the misperceptions about disabilities held by professionals (i.e., vocational rehabilitation counselors, services providers, schools). Like employers, the misperceptions of professionals revolved around the presumption that persons with disabilities cannot work. “On the agency end, professionals focus too much on disability vs. ability.” In particular, key informants described the low expectations expressed by counselors for clients with developmental disabilities as well as clients with co-occurring diagnoses. Similarly, informants described the low expectations clients held for themselves. “Our students are not finishing school feeling employable. Need a culture shift in transition programs and in general our SPED programs so that students feel that everyone is employable and they will work.”

The lack of job preparedness was the third top barrier identified by key informants. Clients are “not being equipped with concrete knowledge of the tools and techniques that will allow them to do the job.” In particular, informants repeatedly identified clients’ lack of soft skills as a barrier to employment. Soft skills included interpersonal skills, knowing how to request an accommodation, and engaging in social interactions.

Other barriers identified included the lack of jobs and poor transportation, especially outside of Portland and in rural areas. Informants also described barriers related to job development with specific references to the payment structure for job developers, which “works against a steady supply of well-trained job developers.”

Barriers for People with Significant Disabilities

There was an overwhelming consensus among informants that barriers to employment were magnified for people with significant disabilities. The significant disabilities identified included developmental disabilities, traumatic brain injury, cognitive disabilities, and severe mental illness. The most cited barrier was the attitude towards people with significant disabilities. Employers are “not sure how the individual can fulfill the job in a way that would be valuable to the employer.” Informants also described professionals’ attitude that individuals were unemployable due to the significance of their disability. One informant specified the need for individualized support, but it was not happening at the schools or VR. “[Students] already labeled (as unemployable) before they get to the VR counselor.”

Another barrier for individuals with significant disabilities focused on the amount of resources and support needed to find and maintain employment. For the counselor, “performance standards may prompt rehabilitation counselors to pay less attention to clients with more significant disabilities – it’s a workload issue; often too much work for counselors to manage labor-intensive cases.” For the job developer, “the milestone contract structure works against these clients as the placement process is more labor-intensive. The milestone contract structure contributes to this barrier as job developers view these individuals as requiring a greater investment of their time.” Once individuals with significant disabilities become employed, more adjustments (i.e., modified work schedules, accommodations) and ongoing support is needed

compared to the general population of people with disabilities. Finally, the “need to increase incentives and decrease disincentives for employment” was identified. “VR funding more non-work related services (i.e., habilitation job training program) as opposed to competitive and more integrated job settings. We are more biased to segregated settings for individuals with significant disabilities.”

Barriers for Minorities with Disabilities

Most informants agreed that additional barriers are encountered by individuals with disabilities from racial, cultural, or ethnic minority groups. Barriers specified included language and cultural differences as well as VR’s lack of outreach into communities where individuals from minority groups reside. For example, “with respect to Hispanic and Native American populations, there is often a reluctance to acknowledge the disability and seek services. Doing so acknowledges that there is a problem – acceptance is a barrier.” Ideally, VR would go out into the communities, “but [VR] do not have the staff to do that. More outreach in the communities would lead to identification of additional populations who are underserved.” Some informants described how the overall unemployment rate for minority groups is complicated when disability is added. “Different racial groups have overall higher unemployment rates for a variety of reasons (i.e., employer prejudice, systemic deficits in education, generational poverty, not having role models). This is complicated with the additional level of barrier created by a disability.”

Barriers for Youth in Transition

The most cited barrier to employment for youth with disabilities in transition from high school was the lack of services. Informants identified the following needs:

- More access to Youth Transition Programs (YTP)
- Minimize wait time for services
- Improve transportation opportunities and services, especially in rural areas
- Higher education as an option for transition
- More job coaches in the high schools

Another frequently cited barrier was the need for more work experience opportunities with an emphasis on preparing students for work while they are still in school. “K-12 education doesn’t prepare students as workers as well as it has in the past.” “Youth need early exposure to workplace situations in order to start developing career expectations.” Related to the need for more work experience, was the need for transition planning to occur sooner (i.e., 9th grade). Several informants cited the importance of the VR partnership with the schools being involved in the transition planning process.

An additional barrier identified included the students’ and families’ lack of awareness of how the disability impacts life, school, and work. Moreover, there is a “lack of expectation put upon [the students] by school and parents that they will go to work.”

Underserved Groups

The groups most frequently cited by informants as having difficulty accessing and benefiting from VR services included:

- Individuals with intellectual/development disabilities
- Transition age youth with disabilities
- Individuals with significant disabilities
- Individuals with disabilities who are homeless

For individuals with developmental disabilities, the difficulty revolves around the determination of eligibility. “VR tends to leave these people in limbo for a long time when deciding whether they have the potential to benefit from VR services.” For transition age youth, students are screened out too quickly after they attend an orientation. One informant advises students to meet with specific counselors instead of attending the orientation. Similarly, for individuals with significant disabilities (including traumatic brain injury, developmental disabilities, cognitive impairments), their “cases are closed early as they tend to be more demanding. Individuals are often closed as unemployable.” Finally, individuals with disabilities who are homeless are unable to access VR services without valid photo identification.

Other under-served groups identified included:

- Individuals with mental illness
- Individuals with disabilities who have criminal records
- Individuals with disabilities living in rural communities

Reasons provided for the insufficient services to these groups included lack of counselor specialization, complications from co-occurring disorders, and counselor bias regarding the clients’ employability.

VR Partnerships

Informants’ description of their partnerships with VR ranged from “they are such good partners,” to “I am hesitant to refer students to VR.” Most informants recommended the need for improved communication from VR. Suggestions included:

- *“Some type of regular communication or update on VR from the director might help improve the partnership.”*
- *“For counties with less effective partnerships more communication and information-sharing may help improve partnerships.”*
- *“Some branches have rocky relationships – one of the main reasons is when there is a staffing change and the branch office does not communicate changes (i.e., staffing change) with agency. Poor communication from VR to agency impacts services to clients.”*
- *“Clearly established priorities for the managers to develop partnerships.”*

- *“A PR position – someone to do all the connecting; do a lot of speaking, bust down the biases. In doing so it changes the types of referrals made to VR.”*

While one informant acknowledged that VR’ inclusive approach to statewide in-service trainings has been helpful,” other informants recommended more inclusive meetings and trainings as well as expanding partnerships:

- *“Consider including the CAP in some of the branch manager meetings.”*
- *“VR training efforts and materials related to placement for individuals with developmental disabilities aren’t adequate. The training requirements don’t fit our population. We need more participation and involvement in the training provided to VR counselors.”*
- *“VR would be extremely valuable in working with our career counselors. Training them on how to help students with disabilities find employment.”*
- *“The moment VR connects with a business to find a placement, it becomes clear that we’re talking from a deficit model, just by the association with VR. Suggest partnering with other partners who do workforce development to pull away from that deficit model.”*
- *“VR should be more involved with the Oregon AHEAD (Association of Higher Education and Disability).”*

Finally, the need for more consistency between VR offices and clearer processes and protocols was cited by some informants. One informant reported receiving different answers to the same question posed to counselors at different branch offices. Another informant described the variation in funding technology from “location to location, counselor to counselor.”

VR Counselors

In general, informants felt VR counselors met the minimum qualification. However, many of the informants identified the need for more specialized training and/or counselors with expertise working with specific populations. Specifically, there is a need for more counselors with expertise on developmental disabilities, Autism Spectrum Disorders, severe mental illness, substance abuse, and transition age youth. According to one informant, “specialized caseloads are a good strategy, but those counselors may feel like they are a drag on the rest of their office. The administration needs to recognize that investment on the front end - job development and training - is necessary for some clients, especially those with significant disabilities.” Another informant felt “VR counselors seem more prepared to work with folks with physical disabilities than intellectual disabilities, mental illness, or substance abuse.” Yet another informant suggested “specializing would reduce the learning curve for rehabilitation counselors.”

Other recommendations for improvement were smaller caseloads for counselors and more focus on clients’ needs through empowerment. “Counselors should take time to explain what happens. Not doing everything for the client and just wanting to get clients through.”

