

Program and Policy Insight



**Comprehensive Statewide  
Needs Assessment  
for Oregon Department  
of Human Services  
Vocational Rehabilitation:  
Final Report**

September 29, 2017

*Submitted to:*

Robin Brandt

Oregon Vocational Rehabilitation

500 Summer Street NE

Salem, OR 97301

*Submitted by:*

Program and Policy Insight, LLC

3935 NE Stanton Street

Portland, OR 97212

## **ACKNOWLEDGEMENTS**

### Oregon Comprehensive Statewide Needs Assessment Steering Committee

Special thanks to the individuals who provided their time and expertise to complete the 2017 Oregon Vocational Rehabilitation Comprehensive Statewide Needs Assessment.

#### Oregon State Rehabilitation Council

David Abramowitz  
Jeanne Barton  
Mary Jo Erickson  
Chung Fan Ni  
Ted Wenk

#### Oregon Commission for the Blind

Leah Becknell  
Angel Hale

#### Oregon Statewide Independent Living Council

Shelley Emery

#### Oregon Vocational Rehabilitation

Ann Balzell  
Judy Barker  
Robin Brandt  
Lexie Majors  
Keith Ozols  
Pete Karpa

# TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS .....</b>	<b>2</b>
<b>TABLE OF CONTENTS.....</b>	<b>3</b>
<b>TABLE OF FIGURES .....</b>	<b>4</b>
<b>1. EXECUTIVE SUMMARY.....</b>	<b>6</b>
1.1 OVERVIEW .....	6
1.2 OREGON VOCATIONAL REHABILITATION POLICY AND POPULATION CONTEXT .....	7
1.3 KEY FINDINGS ON BARRIERS TO EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES .....	9
1.4 KEY FINDINGS ON SERVICE PROVISION FOR INDIVIDUALS WITH DISABILITIES .....	10
1.5 KEY FINDINGS ON SERVICE SYSTEM INFRASTRUCTURE.....	11
1.6 RECOMMENDATIONS FOR STRATEGIC CHANGES TO VOCATIONAL REHABILITATION SERVICE PROVISION .....	14
<b>2. OVERVIEW .....</b>	<b>20</b>
2.1 PURPOSE OF THE NEEDS ASSESSMENT .....	20
2.2 METHODOLOGY .....	22
2.3 REPORT NAVIGATION.....	26
<b>3. OREGON VOCATIONAL REHABILITATION CONTEXT.....</b>	<b>27</b>
3.1 OREGON VOCATIONAL REHABILITATION OVERVIEW .....	27
3.2 KEY ENVIRONMENTAL FACTORS.....	27
3.3 DISABILITY PREVALENCE .....	30
3.4 ESTIMATING THE TARGET POPULATION AND EMPLOYMENT GAP .....	32
<b>4. BARRIERS TO EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES .....</b>	<b>39</b>
4.1 KEY FINDINGS.....	39
4.2 INTRODUCTION .....	40
4.3 BARRIERS TO EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES .....	40
<b>5. SERVICE PROVISION FOR INDIVIDUALS WITH DISABILITIES .....</b>	<b>49</b>
5.1 KEY FINDINGS.....	49
5.2 INTRODUCTION .....	49
5.3 ASSISTIVE TECHNOLOGY .....	59
5.4 SUPPORTIVE SERVICES.....	60
5.5 PRE-EMPLOYMENT TRANSITION SERVICES .....	65
5.6 BARRIERS AND SERVICE NEEDS FOR KEY VOCATIONAL REHABILITATION POPULATIONS.....	67
<b>6. SERVICE SYSTEM INFRASTRUCTURE.....</b>	<b>84</b>
6.1 KEY FINDINGS.....	84
6.2 INTRODUCTION .....	87
6.3 OREGON VOCATIONAL REHABILITATION STAFF .....	88
6.4 CONTRACTED VENDORS.....	96
6.5 EMPLOYERS.....	102
6.6 COMMUNITY PARTNERSHIPS .....	111
6.7 STATEWIDE WORKFORCE SYSTEM .....	122
6.8 STUDENT-FOCUSED SERVICE SYSTEM.....	126

<b>7. RECOMMENDATIONS FOR STRATEGIC CHANGES TO VOCATIONAL REHABILITATION SERVICE</b>	
<b>PROVISION .....</b>	<b>135</b>
7.1 SUPPORT HOLISTIC SUCCESS .....	135
7.2 INCREASE REHABILITATION FOCUS THROUGHOUT THE SYSTEM.....	138
7.3 IMPROVE COLLABORATION IN SERVICE DELIVERY .....	139
7.4 OREGON VOCATIONAL REHABILITATION RECOMMENDATIONS SUMMARY.....	142