Model Programs

Informants were asked about model programs or evidence-based practices they were aware of that helped individuals with disabilities successfully achieve employment. In the area of job development, the following programs and practices were identified:

- *Job development/coaching program through the Association of People Supporting Employment First (APSE)*
- *Washington Initiative on Supported Employment*
- *“bypass the typical assessment steps and move straight to job development by focusing on interests and skills”*

In the area of job training, informants identified place and train models:

- *Dartmouth model as “the standard for serving individuals with mental illness”*
- *“Place and train model is better. Need to put [clients] in opportunities were they can teach us what they can do and what their support needs are.”*

Other model programs and evidence-based practices identified included:

- Person-centered planning
- Discovery
- Motivational Interviewing
- Holistic program that address emotional, financial and coping skills
- Fidelity model of supported employment for people with mental illness
- Occupation Skills Training Program (OST) and Professional Skills Training Program
- Project Employ
- Incight
- Project Access
- Dialectical Behavior Therapy
- Intensive Placement Services (IPS) for Supported Employment for individuals with mental illness

Finally, one informant noted that “the outcome-based payment model used by VR does not support working with hard-to-place clients. The payment structure is not worth the risk for many rehabilitation providers; it makes it difficult to project staffing needs. We’d like another option for hard-to-serve folks.”

Preparing Clients to Meet Employer Expectations

When informants were asked what VR could do to better help people with disabilities prepare for and meet employer expectations, the top response emphasized training for clients. Two training areas suggested by informants focused on technology preparation - computer skills and assistive technology. Clients need to know how to use the technology and be comfortable with it before they become employed. Clients also need to learn how to interview and how to

market their skills. Another informant recommended “more applied work experiences in the assessment process; more opportunities for career exploration.” Yet another informant suggested “training and workshops for clients that focus on self-efficacy and self-empowerment. Internships and courses that help clients learn about themselves.” Finally, “the Alan Anderson training effort pertaining to motivating clients used by VR doesn’t reflect the way employment plays out for our population.”

A number of the informants emphasized the need for more soft skills training. Informants described the need for clients to develop “the social and interpersonal skills that help people to get and keep jobs. How to interact with others and put them at ease.” Other soft skills include “being prompt, proper hygiene, appropriate dress, being consistent and accountable.” Moreover, these soft skills “need to be practiced on the job as classroom education on this topic is relatively ineffective.” One informant reported that clients with cognitive and psychological impairments have limited to no work experience and “they struggle with this area.”

The need for an individualized approach when working with clients was also voiced by informants in order to better prepare them for employment. One informant described the individualized approach as “less emphasis on getting placement numbers – more focus on the needs of the client.” Another informant described the “discovery” process as taking more time to get to know the client. Know what works and what doesn’t work before a plan gets written.” Moreover, an individualized approach, “honing in on the skills and passions of the client, will maximize the job fit and match.”

Other areas mentioned to better help clients prepare for and meet employer expectations included developing “a network of employers that VR can communicate with” and “providing mentors for young people; individuals who are successfully employed. Through mentoring, clients can see there are opportunities for them.”

Helping Clients Retain Employment

Informants were asked about specific kinds of supports and services that would help people with disabilities retain their positions. The need for long-term support was cited by many of the informants as essential to job retention. “Just getting them the job is not the end. Must provide follow-along, additional case management, career advising, and even life skills training. At least up to a year of follow-along would be a nice thing.” Long-term support in terms of follow-up means “not [cutting] people loose once they are placed on a job. Help them to identify accommodations and issues that surface once they have been placed into employment.” A related area of need cited was the need for more job coaches. Specifically, “ongoing coaching and mentoring” was mentioned by many of the informants. Clients “need a neutral navigator/coach, someone who checks in on them to provide the supports they need.”

Job development was the next most cited area of support to improve employment retention. One informant described the “need to develop more skilled and trained job developers.” Another informant stated, “Retention should be an ongoing part of job development. There needs to be funding attached to job retention.” Career development was

also linked to job development – “provide supports which enable clients to think about what they would like in the future – moving to the next step in career growth without burning any bridges.” Additional support and services that would facilitate clients’ ability to retain their employment included self-advocacy training, peer mentoring, benefits planning, and continued skills training. Establishing long-term relationships with employers and increased coordination between providers were also suggested strategies.

Increasing the Employment of People with Disabilities

Informants’ recommendations for increasing the employment of people with disabilities most frequently centered on the client. Individuals need better preparation in terms of job skills, interpersonal skills, and self-advocacy. “People who need work need to be skilled up in the job skills that are relevant to the work being created. Right now we are mismatched.” At the same time they must “have the supports lined up that they will need to succeed.” Additionally, VR counselors must raise their expectations and “not automatically label someone as unemployable. Parents have shared that they have been told by VR that their child is unemployable.” A culture of high expectations for individuals with disabilities must be created. Finally, “services must be client driven and focus on the whole person.”

The next most frequently cited recommendation revolved around changes within VR. Staffing recommendations included hiring additional specialist counselors. Criticism of VR policies focused on the inability of counselors to individualize services. “Our policies are not set up to be creative; they’re set up to be vague. Not a lot of endorsement for creative problem solving.”

Finally, informants described the need to be more creative in the development of jobs. “The economy is changing so need to be more innovative around job creation.” “Good job developers know the industries’ needs.” Furthermore, more people are needed to assist with job placement.

Other recommendations to increase the employment of individuals with disabilities included improved collaboration with partners and vendors, addressing the misperceptions and attitudes towards people with disabilities, and benefits planning.

Changing VR

Human resource management and performance was the most frequently identified area informants wanted VR to change. Specifically, to improve the performance of existing staff, informants recommended (a) specialized areas of expertise for counselors, especially for “populations with more severe challenges/barriers;” (b) training counselors on best practices, counseling skills, and job placement skills; and (c) looking at “rejuvenation for counselors and managing their burn-out rate.” Also related to performance was the need for smaller caseloads so that counselors can devote more time to clients, especially individuals with significant disabilities. Relatedly, VR needs to “change lumping all disabilities and individuals together. Treat people as individuals and really take the time to understand what type of employment and what type of supports they will need to be successful.” Finally, the overall improvement of VR’

human resource management and performance required hiring more counselors. More counselors would reduce “staff levels that allow more time and engagement with clients and employers. Agency is under-resourced and this is a significant issue. Not just more money – it’s more about staff time spent with clients.”

The next most frequently identified area informants wanted VR to change was in the vocational rehabilitation services provided. In terms of assessment, informants wanted to see more “applied assessment” that will facilitate a more “rapid job search.” For job development, informants suggested a shift to creating jobs that are more responsive to the demands of the labor market. “VR needs to look at work, region by region, and how we can create jobs that people can do and pay them.” Additionally, informants recommended changing how VR contracts with job developers “because the current system is not working. And the outcomes are not very good.” Other services that should be made available to clients were benefits planning and job shadowing.

More funding and more resources was the next most frequently cited area for change. Driving the need for more funding and resources was the desire to change VR’s focus on placement numbers. To focus more on the quality vs. quantity of services and outcomes, informants identified the need to devote more funding to supported employment, long-term support, and services for people with significant disabilities.

Equally important was improved access to VR. The amount of paperwork required upfront, was repeatedly cited as a barrier for many individuals. The application process should be “streamlined – make it easier for individuals to apply for services.” Additionally, VR should explore how to assist people without valid photo identification. Finally, clients need to have better access to their counselors (a) through “increased communication by all the counselors from all the branches” and (b) “being able to meet clients anywhere, not just at state office.”

Finally, informants expressed experiencing a disconnect or lack of transparency between the VR administration and the field. One informant stated, “The administration’s structure - it’s too separate even though [they] talk about transparency. And the focus is more on administrative rather than the clients.” Another informant reinforced that lack of transparency: “We have a process that’s really not transparent so there’s a level of mistrust between administration and field staff. Staff need to know why decisions are being made.” Finally, the evaluation of outcomes is seen differently at the administrative level compared to the field level. “They’re very pleased with themselves for what they’re doing and how they’re doing it. They need a bit of a wake up. Services are not reaching everyone. Need a leader with a more robust vision. Some of these percentages [employment outcomes] are not acceptable.” Other areas requiring change included more consistency between offices, expanding relationships with employers, and improving community partnerships.

Analysis of Existing Data

Description of Data Sources

Data sources utilized in the analysis of existing data included the 2011 American Community Survey (ACS) and VR case service data for calendar year 2011. At the time the comprehensive statewide needs assessment report was prepared, the 2011 data were the most recent ACS data available. VR data from calendar year 2011 were used in order to draw tentative comparisons to the ACS data representing the same time period. The Oregon Population Survey, which was used as a source of population data in previous needs assessment reports, has been discontinued and was last conducted in 2008. As a result, Oregon Population Survey data were not used in the current report.

Strengths and Limitations of Data Sources

The project team recommends utilizing caution when drawing conclusions from the analysis of existing demographic and case service data presented in this report. In most or all cases, the existing demographic and case service data were not originally collected specifically to identify the needs of individuals with disabilities in Oregon. Often the data analyzed is comprised of estimates and there are substantial margins of error associated with these estimates. In some cases the definitions of disability vary across data sources. As such the analysis based upon secondary data is speculative, and conclusions drawn should be tentative. When drawing conclusions based upon analysis of existing data, readers are encouraged to consider their own knowledge of the state and the systemic factors impacting the vocational rehabilitation of persons with disabilities as well as the findings of the other approaches to assessing the needs of persons with disabilities that were carried out as part of the statewide needs assessment effort.

Due to either a lack of relevant data or current data, the project team could not conduct an analysis of some of VR's populations and sub-populations. Analyses of Oregonians with the most significant disabilities, Oregonians who have not been served or are under-served, and Oregonians with disabilities served through other components of the statewide workforce system are not included in the existing data analysis section of this report. The needs of these populations were examined in considerable detail through the key informant interviews, focus groups, and surveys that were conducted as part of the needs assessment effort.

Prevalence of Disability within Oregon

Estimates of the prevalence of disability within the state are drawn from the 2011 ACS estimates. Figure 1 illustrates the percentage of individuals in Oregon reporting disabilities.

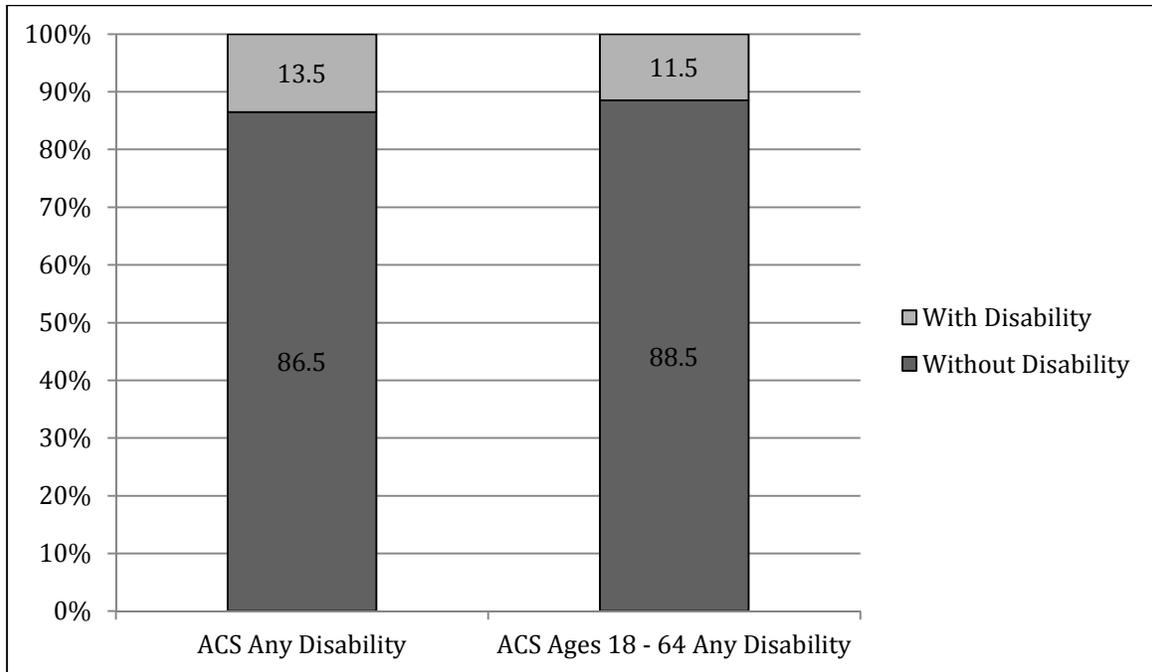


Figure 1. *Prevalence of Disability in Oregon* (source: 2011 ACS).

The 2011 ACS estimate of the total civilian non-institutionalized population of Oregon is 3,835,200. The ACS estimate of the percentage of the total population with any disability is 13.5% while the estimate of the percentage of the civilian non-institutionalized population between the ages of 18 and 64 with a disability is 11.5%.

Employment Rates of Oregonians with and Without Disabilities

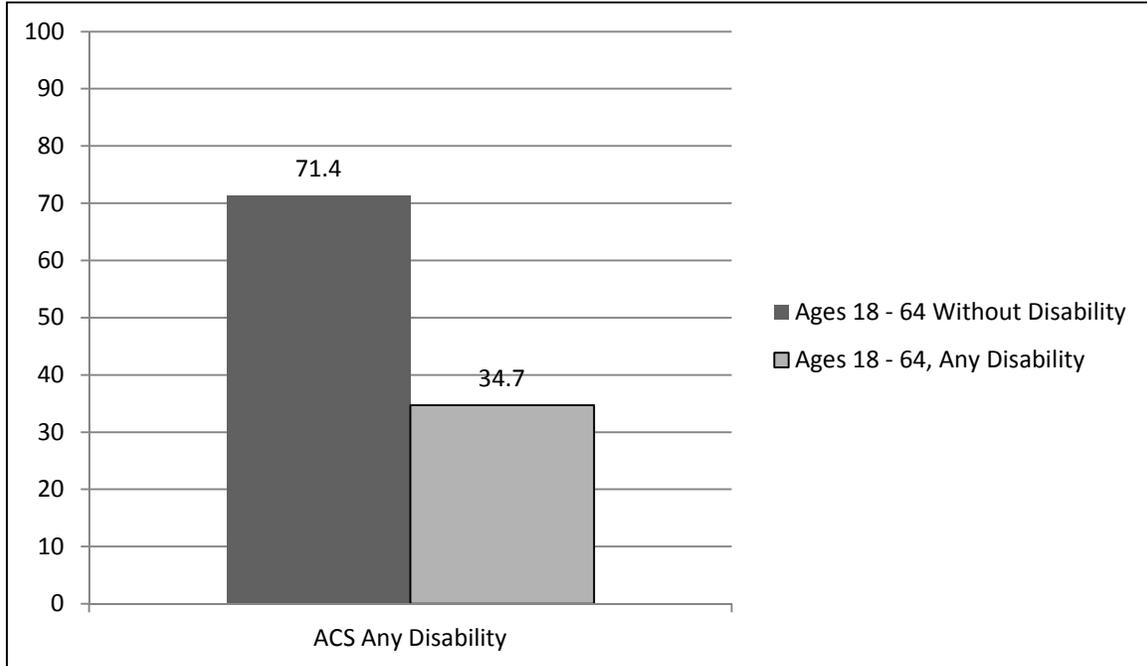


Figure 2. *Employment Rates of Oregonians with and without Disabilities* (source: 2011 ACS).

The 2011 ACS estimates detailed in Figure 2 placed the percentage of non-institutionalized persons with any disability, ages 18-64, who were employed in Oregon in 2011 at 34.7%. The corresponding estimate for individuals without disabilities, ages 18-64 in Oregon who were employed in 2011 was 71.4%.

Estimates of Potential VR Target Population

Examining the ACS 2011 population estimates, the employment rate of those with any disability ages 18-64 in Oregon was 34.7% while the employment rate of those without any disability ages 18-64 was 71.4%. Based upon a total 2011 population estimate of 3,835,200 (517,752 with any disability and 3,317,448 without any disability) an additional 190,015 individuals would need to become employed in order to close the employment gap between those with any disability and those without any disability.

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

Individuals Served as a Percentage of Oregon Populations

According to VR case service data, 15,046 individuals were served during calendar year 2011. Figure 3 illustrates the percentage of several Oregon populations that these 15,046 individuals constitute.