## TABLE OF FIGURES

FIGURE 1: SUMMARY OF VOCATIONAL REHABILITATION SERVICE-LEVEL RECOMMENDATIONS .....	16
FIGURE 2: SUMMARY OF VOCATIONAL REHABILITATION SYSTEMS-LEVEL RECOMMENDATIONS.....	17
FIGURE 3: PREVALENCE OF DISABILITY BY DISABILITY TYPE AMONG WORKING AGE (18-64) OREGONIANS COMPARED TO UNITED STATES PERCENTAGES, 2015 .....	32
FIGURE 4: COUNT AND PERCENT OF WORKING AGE OREGONIANS (18-64) WITH DISABILITIES BY TYPE OF DISABILITY AND EMPLOYMENT STATUS, 2015.....	34
FIGURE 5: OREGON VOCATIONAL REHABILITATION TARGET POPULATION ESTIMATES AND EMPLOYMENT GAP, OREGON, 2015.....	35
FIGURE 6: EMPLOYMENT RATE FOR WORKING AGE OREGONIANS (18-64) IN THE LABOR FORCE WITH DISABILITIES AND WITHOUT DISABILITIES, EMPLOYMENT GAP, AND TARGET POPULATION BY COUNTY, 2015.....	36
FIGURE 7: OREGON VOCATIONAL REHABILITATION PARTICIPANTS SERVED AS A PERCENTAGE OF ALL OREGONIANS WITH DISABILITIES AND ESTIMATED TARGET POPULATION, 2015 (ACS) AND FFY2016 (VR) .....	38
FIGURE 8: OREGON VOCATIONAL REHABILITATION PARTICIPANT FEEDBACK ON BARRIERS TO EMPLOYMENT.....	42
FIGURE 9: VOCATIONAL REHABILITATION PARTICIPANT, STAFF, AND COMMUNITY PARTNER PERCEPTION OF OREGON VOCATIONAL REHABILITATION SERVICES, PERCENT AGREEING OR STRONGLY AGREEING .....	51
FIGURE 10: STAKEHOLDER PERCEPTION OF NEED FOR EMPLOYMENT-RELATED SERVICES .....	52
FIGURE 11: OVR PARTICIPANT PERCEPTION OF VOCATIONAL REHABILITATION COUNSELORS.....	54
FIGURE 12: STAKEHOLDER PERCEPTION OF NEED FOR ASSISTIVE TECHNOLOGY.....	59
FIGURE 13: STAKEHOLDER PERCEPTION OF NEED FOR SUPPORTIVE SERVICES .....	61
FIGURE 14: STAKEHOLDER PERCEPTION OF NEED FOR PRE-EMPLOYMENT TRANSITION SERVICES.....	66
FIGURE 15: BARRIERS TO EMPLOYMENT FOR DIFFERENT TARGET POPULATIONS .....	68
FIGURE 16 REPORTED SERVICE NEED FOR DIFFERENT TARGET POPULATIONS .....	71
FIGURE 17: PRIMARY UNSERVED OR UNDERSERVED POPULATIONS.....	82
FIGURE 18: STRATEGIES TO SERVE UNDER AND UNSERVED POPULATIONS .....	83
FIGURE 19: STAFF PERCEPTION OF SERVICE PROVISION CHALLENGE FREQUENCY .....	89
FIGURE 20: ACHIEVED MILESTONE JOB DEVELOPMENT PAYMENTS, BY TRACK.....	97
FIGURE 21: EMPLOYER PERCEPTION OF OREGON VOCATIONAL REHABILITATION SERVICE USEFULNESS .....	106
FIGURE 22: BUSINESSES THAT ACTIVELY RECRUITED AND EMPLOYED PEOPLE WITH DISABILITIES IN THE LAST YEAR .....	109
FIGURE 23: TYPES OF BUSINESSES THAT EMPLOYED A PERSON WITH A DISABILITY IN THE LAST YEAR .....	110
FIGURE 24: PARTNERS FROM WHICH PARTICIPANTS RECEIVED SERVICES .....	112
FIGURE 25: OREGON VOCATIONAL REHABILITATION STAFF PERCEPTION OF PARTNERS HAVING STRONG RELATIONSHIPS WITH OREGON VOCATIONAL REHABILITATION AND PARTNERSHIPS NEEDING IMPROVEMENT .....	113
FIGURE 26: STAFF AND COMMUNITY PARTNER PERCEPTION OF PRIMARY REASONS VOCATIONAL REHABILITATION SERVICE PROVIDERS ARE UNABLE TO MEET NEEDS OF PEOPLE WITH DISABILITIES.....	115
FIGURE 27: WORKSOURCE OREGON SERVICES, REFERRED TO, MOST HELPFUL, AND LEAST HELPFUL .....	123
FIGURE 28: WORKSOURCE OREGON ACCESS BARRIERS .....	125
FIGURE 29: DISTRIBUTION OF OREGONIANS WITH DISABILITIES BY AGE COMPARED TO THE OREGON VOCATIONAL REHABILITATION CASELOAD, 2015 (OREGON) AND FFY2016 (VR) .....	126
FIGURE 30: IDEA STUDENT COUNT BY AGE AND DISABILITY, OREGON, 2015-16 SCHOOL YEAR.....	127

FIGURE 31: OREGON SECTION 504 ELIGIBLE STUDENTS IN TRANSITION ENROLLED IN PUBLIC EDUCATION BY GRADE, 2016-17 SCHOOL YEAR.....	128
FIGURE 32: YTP OUTCOMES, FEDERAL YEAR 2013-15 .....	130
FIGURE 33: PRE-EMPLOYMENT TRANSITIONS SERVICES NEED AND RECEIPT, YOUTH OREGON VOCATIONAL REHABILITATION PARTICIPANTS .....	131
FIGURE 34: SUMMARY OF VOCATIONAL REHABILITATION SERVICE-LEVEL RECOMMENDATIONS.....	142
FIGURE 35: SUMMARY OF VOCATIONAL REHABILITATION SYSTEMS-LEVEL RECOMMENDATIONS .....	143

# 1. EXECUTIVE SUMMARY

## 1.1 Overview

### 1.1.1 Purpose of the Needs Assessment

---

The Department of Human Services (DHS) Vocational Rehabilitation partnered with the Oregon Commission for the Blind (OCB) to conduct a needs assessment of individuals with disabilities, including barriers, service needs, and potential changes to system infrastructure. DHS contracted with Program and Policy Insight, LLC (PPI), to conduct a Comprehensive Needs Assessment (detailed analysis, information, and recommendations) for both Oregon Vocational Rehabilitation and Oregon Commission for the Blind. This report details findings on the vocational rehabilitation needs of Oregonians with disabilities and related service implications for Oregon Vocational Rehabilitation.

### 1.1.2 Methodology

---

The Oregon Vocational Rehabilitation Comprehensive Statewide Needs Assessment (CSNA) was guided by core research questions that informed data collection and analysis methods. The research questions and the methodology employed for the needs assessment are based on an analysis of best practices in the field, a review of methods employed in past CSNAs, and the contractor's professional expertise. The research questions and methodology were also reviewed and informed by the client steering committee during initial and ongoing project meetings and contract negotiations.