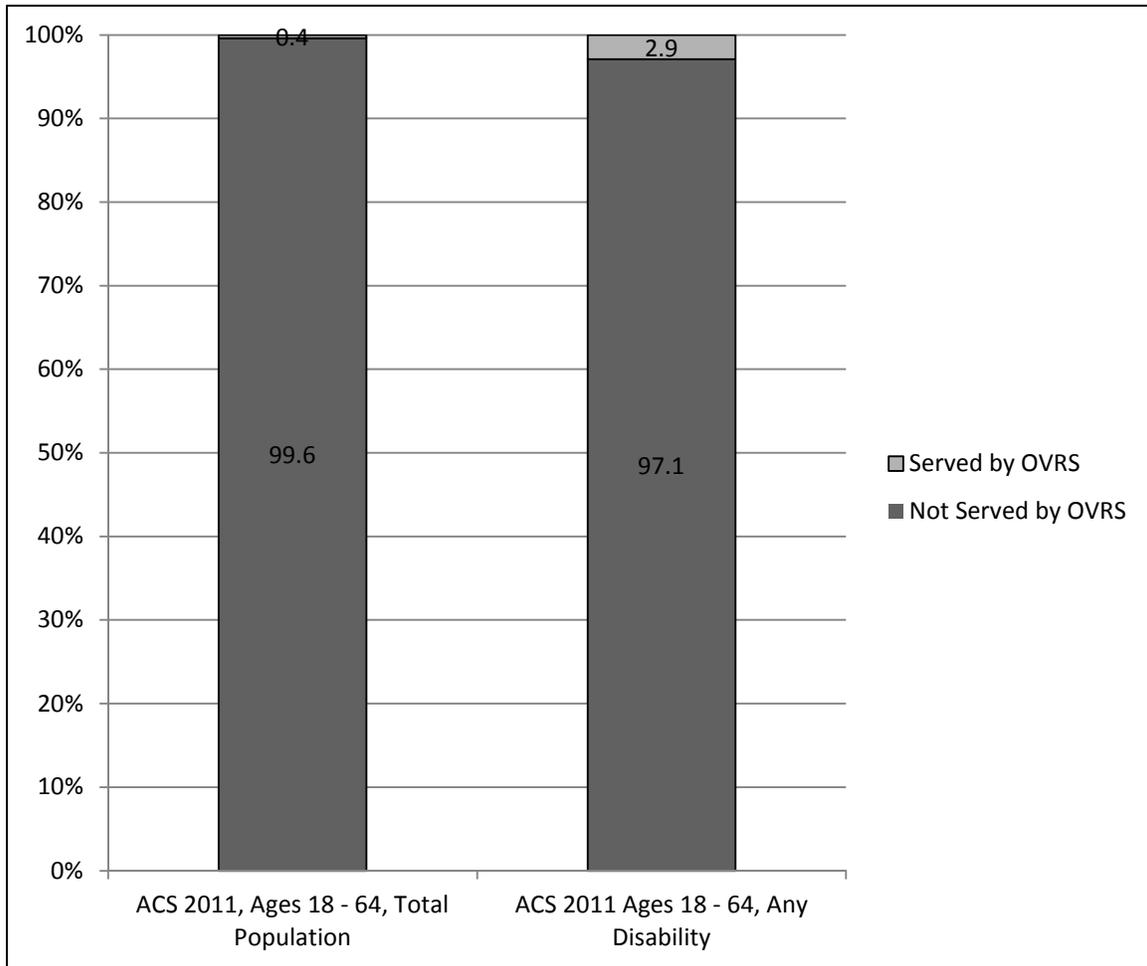


Figure 3. *Percentages of Populations Served by VR* (source: 2011 ACS).

Using ACS 2011 estimates for total Oregon population (3,835,200) and the population of persons ages 18 – 64 with any disability (517,752), VR served approximately 0.4% of the total Oregon population and approximately 2.9% of the individuals ages 18 – 64 with any disability.

Racial and Ethnic Minorities with Disabilities

Data from the 2011 ACS (individuals ages 18 – 64 reporting any disability) was used to develop the population estimates, employment rates, employment gaps, and target population estimates for several race and ethnic groups shown in Table 54. It is likely that these figures overestimate the target population figures as the definitions used by the ACS do not identify those individual whose disabilities pose a barrier to employment.

Race/Ethnicity	Number with disability	Employment rate with disability	Employment rate without disability	Employment gap	Estimated target population
White	243,600	34.7%	72.1%	37.4%	91,106
Black/African American	7,400	22.3%	68.9%	46.6%	3,448
Native American or Alaska Native	6,500	30.7%	60.4%	29.7%	1,931
Asian	3,800	49.7%	67.3%	17.6%	669
Hispanic	20,600	46.9%	70.8%	23.9%	4,923
Some Other Race(s)	17,900	37.5%	68.6%	31.1%	5,567

Table 54. *Target Population Estimates by Racial/Ethnic Group* (source: 2011 ACS).

Based upon 2011 ACS estimates, individuals who are Black/African American experienced the greatest employment gap and the lowest rate of employment for individuals with disabilities. Individuals of Asian ethnicity experienced the highest rate of employment for persons with disabilities and the smallest employment gap.

VR provided the research team with data identifying the race/ethnicity status of all consumers served during the 2011 calendar year. Table 55 provides the number and percentage of consumers from selected race/ethnic groups served by VR alongside 2011 ACS estimates of the population distribution, by race/ethnicity, of individuals ages 18 – 64 with any disability. For the purposes of this analysis, individuals served by VR and identified as “Native Hawaiian or Other Pacific Islander” were combined with “Asian” in order to facilitate comparison to the ethnicity codes used in the 2011 ACS.

Race/Ethnicity	Served by VR (n)	Served by VR (%)	ACS any disability (n)	ACS any disability (%)
White	12,382	82.3%	231,300	82.8%
Black	647	4.3%	7,200	2.6%
Native American or Alaska Native	236	1.5%	6,200	2.2%
Asian	294	2.0%	3,800	1.4%
Hispanic	1,174	7.8%	20,600	7.4%

Table 55. *Comparison of VR Population Served with ACS 2011 Population Figures for Individuals Ages 18 – 64 with Any Disability by Race/Ethnicity* (sources: VR 2011 Case Service Data and 2011 ACS).

It should be noted that, due to differences between the ways that race and ethnicity categories were defined, the comparisons in Table 55 do not include individuals reporting multiple races/ethnicities or races or ethnicities that do not correspond to the ones that appear in the figure (e.g., the “Some Other Race(s)” category in the ACS, or the “Mixed Race” category used by VR). Although a great deal of caution should be used when interpreting the results of this table, the finding may suggest a need to enhance efforts to serve individuals who are Native American or Alaska Natives, as their representation in the 2011 VR consumer population is somewhat lower than the 2011 ACS estimates of their prevalence among individuals ages 18 – 64 with any disability.

Language

American Community Survey estimates for calendar year 2011 describe the language spoken at home for individuals 18 years of age and older. The American Community Survey estimates suggest that 92.0% of Oregon citizens ages 18 and over speak English, while 3.9% speak Spanish or Spanish Creole, and 4.2% speak other languages at home. Oregon VR provided the needs assessment project team with the primary language recorded in the case file for each of the individuals in the client “universe” utilized for the telephone interviews. Examination of primary language suggests that 95.5% of the cases identified English as the primary language, while 1.7% of cases were identified with Spanish and 2.8% were identified with other language. This finding suggest that individuals speaking Spanish and other languages besides English may be under-represented in the client “universe” when compared to estimate of the prevalence of languages in Oregon. This analysis should be interpreted with caution, as there are likely some discrepancies between the definitions used for this comparison (“language spoken and home” and “primary language”). Similarly, the ACS estimates are based upon a single year (2011) while the client “universe” utilized for this study encompasses individuals with application and eligibility dates before, during, and after calendar year 2011.

Youth in Transition

Data from the 2011 ACS (individuals ages 16 – 20 reporting any disability) was used to inform target population estimates shown in Table 56. It is likely that these figures overestimate the target population figures as the definitions used by the ACS do not identify those individual whose disabilities pose a barrier to employment. Table 56 provides the number of consumers between the ages of 16 and 20 served by VR as well as estimates related to youth in transition served by VR as a percentage of Oregon youth with ACS Any Disability.

	Youth ages 16 – 20 served by VR	Oregonian youth with ACS any disability	
	Count	Count	Percent
All Youth Consumers	2,598	16,000	6.4%

Table 56. *Comparison of VR Population Served with ACS 2011 Population Estimates for Individuals Ages 16 – 20 with Any Disability (sources: VR 2011 Case Service Data and 2011 ACS).*

Comparison of youth ages 16 – 20 served by VR during calendar year 2011 and ACS population estimates suggests that during 2011 VR served approximately 16.2% of all individuals with any disability in the state who were between the ages of 16 and 20.

Summary of Selected Findings

The following summary highlights some of the most commonly cited needs associated with achieving employment goals and accessing VR services derived from the surveys, focus groups, and key informant interviews. More detailed information can be found in the report sections addressing the complete findings of each of the data-collection approaches.

Barriers to Achieving Employment Goals

Among the 400 individuals with disabilities who completed telephone interviews, respondents identified the following survey items most frequently as barriers to achieving their employment goals:

- Needing more education or training (63.8%),
- Needing more job skills (62.0%)
- Not enough jobs available (50.1%), and
- Needing more job search skills (47.7%).

Among the 31 partner survey respondents who completed surveys, respondents identified the following survey items most frequently as barriers to achieving employment goals that were not adequately addressed by vocational rehabilitation services:

- Employer’s perceptions about employing persons with disabilities (58.1%),
- Not having job skills (45.2%),

- Not having education or training (35.5%), and
- Not enough jobs available (29.0%)

Among the 85 VR staff members who completed surveys, respondents identified the following survey items most frequently as barriers to achieving employment goals that were not adequately addressed by VR:

- Mental health issues (58.8%),
- Not enough jobs available (34.1%),
- Convictions for criminal offenses (29.4%), and
- Employers’ perceptions about employing persons with disabilities (27.1%)

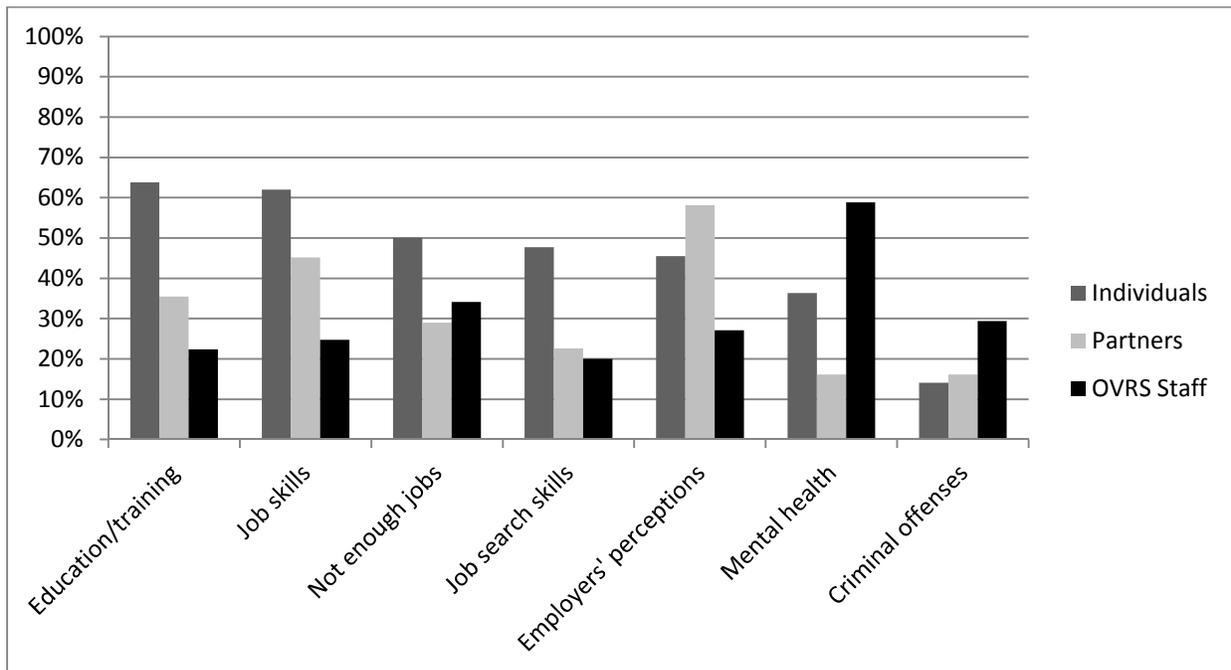


Figure 4. *Barriers to Employment Reported By Individuals, Partners, and VR Staff.*

As Figure 4 illustrates, for all three groups, the lack of available jobs was among the most frequently mentioned barriers mentioned by all three respondent groups. Each respondent group identified a different barrier most frequently, with individuals mentioning the need for more education and training, partners mentioning employers’ perceptions of individuals with disabilities, and staff mentioning mental health issues.

Key informants identified the following as the top barriers to employment encountered by people with disabilities:

- Employers’ concerns about risks associated with hiring individuals with disabilities,
- Employers’ concerns about accommodating individuals with disabilities,
- Misperceptions about disabilities held by human services and education professionals,
- Lack of job preparation, and

- Lack of interpersonal or “soft” skills.

Barriers to Achieving Employment Goals for Individuals with Most Significant Disabilities

Partner survey respondents who indicated that the barriers to achieving employment goals for individuals with most significant disabilities were different than the overall population were asked to identify the most frequent barriers to achieving employment goals for individuals with most significant disabilities. The partner survey respondents identified the following survey items most frequently as among the top three barriers to achieving employment goals for individuals with the most significant disabilities:

- Employers’ perceptions about employing persons with disabilities (59.3%),
- Not having job skills (44.4%),
- Not having disability accommodations (33.3%), and
- Not having education or training (29.6%)

VR staff members who indicated that the barriers to achieving employment goals for individuals with most significant disabilities were different than the overall population were also asked to identify the most frequent barriers to achieving employment goals for individuals with most significant disabilities. VR staff members identified the following survey items most frequently as among the top three barriers to achieving employment for individuals with the most significant disabilities:

- Mental health issues (43.1%),
- Not having job skills (43.1%),
- Employers’ perceptions about employing persons with disabilities (41.7%), and
- Not enough jobs available (33.3%).

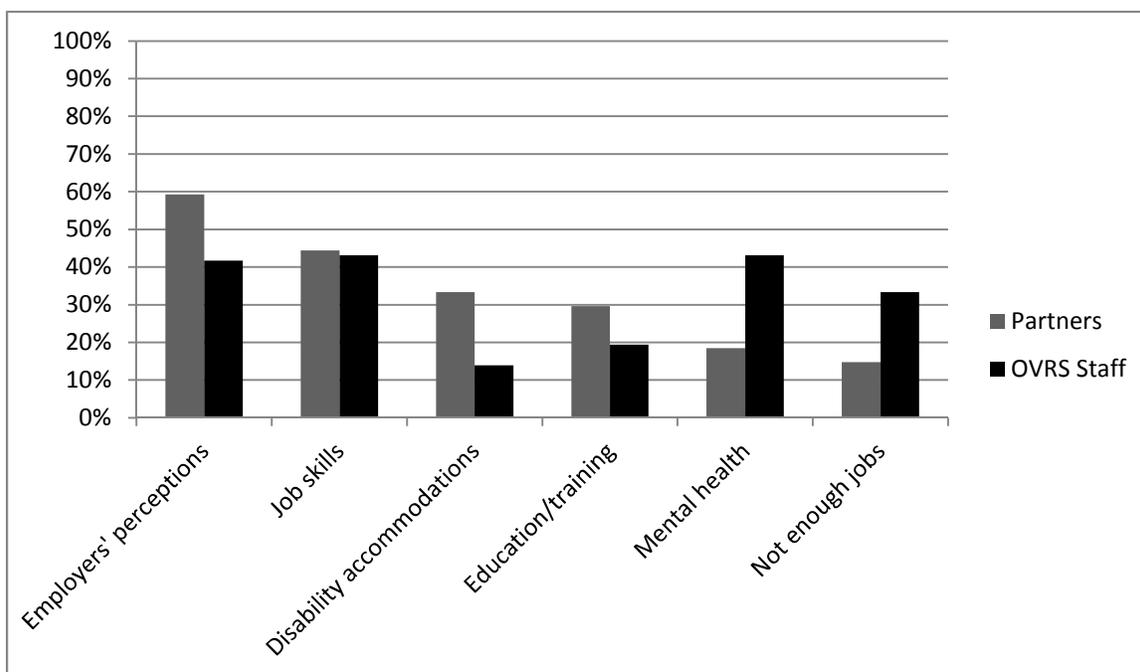


Figure 5. *Barriers to Employment for Individuals with Most Significant Disabilities Reported By Partners and VR Staff.*

Figure 5 indicates that both partners and VR staff identified employers' perceptions about employing persons with disabilities and not having job skills among the most frequent barriers to achieving employment goals for persons with the most significant disabilities. Their opinions were more divergent upon the frequency with which lack of disability accommodations, lack of education or training, mental health issues, and lack of available jobs emerged as barriers.