Four methods were selected to answer the research questions, including: 1) review and summary of existing data; 2) key informant/stakeholder interviews; 3) stakeholder focus groups; and 4) stakeholder surveys for clients, staff, community partners, and employers. Data analysis synthesized findings across the four core data sources to identify key needs, issues, trends, opportunities, and recommendations. Throughout the summary report, findings throughout analyses are compared to identify common themes and variations across data sources.

### 1.1.3 Report Navigation

---

The report includes an overview of the needs assessment, population and policy context, and findings related to barriers, services, and system infrastructure. Several appendices, including more detailed prevalence and caseload data, copies of all data collection instruments, and survey data tables, are included under separate cover.

## 1.2 Oregon Vocational Rehabilitation Policy and Population Context

### 1.2.1 Oregon Vocational Rehabilitation Overview

---

The Department of Human Services (DHS) Vocational Rehabilitation (VR) is responsible for the administration and operation of Oregon’s general vocational rehabilitation program. Oregon Vocational Rehabilitation assists individuals with disabilities in getting and keeping a job as well as advance in careers that match their skills, interests, and abilities.

### 1.2.2 Key Environmental Factors

---

Oregon Vocational Rehabilitation works within a broader context of federal, state, and local factors – laws, lawsuit settlements, regulations, policies, procedures, politics, economy, people, history, and more. These factors continually shape and reshape how the agency accomplishes its mission.

- Oregon, like the nation, lost many jobs during the 2007-2009 “great recession.” Since then, it has regained these jobs plus another 6.5 percent as of early 2017.<sup>1</sup> Oregon’s continued labor market strength is predicated on either continued population growth or higher labor market participation.
- In 2015, Oregon settled the Lane v. Brown lawsuit that alleged Oregon’s employment services system unnecessarily placed people with intellectual

---

<sup>1</sup> Herald and News, Mateusz Perkoski, “Oregon has recovered the jobs lost during the ‘great recession’, February 2, 2017, [heraldandnews.com](http://heraldandnews.com).

and developmental disabilities (IDD) in, or put people with IDD at risk of entering, sheltered workshops instead of in competitive integrated jobs in the community, in violation of the Americans with Disabilities Act and the 1999 Supreme Court decision in *Olmstead v. L.C.* Oregon has made many changes as a result, embracing and furthering Employment First policy at the state and local level.<sup>2</sup>

- The Workforce Innovation and Opportunity Act (WIOA) is working to increase strategic collaboration across programs investing in skill development. This includes all Department of Labor-funded programs, as well as other programs administered by the Department of Education and the Department of Health and Human Services. WIOA implemented final regulations effective in September 2016, and states have been working to update associated state-level regulations, policies, and procedures since that time. These new requirements were not associated with additional funding to support implementation of the changes.

### **1.2.3 Prevalence of Disability**

---

According to the American Community Survey, 14.4 percent of Oregonians of all ages experience disability, which is equivalent to 562,324 residents. Independent living difficulty, ambulatory difficulty, and cognitive difficulty are the most prevalent disabilities in the state.

### **1.2.4 Target Population, Labor Force Participation and Employment Gap**

---

The “target population” represents likely clients for Oregon Vocational Rehabilitation services – people with disabilities who are in the labor force and looking for work, but currently unemployed. There are an estimated 24,030 adult Oregonians in the target population for Oregon Vocational Rehabilitation in

---

<sup>2</sup> Employment First policy states that work in competitive integrated jobs is the first and priority option in planning employment services for working age adults and youth with IDD. (Oregon Department of Human Services, Employment First, <http://www.oregon.gov/>)



addition to 20,648 students in transition potentially eligible for Vocational Rehabilitation services.

People with disabilities are much more likely than people without disabilities to elect to stay out of the labor force. The difference in employment rates between people with and without disabilities is almost 10 percent for people with disabilities electing to be in the labor force. The employment gap for people with disabilities jumps to 38 percent if people not in the labor force are included in the calculation. This higher employment gap demonstrates the propensity of individuals with disabilities to opt out of the labor force altogether.

### 1.3 Key Findings on Barriers to Employment for Individuals with Disabilities

The findings and recommendations articulated throughout the report are based on stakeholder feedback and suggestions. Stakeholder consensus emerged around key barriers to employment for individuals with disabilities:

- **Employer perception.** More than half of participant survey respondents identified employer attitudes towards people with disabilities as a barrier to employment. Staff, community partners, and program participants all noted lack of employer confidence in people with disabilities' ability to work, lack of awareness of supports for people with disabilities, and lack of opportunities to connect with people with disabilities as obstacles to employer partnership.
- **Lack of vocational skills.** Having a marketable skill is critical for employment for any individual, and pronounced for individuals with disabilities. Limited vocational skills, work experience, and soft skills hinder client employment prospects.
- **Participant self-perception.** Participants, staff, and partners agreed that self-perceptions about their own employability impede participants' employment progress. Fifty-two (52) percent of program participants said that their uncertainty about employment due to their disability had posed a barrier to employment for them.
- **Impact on benefits.** Fear of losing benefits is a common barrier to employment for individuals with disabilities. Participant, staff, and partner

stakeholders noted participant concern about the impact of employment on Social Security benefits.

- **Limited work experience.** Program staff, community partners, and program participants all voiced a need for more volunteer or work experience opportunities to bridge participants into employment. Eighty-two (82) percent of program staff and 96 percent of community partners cited limited work experience as a barrier to participants sometimes or always. Thirty-six (36) percent of respondents reported that they faced this barrier.
- **Confounding barriers.** Program staff, partners, and participants all identified the need to address confounding service barriers, including those related to poverty, housing, or food insecurity, that may impede employment progress.