The key informant interview findings suggest that an additional barrier to employment for individuals with most significant disabilities may take the form of diminished expectations of work potential on the part of both employers and human service professionals. In addition, vocational rehabilitation staff may perceive these individuals as representing time-intensive cases and may be reluctant to provide the necessary services due to concerns about time demands. A related barrier to work identified in the focus groups was the lack of long-term supports for individuals with significant disabilities.

Barriers to Achieving Employment Goals for Youth in Transition

Partner survey respondents who indicated the barriers to achieving employment goals for youth in transition were different than the overall population identified the following survey items most frequently as among the most frequent barriers to achieving employment goals for youth in transition:

- Not having education or training (71.4%),
- Not having job skills (66.7%),

- Not having job search skills (38.1%), and
- Disability-related transportation issues (23.8%).

VR staff members who indicated that the barriers to achieving employment goals were different for youth in transition identified the following survey items most frequently as among the most frequent barriers to achieving employment goals for youth in transition:

- Not having job skills (77.6%),
- Not having education or training (47.8%),
- Not having job search skills (46.3%), and
- Not enough jobs available (38.8%).

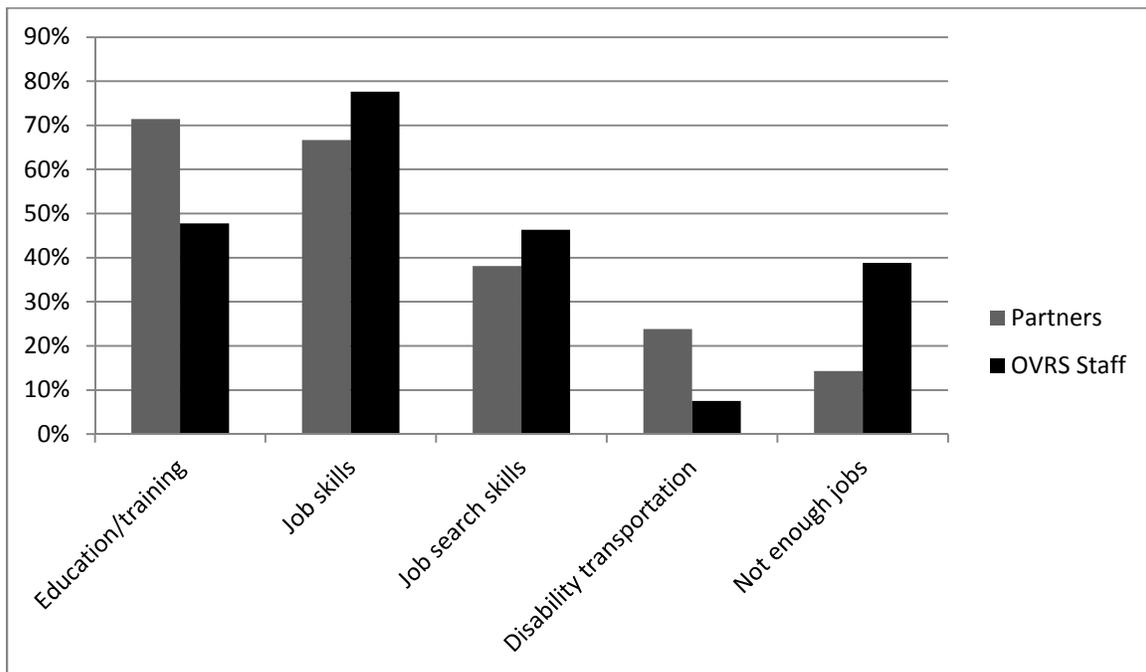


Figure 6. *Barriers to Employment for Youth in Transition Reported By Partners and VR Staff.*

As Figure 6 indicates, there was noteworthy agreement between partners and VR staff with respect to several of the most frequently cited barriers to achieving employment goals for youth in transition. Both groups identified not having job skills, a lack of education or training, and a lack of job search skills among the top barriers to achieving employment goals for youth in transition. Disability-related transportation issues and the lack of available jobs were barriers where greater discrepancies were evident between the responses of partner and staff survey respondents.

The focus group research yielded data suggesting that there was a need to increase the emphasis upon and provision of transition services within the schools. The key informant interviews echoed this finding. Other transition needs identified were improving transition services in rural areas, facilitating pursuit of higher education for transition students, providing

job coaches in the high schools, providing work experiences while youth attend school, and increasing family awareness of disability and students' potential.

Barriers to Achieving Employment Goals for Consumers who are Racial or Ethnic Minorities

Partners who indicated that the barriers were different for consumers who are racial or ethnic minorities identified the following survey items most frequently as among the top three most frequent barriers to achieving employment goals for consumers who are racial or ethnic minorities:

- Language barriers (61.1%)
- Not having education or training (44.4%),
- Not having job skills (38.9%), and
- Employers' perceptions about employing persons with disabilities (33.3%).

VR staff members who indicated that the barriers to achieving employment goals were different for consumers who are racial or ethnic minorities identified the following survey items most frequently as among the top three barriers to achieving employment for consumers who are racial or ethnic minorities:

- Language barriers (63.8%),
- Employers' perceptions about employing persons with disabilities (40.4%)
- Not having education or training (38.3%),
- Not having job skills (36.2%), and
- Not enough jobs available (36.2%).

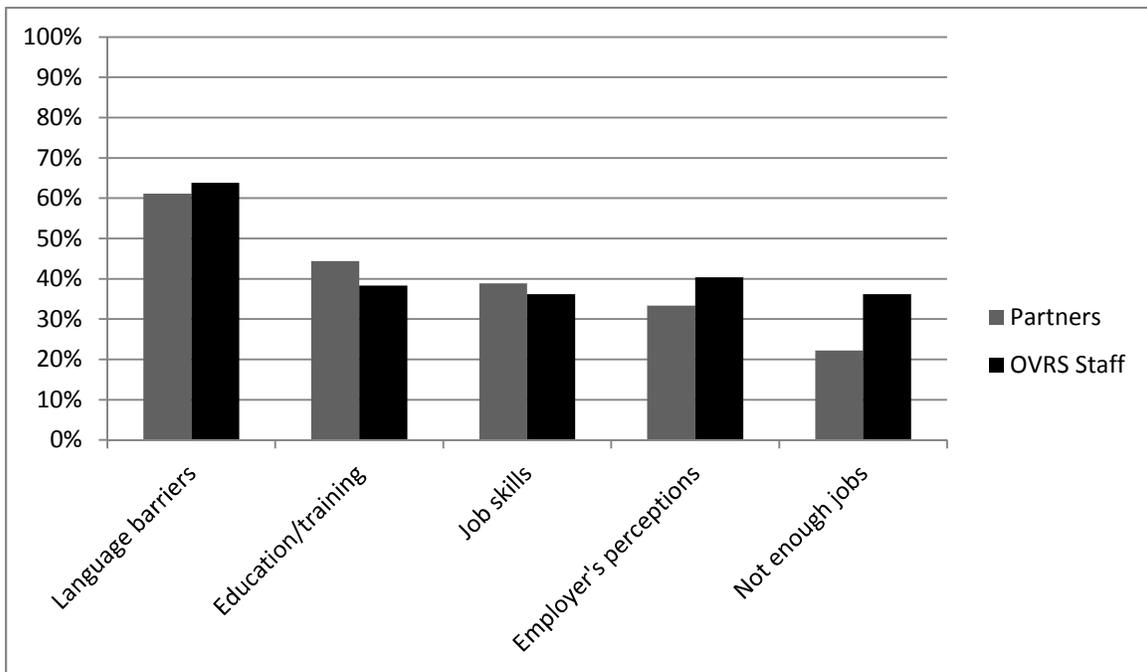


Figure 7. *Barriers to Employment for Consumers Who Are Racial or Ethnic Minorities Reported By Partners and VR Staff.*

Figure 7 suggests that there was a substantial degree of congruence between partners and VR staff with respect to the most frequent barriers to achieving employment goals for consumers who are racial or ethnic minorities. A degree of caution is advised when interpreting these findings as the number of partners and VR staff who responded to this question was considerably smaller than the complete respondent populations of both groups.

The focus groups and key informant interviews suggested that barriers encountered by individuals with disabilities from racial, cultural, or ethnic minority backgrounds included language and cultural barriers. Additionally, lack of vocational rehabilitation outreach into minority communities was identified as a barrier in the key informant interviews.