## 1.4 Key Findings on Service Provision for Individuals with Disabilities

The findings and recommendations articulated throughout the report are based on stakeholder feedback and suggestions. Stakeholder consensus regarding service provision needs for individuals with disabilities include:

- **Offices accessibility.** Clients generally perceive service language, physical office location, and hours to be accessible to participants.
- **Employment-related supports.** Vocational training, work experience, and long-term services are key services for supporting individuals with disabilities on their path to employment. Participant-centered planning and support navigating the vocational rehabilitation system were also identified as critical services; participants had a positive view of their interaction with and support from vocational rehabilitation counselors.
- **Assistive technology.** Technological aids and devices and related training are key to supporting employment.
- **Supportive services.** Transportation, mental health treatment, and referrals to community partners can help clients address confounding barriers that hinder employment and independence. Additionally, benefits planning can inform clients of the impact of employment on wages and support transition to work. Self-advocacy and peer support groups can improve participants' self-perception towards employment.

- **Pre-employment transition services.** Youth with disabilities need sufficient, committed support to ensure a successful transition from high school to college or the workforce.
- **Barriers and service needs for key target populations.** Individuals with vision loss, people with significant disabilities, youth with disabilities in transition, and individuals with disabilities from racial or cultural minority groups face unique barriers and service needs. These findings can inform service delivery and response.
- **Under and unserved individuals with disabilities.** Clients in rural areas, individuals with criminal histories, and those with co-existing mental conditions may be under or unserved by vocational rehabilitation services. Increased staff, more interaction with the community, and increased job skills development training are proposed strategies to increase access and engagement for underserved groups.

## 1.5 Key Findings on Service System Infrastructure

Analysis across data sources revealed consensus around service system infrastructure strengths and opportunities for improvement. The findings and recommendations articulated throughout the report are based on stakeholder feedback and suggestions.

### 1.5.1 Feedback on Oregon Vocational Rehabilitation Staff Staffing

- **Capacity.** Stakeholders reported challenges associated with supporting increasing caseloads with insufficient staff. Capacity issues create service backlogs and bottlenecks, and negatively impact relationships with participants, contractors, employers, and community partners. Oregon Vocational Rehabilitation is moving to a workload staffing model to better account for the time required for supporting varying needs of subpopulations using vocational rehabilitation services.
- **Regulations, policies, and processes.** Oregon Vocational Rehabilitation has experienced significant changes as a result of federal and state initiatives. New regulations, policies, and processes may not be consistently well-defined or implemented. Stakeholders suggested

greater definition of policies and processes, including standardized expectations around counselor to client communication (e.g. frequency, format, content).

- **Training.** Additional training and targeted technical assistance for staff can support consistent understanding and implementation of policy and process changes.

### 1.5.2 Feedback on Contracted Vendor Relationships

---

- **Contracts.** Stakeholders discussed limitations to existing job developer contracts and suggested exploring an alternate contracting approach or pay structure to increase capacity.
- **Capacity.** There are waiting lists for job developers and job coaches because of limited contracted vendor resources in some areas, and/or underuse of existing resources. Stakeholders recommended implementing an approach to improve vocational rehabilitation counselor knowledge of job developer capacity/availability.
- **Training.** Contractor training was generally viewed as ineffective to job development or job coaching. Stakeholders suggested implementing effective training based off of other states' best practices.

### 1.5.3 Feedback on Employer Relationships

---

- **Employer Perceptions of Barriers to Employment.** Stakeholders felt employer concerns about liability, potential lawsuits for discrimination, accommodation costs, and slow system responsiveness were barriers to employment. Employers also remarked on barriers related to qualified applicants, employer/co-worker perceptions, training, and communication. Stakeholders recommended increased collaboration between Oregon Vocational Rehabilitation and employers to facilitate dialog around these issues.
- **Outreach and Education.** Limited vocational rehabilitation counselor and job developer capacity has hindered relationship-building with employers. Counselors and developers do not have sufficient

opportunity to network with local businesses to understand their needs and develop an understanding among employers of the value of people with disabilities in the workplace and community. Increasing outreach and education efforts could benefit participants and employers.

#### 1.5.4 Feedback on Community Partner Relationships

---

- **Communication.** Stakeholders felt communication with community partners was lacking.
- **Primary partnerships.** Participants most commonly work with mental health, IDD, education, and aging and disability providers (in addition to WorkSource).
- **Individual Placement and Support.** The Individual Placement and Support (IPS) model used with people with mental illness is cited as a best practice, which has supported effective partnership between vocational rehabilitation and mental health providers.
- **Employment First.** The Employment First initiative has facilitated increased collaboration between vocational rehabilitation, the education system, and IDD providers to support people with IDD in finding employment.
- **IDD system collaboration challenges.** Collaboration with IDD system partners has improved. However, stakeholder proposed opportunities to address ongoing challenges, including reconciling Employment First and individual choice, sheltered workshop closures and limited employment pathway options, discovery requirements, and contract differences.

#### 1.5.5 Feedback on WorkSource Relationships

---

- **Referrals.** Many vocational rehabilitation participants are referred to WorkSource, primarily for job preparation workshops/services and job search/referral assistance.
- **Accessibility.** WorkSource services are perceived as less accessible to people with disabilities and accommodations are seen as lacking.

Stakeholders suggested training for WorkSource on accessibility and that WorkSource ensure systems, resources, and technology are accessible for people with disabilities.

- **Collaboration.** Oregon Vocational Rehabilitation and WorkSource are working to make the relationship more collaborative, viewing individuals using both agencies' services as shared participants, rather than referring and dropping participants across agency silo borders.

#### 1.5.6 Feedback on Students in Transition Service System

---

- **Youth Transition Program.** The Youth Transition Program has been in place since 1990, and is seen by many as a national best practice, particularly for its success in engaging schools with vocational rehabilitation services.
- **Pre-Employment Transition Services.** Oregon Vocational Rehabilitation is working with schools to implement pre-employment transition services as defined by the Workforce Innovation and Opportunity Act. Youth Transition Programs are a primary mechanism used to provide these services.
- **Transition Network Facilitators.** Transition Network Facilitators support collaboration and transition goals associated with Employment First and Workforce Innovation and Opportunity Act initiatives, as a part of the Lane v. Brown settlement agreement.
- **Underserved Youth.** Despite progress and success, some youth continue to fall through the cracks. Some do not connect to transition activities or have a break between high school and vocational rehabilitation, which weakens their soft skills built through school participation.

## 1.6 Recommendations for Strategic Changes to Vocational Rehabilitation Service Provision

This vocational rehabilitation comprehensive statewide needs assessment incorporated a broad focus and a large amount of data. Analysis of stakeholder input on barriers and service needs, as well as service system infrastructure issues,

resulted in recommendations for strategic changes to vocational rehabilitation service provision. Solicited feedback fell within three broad categories:

1. **Support holistic success.** Oregon Vocational Rehabilitation works in concert with varied other services and supports to promote stability and self-sufficiency. Leveraging community partners, integrating natural supports, and expanding best practices can facilitate holistic participant success.
2. **Increase rehabilitation focus throughout the system.** Addressing capacity constraints could better support vocational rehabilitation staff and contractors in meeting participant rehabilitation needs through a responsive service system.
3. **Improve collaboration in service delivery.** Improved vocational rehabilitation consistency through clearly defined roles and responsibilities (regulations, policies, and processes), combined with effective training and support could promote improved collaboration with participants, contractors, employers, and partners.

### 1.6.1 Vocational Rehabilitation Recommendations Summary

The following tables summarize the recommendations for strategic changes to services and system infrastructure. These recommendations represent stakeholder suggestions for service and system changes that could positively impact vocational rehabilitation clients and other Oregonians with disabilities. Numbers are associated with recommendations, and letters represent stakeholder suggested strategies for implementing these recommendations. These recommendations do not take into account resources required for implementation or applicability related to program regulations or restrictions.

**Figure 1: Summary of Vocational Rehabilitation Service-Level Recommendations**

<b>Outreach</b>	1. Increase prospective client awareness of Oregon Vocational Rehabilitation and the services it provides.
<b>Employment-Related Supports</b>	2. Develop opportunities for ongoing training to refresh or upgrade vocational skills and access new assistive technology. 3. Expand opportunities for internships and work experience. 4. Consider how to provide longer-term job support to a wider breadth of vocational rehabilitation participants. 5. Improve participants’ ability to navigate the vocational rehabilitation system within and across service providers.
<b>Assistive Technology</b>	6. Explore opportunities to expand assistive technology training to employees and employers after placement to maintain skills and adapt to technological updates. 7. Increase communication with employers regarding financial support for assistive technology. 8. Pursue faster turnaround of assistive technology requests for “real time” employment opportunities.
<b>Supportive Services</b>	9. Further support self-advocacy for people with disabilities. 10. Better integrate peers, mentors, and natural supports into service delivery. 11. Continue to support clients’ transportation needs, including pre-eligibility options. 12. Strengthen referrals to and follow-up with community partners to address clients’ confounding barriers to employment. 13. Increase parent and family outreach and support groups. 14. Ensure consistent benefits planning for all clients.
<b>Pre-Employment Transition Services</b>	15. Expand YTP. 16. Continue to expand Transition Network Coordinators. 17. Provide targeted outreach to youth with disabilities who are no longer in the formal education system.
<b>Service Needs for Key Target Populations</b>	18. Increase staff training for specialty caseloads including intellectual and developmental disabilities, mental health, and deaf-blindness.



	<p>19. Increase cultural and linguistic representativeness of Oregon Vocational Rehabilitation staff to reflect current and prospective clients.</p> <p>20. Provide targeted outreach and communication to families from racial or ethnic minority groups.</p> <p>21. Provide earlier outreach to families of children with disabilities to connect to services and build community.</p>
--	--

**Figure 2: Summary of Vocational Rehabilitation Systems-Level Recommendations**

<b>Outreach</b>	<ol style="list-style-type: none"> <li>1. Increase existing and potential partner and employer, as well as potential contractor and staff member awareness of Oregon Vocational Rehabilitation and the services it provides. <ol style="list-style-type: none"> <li>a. Develop a policy task force or business advisory board to help develop infrastructure around employer outreach and engagement.</li> <li>b. Increase presentations to regional employers, peer to peer presentations by employers who have hired people with disabilities, and by employees with disabilities.</li> <li>c. Create safe spaces where employers or the public could ask questions without fear of offending someone or violating policies.</li> </ol> </li> </ol>
<b>Capacity to Serve</b>	<ol style="list-style-type: none"> <li>2. Complete workload staffing model analysis to better understand the time required for supporting varying needs of subpopulations using vocational rehabilitation services. Use analysis results to define staffing need and structure (budget and position authority as well as specialization/roles and geographic allocation). <ol style="list-style-type: none"> <li>a. Consider population of students with disabilities potentially eligible for transition and/or adult vocational rehabilitation services in analysis.</li> <li>b. Consider including task specialization as a focus of any future Oregon Vocational Rehabilitation staffing study.</li> </ol> </li> </ol>

	<ol style="list-style-type: none"> <li>3. Consider ways to make the vocational rehabilitation service system more responsive. <ol style="list-style-type: none"> <li>a. Analyze feasibility of prioritizing cases or further specializing counselors.</li> <li>b. Determine if supportive services can be accessed earlier.</li> <li>c. Analyze options to streamline/reduce or specialize workloads.</li> <li>d. Determine ways to make employment plans more accessible to participants.</li> <li>e. Determine how to engage participants as soon as possible.</li> <li>f. Continue cultural shift to Employment First philosophy.</li> </ol> </li> <li>4. Analyze how changes to job contractor contracts could support more effective and intensive rehabilitation work with participants and increase capacity in rural/underserved areas.</li> <li>5. Analyze impact and feasibility of combining contracting processes with Oregon Commission for the Blind and/or Office of Developmental Disability Services. Determine how many contractors overlap, and if there could be increased capacity in job developers and coaches by combining processes.</li> </ol>
<p><b>Regulations, Policies, and Processes</b></p>	<ol style="list-style-type: none"> <li>6. Continue to update regulations and policies to align with federal requirements, and train staff and contractors on changes made.</li> <li>7. Standardize expectations around counselor communication.</li> <li>8. Analyze for efficiencies in data collection and reporting for staff and contractors.</li> </ol>
<p><b>Staff and Contractor Training and Skillsets</b></p>	<ol style="list-style-type: none"> <li>9. Analyze other states' vocational rehabilitation training curriculum and best practices to enhance current staff and contractor training. <ol style="list-style-type: none"> <li>a. Incorporate skills needed for job coaches to help participants with socialization connection, behavioral modification, and natural support development.</li> </ol> </li> <li>10. Provide increased training/resources regarding working with people with IDD, mental illness, substance use disorder, and</li> </ol>