Barriers to Accessing VR Services.

When asked to identify barriers to accessing VR services, individuals with disabilities identified the following survey items most frequently:

- Difficulties scheduling meetings with counselors (23.3%),
- Other difficulties working with VR staff (20.8%),
- Limited accessibility of VR via public transportation (20.6%), and
- Difficulties completing the Individualized Plan for Employment (20.6%).

When asked to identify the top three reasons why people with disabilities might find it difficult to access VR services, partner survey respondents identified the following survey items most frequently as among the top three barriers to accessing services:

- Difficulties accessing assessment services (41.4%),
- Difficulties accessing training or education program (37.9%),
- Limited accessibility of VR via public transportation (31.0%), and
- Difficulties accessing plan services (27.6%).

When asked to identify the top three reasons why people with disabilities might find it difficult to access VR services, VR staff respondents identified the following survey items most frequently as among the top three most frequent barriers to accessing services:

- Limited accessibility of VR via public transportation (40.0%),
- Difficulties accessing training or education programs (37.5%),
- Language barriers (27.5%)

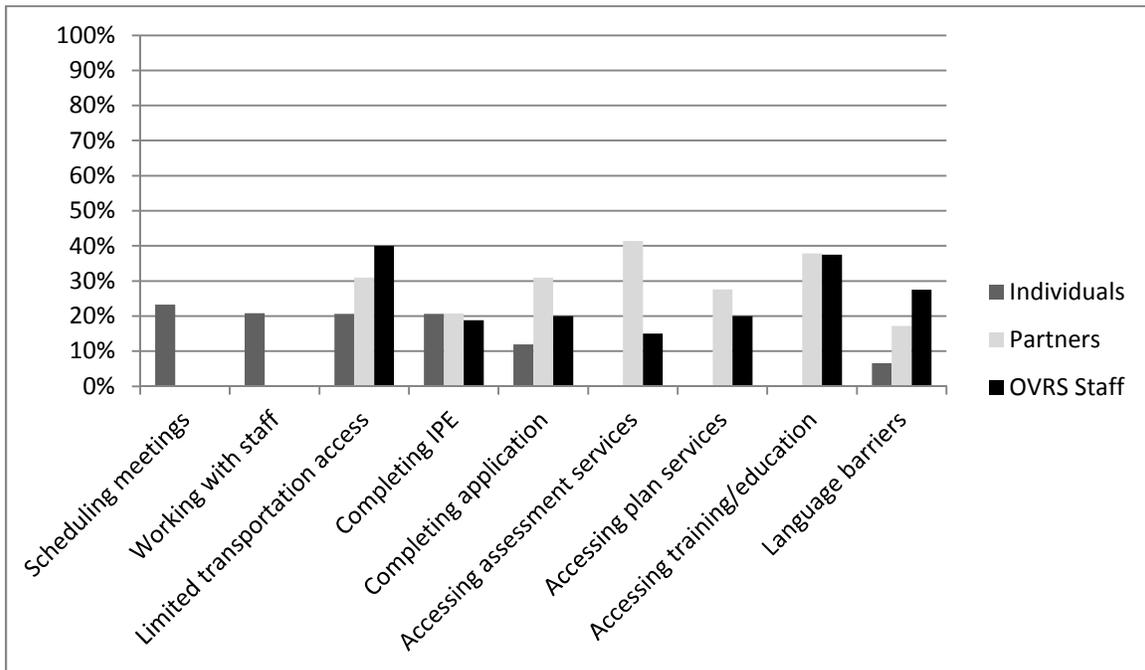


Figure 8. *Barriers to Accessing VR Services Reported By Individuals, Partners, and VR Staff.*

It should be noted that there were some questions about barriers to accessing VR services that were not asked of all three groups. Individuals with disabilities were presented with two questions (a question about difficulties scheduling meetings with their counselor and a question about difficulties working with other VR staff) that were not presented to partners and staff. Likewise, partners and staff were presented with three questions (a question about client difficulties accessing plan services, a question about client difficulties accessing training or education services, and a question about difficulties accessing assessment services) that were not asked of individuals with disabilities. As Figure 8 illustrates, partners and staff agreed that

accessing training education services was prominent among the top barriers to accessing VR services. There was some agreement between individuals with disabilities, partners and VR staff that limited accessibility of VR via public transportation represented a barrier to accessing services.

The focus group research findings identified the lack of awareness about VR services as a barrier to accessing VR. Whereas, the key informants identified the groups most likely to encounter barriers to accessing VR services: individuals with intellectual or developmental disabilities, transition age youth with disabilities, individuals with significant disabilities, and individuals with disabilities who are homeless.

Barriers to Accessing VR Services for Individuals with Most Significant Disabilities

Partners who indicated that the barriers to accessing VR services were different for individuals with most significant disabilities identified the following survey items most frequently as among the top three most frequent barriers to accessing VR services for individuals with most significant disabilities:

- Difficulties accessing training or education programs (58.8%),
- Inadequate disability-related accommodations (35.5%), and
- Difficulties accessing assessment services (35.5%).

VR staff members who indicated that the barriers to accessing VR services were different for individuals with most significant disabilities identified the following survey items most frequently as among the top three most frequent barriers to accessing VR services for individuals with most significant disabilities:

- Limited accessibility of VR via public transportation (37.8%),
- Inadequate disability-related accommodation (35.1%).
- Difficulties completing the VR application (32.4%),

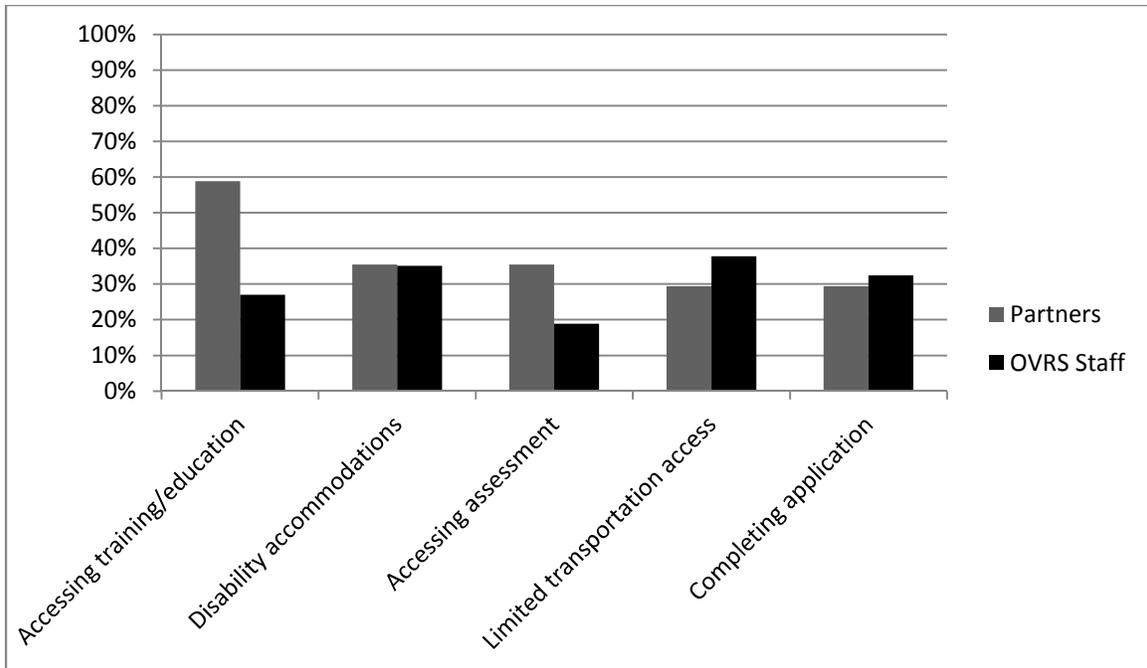


Figure 9. *Barriers to Accessing VR Services for Individuals with Most Significant Disabilities Reported By Partners and VR Staff.*

A degree of caution is advised when interpreting these findings, as the number of partners and VR staff who responded to this question was considerably smaller than the complete respondent populations of both of these groups. As Figure 9 depicts, difficulties accessing training or education programs and inadequate disability-related accommodations were among the top identified barriers to accessing VR services for individuals with most significant disabilities.

Barriers to Accessing VR Services for Youth in Transition.