	<p>deaf-blindness for staff and contractors, potentially in collaboration with Oregon Commission for the Blind.</p> <p>11. Connect partners with resources/training to improve accessibility for people with disabilities, particularly WorkSource Oregon.</p>
<p><b>Collaborative Service Delivery</b></p>	<p>12. Determine approaches to strengthen relationships with partnering organizations, particularly self-sufficiency, employers, mental health, drug and alcohol programs, employment/WorkSource, probation and parole, child welfare, and aging and people with disabilities programs.</p> <p>13. Further clarify roles and responsibilities, and referral approaches of Oregon Vocational Rehabilitation and partnering organizations.</p> <p>14. Increase effectiveness of employer relationships and employment options for participants</p> <ul style="list-style-type: none"> <li>a. Work across agencies to strategically engage employers.</li> <li>b. Work with Oregon government to have government serve as a model employer for people with disabilities.</li> </ul> <p>15. Consider co-location of WorkSource and Oregon Vocational Rehabilitation counselors, as well as disability navigators at WorkSource centers.</p> <p>16. Expand implementation of evidence-based/informed and promising vocational rehabilitation practices.</p> <p>17. Analyze how to provide supported employment to more participants.</p> <p>18. Continue to shift expectations toward employment at younger ages.</p> <p>19. Consider how to expand transition efforts to underserved populations of youth, including out of school youth, youth without access to YTP programs, and youth on reservations.</p>

## 2. OVERVIEW

### 2.1 Purpose of the Needs Assessment

The Department of Human Services (DHS) Vocational Rehabilitation partnered with the Oregon Commission for the Blind (OCB) to conduct a needs assessment of individuals with disabilities, including barriers, service needs, and underlying service system infrastructure. DHS contracted with Program and Policy Insight, LLC (PPI), to conduct a Comprehensive Needs Assessment (detailed analysis, information, and recommendations) for both Oregon Vocational Rehabilitation and Oregon Commission for the Blind. This report details findings on the vocational rehabilitation needs of Oregonians with disabilities and related service implications for Oregon Vocational Rehabilitation.

#### 2.1.1 Federal Standards

---

The federal standards for conducting the comprehensive needs assessment define minimally expected content. As stated in federal guidelines, the comprehensive statewide assessment must:

- Describe the rehabilitation needs of individuals with disabilities residing in the state, including:
  - Individuals with the most significant disabilities;
  - Individuals who are from racial or cultural minority groups;
  - Individuals who are unserved or underserved by vocational rehabilitation programs;
  - Individuals with disabilities served through other components of the statewide workforce development system; and
  - Youth and students with disabilities including their need for and coordination of pre-employment transition services.
- Provide an assessment of the need to establish develop, or improve community rehabilitation programs within the state.

PPI worked with Oregon Vocational Rehabilitation and OCB staff, as well as with members of the State Rehabilitation Council (SRC), to develop a framework and activities related to the Comprehensive Statewide Needs Assessment. The SRC is a

Governor-appointed body that serves as a policy partner with the public vocational rehabilitation program. The SRC has legislated responsibilities that include surveying customer satisfaction, developing an annual report, and participating in the development of the state plan.

### **2.1.2 Needs Assessment Framework and Limitations**

---

Needs assessments are intended to gather expressed and observed needs of stakeholders through collection and analysis of primary and secondary data. Needs assessments are conducted to identify gaps between existing services and needed services; they provide information to guide strategies to reach the desired state of program performance or outcomes. Needs assessments do not provide an evaluative assessment of how well program operations or services function. Although the vocational rehabilitation needs assessment collected information on stakeholder perception of service and system strengths, it did not evaluate service provision or system infrastructure. Oregon Vocational Rehabilitation may have developed or be in the process of developing service and system responses to some of the needs identified through this process. Assessment of service response to identified needs was outside the scope of the need assessment process. The feedback collected on strengths is intended to provide useful context of existing services and inform development of further strategies in response to needs assessment findings.

The needs assessment conducted for Oregon Vocational Rehabilitation and Oregon Commission for the Blind used diverse data sources, including quantitative responses to survey questions and qualitative responses solicited through key informant interviews and stakeholder focus groups. Survey data lends itself to easy tabulation and numeric reporting. Analysis of interview and focus group data can codify qualitative data to provide a sense of the degree of consensus around needs assessment themes. Feedback that was raised by one or two individuals is indicated as such in needs assessment reporting. Feedback shared by multiple stakeholders and across different stakeholder groups emerged as key findings. When feedback was limited to select stakeholder groups it is described accordingly. Survey response rates provide confidence in the generalizability of survey findings to the population of Oregon Vocational Rehabilitation participants.

## 2.2 Methodology

The Oregon Vocational Rehabilitation Comprehensive Statewide Needs Assessment (CSNA) was guided by core research questions that informed data collection and analysis methods. The research questions and the methodology employed for the needs assessment are based on an assessment of best practices in the field, a review of methods employed in past CSNAs, and the contractor's professional expertise. The research questions and methodology were also reviewed and informed by the client steering committee during initial contract negotiations and ongoing project meetings.

### 2.2.1 Research Questions

---

The following research questions guided needs assessment activities and analysis:

1. *What does the VR/OCB **target population** look like?*
  - What is the prevalence and regional distribution of prospective VR/OCB clients?
  - What is the prevalence of selected VR/OCB target populations, including: persons who are blind, persons with the most significant disabilities, students transitioning from high school, and individuals with disabilities from racial/ethnic minority groups.
  - What is the regional distribution of VR/OCB staff and branch offices, and does the distribution reflect overall client target population estimates?
  - What is the regional distribution of contracted job development providers, and does the overall distribution reflect the overall client target estimates?<sup>3</sup>
2. *What are the primary **barriers to employment** for VR/OCB clients, and/or what are their **service needs**?*
  - What are the primary barriers to employment for VR/OCB clients?

---

<sup>3</sup> Data on contracted job developer positions was not consistently available. This research question was not pursued with extant data, but related feedback on job developer capacity and distribution was discussed via other data collection methods.

- What vocational rehabilitation services do VR/OCB clients need to support achievement of employment goals?
  - How do barriers to employment vary for selected subgroups, including the selected target populations (listed above)?
  - How are the service needs different for selected subgroups, including the selected target populations (listed above)?
  - How do the barriers and service needs of people with disabilities who are underserved or unserved by VR/OCB vary?
3. *How can **VR/OCB services** best support client efforts to achieve positive employment outcomes?*
- What are the strengths of VR/OCB services?
  - What limits the accessibility and availability for prospective and/or current clients?
  - Are services adequately available to VR/OCB clients through vendors?
  - What kinds of staff support are most important for providing high-quality services?
  - How do VR/OCB partnerships with outside stakeholders or organizations support high-quality services?
  - What strategic changes to VR/OCB service provision, if any, are likely to improve employment outcomes for clients?
  - Are individuals with disabilities served through other components of the statewide workforce system? If so, how are they served?
  - How are pre-employment or other transition services provided to students, and how are these services coordinated with transition services provided under IDEA for youth and students with disabilities?

### **2.2.2 Data Collection**

---

Four methods were selected to answer the research questions, including: 1) review and summary of existing data; 2) key informant/stakeholder interviews; 3) stakeholder focus groups; and 4) stakeholder surveys for clients, staff, community partners, and employers. The following provides a summary of data collection activities:

- To assess the prevalence of disability, the employment status of people with disabilities, and the characteristics of Oregonians and VR/OCB

clients with disabilities, the research team consulted national surveys, state-level data, program-level administrative data, vocational rehabilitation needs assessments from other states, and relevant national reports and policy articles.

- The key stakeholder interviews offered the opportunity to gain an in-depth understanding of the strengths and needs associated with vocational rehabilitation service delivery and outcomes according to VR/OCB clients and people working in the field. A total of 32 interviews were conducted with key stakeholders.
- The focus groups provided the opportunity to have meaningful conversations about vocational rehabilitation strengths and needs with four different categories of respondents: VR/OCB staff; agency partners, providers and employers; current or former VR/OCB clients; and, students in transition from high school. A total of 20 focus groups were held in five different regions of the state to gather a wide range of perspectives and to enable assessment of possible regional variation. The five regions were: Portland, Eugene/Springfield, Medford, Bend/Redmond, and La Grande.
- The surveys of four different stakeholder groups – clients, staff, providers, and employers – provided primarily quantitative data to complement the interviews and focus groups. The surveys also expanded the reach of the needs assessment by providing an opportunity for more stakeholders from across the state to provide input. A total of 877 vocational rehabilitation clients, 47 OCB clients, 81 vocational rehabilitation staff, 26 OCB staff, 101 community partners, and 71 employers completed the survey.
- Vocational Rehabilitation provided PPI with a list of staff email addresses; staff were emailed direct links to the survey for participation. OCB, OVR, and the SRC provided a list of community partners to receive the community partner survey link; this list was supplemented by some individuals who participated in the community partner focus groups. Vocational Rehabilitation provided email addresses for 10,000 unduplicated program participants; the participant survey was distributed to these individuals. Finally, Oregon Vocational Rehabilitation provided PPI with a list of employers that had worked with Oregon Vocational Rehabilitation in the past; the research team created



a postcard with an electronic link to the survey and mailed it to 1,662 businesses.

### **2.2.3 Data Analysis**

---

Data analysis synthesized findings across the four core data sources to identify key needs, issues, trends, opportunities, and recommendations. Throughout the summary report, findings across analyses are compared to identify common themes and variations across data sources. Participant survey response rates and analysis on demographic characteristics of survey respondents compared to overall vocational rehabilitation participants ensure generalizability of findings from the participant survey to the vocational rehabilitation participant population.

More detailed information on needs assessment methodology can be found in Appendix A: Methodology.

## 2.3 Report Navigation

The report includes this overview, and the five sections listed below that describe the activities and results of the Comprehensive Statewide Needs Assessment.

- Oregon Vocational Rehabilitation Policy and Population Context
- Barriers to Employment for Individuals with Disabilities
- Service Provision for Individuals with Disabilities
- Service System Infrastructure
- Recommendations for Strategic Changes to Vocational Rehabilitation Service Provision

Several appendices, attached under separate cover, provide supplemental or more detailed information to support the Oregon Vocational Rehabilitation Comprehensive Statewide Needs Assessment, including:

- Appendix A: Methodology
- Appendix B: Survey Protocols
- Appendix C: Response to Required Federal Needs Assessment Standards
- Appendix D: Recommendations for Changes to Future Needs Assessment
- Appendix E: Disability Prevalence, Characteristics, and Client Caseload Demographics
- Appendix F: Job Developer Information
- Appendix G: Survey Results

Throughout the report, identification of program strengths and opportunities and recommendations for improvement reflect stakeholder input collected during the needs assessment process. In several cases, to promote readability and interpretation, survey responses provided in figures have collapsed two responses categories (“some” and “most/all”, for some questions, and “sometimes” and “always” for other questions). For more detailed review of survey responses, including the breakdown of responses by each responses category, please see Appendix G. Additionally, illustrative quotes collected from interviews, focus groups, or surveys are presented in blue italics to distinguish them as direct stakeholder feedback.