Partners who indicated that the barriers to accessing VR services for youth in transition were different identified the following survey items most frequently as among the top three barriers to accessing VR services for youth in transition:

- Difficulties completing the Individualized Plan for Employment (42.9%),
- Difficulties completing the VR application (42.9%),
- Difficulties accessing plan services (42.9%), and
- Difficulties access training or education programs (35.7%).

VR staff members who indicated that the barriers to accessing VR services were different for youth in transition identified the following survey items most frequently as among the top three most frequent barriers to accessing VR services for youth in transition:

- Limited accessibility of VR via public transportation (34.1%),
- Difficulties completing the VR application (34.1%), and

- Difficulties completing the Individualized Plan for Employment (34.1%).

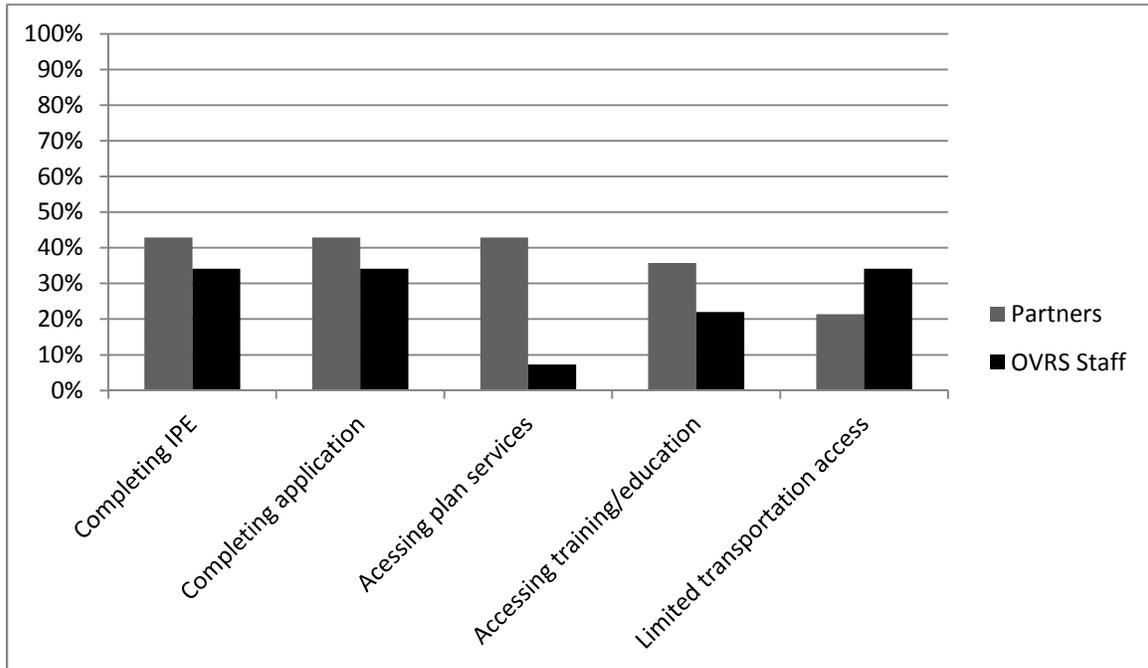


Figure 10. *Barriers to Accessing VR Services for Youth in Transition Reported By Partners and VR Staff.*

It should be noted that the number of individuals responding to this particular question was relatively small, and as a result interpretation of these findings should take the small number of respondents into account. Figure 10 indicates that two of the barriers generated considerable agreement between partners and staff: difficulties completing the Individualized Plan for Employment and difficulties completing the application.

Barriers to Accessing VR Services for Consumers who are Racial or Ethnic Minorities.

Partners who indicated that the barriers to accessing VR services were different for consumers who are racial or ethnic minorities identified the following survey items most frequently as among the top three most frequent barriers to accessing VR services for consumers who are racial or ethnic minorities:

- Language barriers (61.5%),
- Difficulties completing the VR application (53.8%),
- Difficulties accessing assessment services (30.8%), and
- Difficulties accessing plan services (30.8%).

VR staff members who indicated that the barriers to accessing VR services were different for consumers who are racial or ethnic minorities identified the following survey items most frequently as among the top three most frequent barriers to accessing VR services for consumers who are racial or ethnic minorities:

- Language barriers (n = 87.5%),
- Difficulties completing the VR application (53.1%), and
- Limited accessibility of VR via public transportation (21.9%).

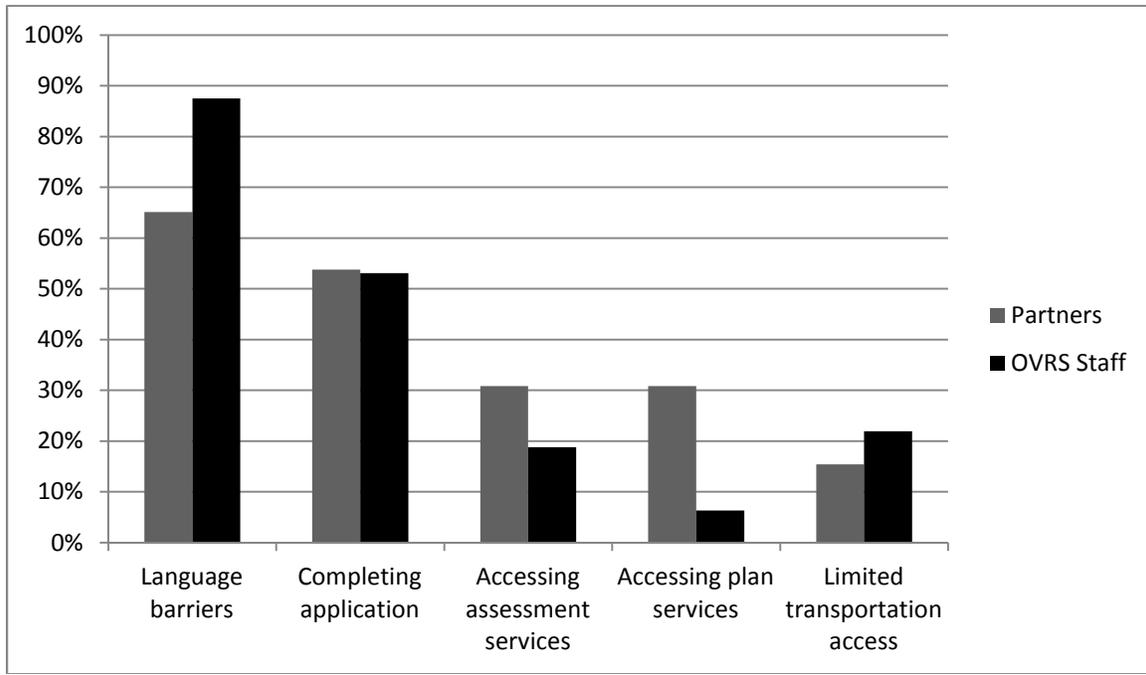


Figure 11. *Barriers to Accessing VR Services for Consumers Who Are Racial or Ethnic Minorities Reported By Partners and VR Staff.*

It should be noted that the number of individuals responding to this question was relatively small, and as a result interpretation of these findings should take into consideration the small number of respondents. Figure 11 indicates that both partners and VR staff respondents identified language barriers and difficulties completing the VR application with greater frequency than the other barriers.

Employer Survey, Perceived Helpfulness of Employer Services

Employer survey respondents were asked to rate the perceived helpfulness of a variety of potential services provided to employers by VR. The survey items with the highest perceived helpfulness reported by respondents to the business survey were:

- Providing workers with disabilities with the accommodations and supports they need to do your work;
- If concerns arise, providing consultation with management, the workers, and co-workers to resolve the concerns;
- Placing qualified individuals in internships at your business with full reimbursement of your expenses;

- Providing training consultation and resources related to the provision of reasonable accommodations; and
- Finding workers that meet your workforce needs.

Conclusion

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

The results of the needs assessment effort provides strategic planning information and offer stakeholders a means of communicating needs and educating service providers. Data resulting from the needs assessment effort suggests a degree of agreement between individuals with disabilities, partners, and VR staff with respect to some perceptions of need. The top priorities of business respondents pertained to accommodating workers and addressing disability-related concerns that may arise. It is anticipated that Vocational Rehabilitation and the State Rehabilitation Council 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.

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Rehabilitation Services Administration. (1993, August). *The Rehabilitation Act of 1973 as amended by the Rehabilitation Act Amendments of 1993*. Washington, DC: United States Department of Education.