## 3. OREGON VOCATIONAL REHABILITATION CONTEXT

### 3.1 Oregon Vocational Rehabilitation Overview

The Department of Human Services (DHS) Vocational Rehabilitation (VR) is responsible for the administration and operation of Oregon’s general vocational rehabilitation program. Oregon Vocational Rehabilitation serves individuals who have a physical or mental disability that makes it difficult to get a job or keep a job that matches their skills, potential or interest, and who need services and support to get or keep a job.

Oregon Vocational Rehabilitation works in partnership with community programs and businesses to develop employment opportunities for people with disabilities. Vocational rehabilitation services assist individuals with disabilities in getting and keeping a job that matches their skills, interests and abilities. These services include:

- Assessment services
- Counseling and guidance services
- Independent living services
- Assistive technology services
- Training services
- Employment services

Vocational rehabilitation services are individualized for each participant to facilitate employment success.

### 3.2 Key Environmental Factors

Oregon Vocational Rehabilitation works within a broader context of federal, state, and local factors – laws, lawsuit settlements, regulations, policies, procedures, politics, economy, people, history, and more. These factors continually shape and reshape how Oregon Vocational Rehabilitation accomplishes its mission. Highlights of recent, key environmental factors shaping Oregon Vocational Rehabilitation service delivery include the economy, Lane v. Brown and Employment First, and the Workforce Innovation and Opportunity Act.

### 3.2.1 Economy

---

Oregon, like the nation, lost many jobs during the 2008-2013 “great recession”. According to state economist, Mark McMullen, the state lost roughly 8 percent of its jobs. Since then, it has regained these jobs plus another 6.5 percent as of early 2017.<sup>4</sup> The unemployment rate in July 2017 was 3.8 percent.<sup>5</sup> The economy expansion is expected to endure nationally. Oregon’s continued labor market strength is predicated on either continued population growth or higher labor market participation. Oregon has seen recent growth in labor market participation in response to there being more and higher paying jobs.<sup>6</sup> Vocational rehabilitation and the broader workforce development system can help to support ongoing labor market participation growth.

### 3.2.2 Lane v. Brown and Employment First

---

In 2015, Oregon settled the Lane v. Brown lawsuit that alleged Oregon’s employment services system unnecessarily placed people with intellectual and developmental disabilities (IDD) in, or at risk of entering, sheltered workshops instead of in integrated jobs in the community, in violation of the Americans with Disabilities Act and the 1999 Supreme Court decision in *Olmstead v. L.C.* Oregon has made many changes as a result, embracing and furthering Employment First work at the state and local level.<sup>7</sup> The state developed Integrated Employment Plans committing to implement strategies for the Oregon Department of Human

---

<sup>4</sup> Herald and News, Mateusz Perkoski, “Oregon has recovered the jobs lost during the ‘great recession’, February 2, 2017, [heraldandnews.com](http://heraldandnews.com).

<sup>5</sup> State of Oregon Employment Department, “Oregon Current Labor Force and Industry Employment,” [qualityinfo.org](http://qualityinfo.org).

<sup>6</sup> Oregon Office of Economic Analysis, “Oregon Economic and Revenue Forecast: September 2017,” [oregon.gov/das/ODE/Documents/forecast0917.pdf](http://oregon.gov/das/ODE/Documents/forecast0917.pdf).

<sup>7</sup> <sup>7</sup> Employment First policy states that work in competitive integrated jobs is the first and priority option in planning employment services for working age adults and youth with IDD. (Oregon Department of Human Services, Employment First, <http://www.oregon.gov/>)

Services and Oregon Department of Education to improve the employment service system for people with IDD.<sup>8</sup> Oregon Vocational Rehabilitation and OCB, in collaboration with Office of Developmental Disability Services, have been actively transitioning individuals from sheltered workshops to competitive integrated community employment opportunities and using employment pathway services to support people throughout their transition to work and community integration. Robust transition services including Youth Transition Programs, Transition Network Facilitators, Student Work Experience Program, and pre-employment transition services are serving youth with IDD as they transition to adulthood. Local communities have regular Employment First meetings to continue to move the needle on services for people with IDD statewide.

### **3.2.3 Workforce Innovation and Opportunity Act (WIOA)**

WIOA is working to increase strategic collaboration across programs investing in skill development. This includes all Department of Labor-funded programs as well as other programs administered by the Departments of Education and Health and Human Services. WIOA requires states to strategically align workforce development programs through a single unified strategic plan for core programs; promotes accountability and transparency through use of evidence-based and data-driven programs that report on common performance indicators across core programs with regular evaluation; fosters regional collaboration through alignment of workforce development programs with regional economic development strategies; improves the American Job Center system; improves services to employers and promotes work-based training; provides access to high quality training; enhances workforce services for the unemployed and other job seekers; improves services to people with disabilities; makes key investments in serving disconnected youth and other vulnerable populations; enhances the job corps

---

<sup>8</sup> United States Department of Justice, “Justice Department Reaches Proposed ADA Settlement Agreement on Oregon’s Developmental Disabilities System,” September 8, 2015.

program; and streamlines and strengthens the strategic roles of workforce development boards.<sup>9</sup>

WIOA implemented final regulations effective in September 2016, and states have been working to update associated state-level regulations, policies, and procedures since that time. Some of the most impactful changes are broader collaboration in planning and service delivery, increased performance measurement, and additional focus on service provision for youth transitioning to adulthood (15 percent allotment for provision of pre-employment transition services [Pre-ETS]). These new requirements were not associated with additional funding to support implementation of the changes.

### 3.3 Disability Prevalence

#### 3.3.1 Overall Disability

---

According to the American Community Survey, 14.4 percent of Oregonians of all ages experience disability, which is equivalent to 562,324 residents. This rate is slightly higher than the national average of 12.4 percent experiencing disability. Among the working age population, defined as residents ages 18-64, 12.2 percent of Oregonians experience disability, or 297,936 residents.

When looking at the non-senior population, the majority of people with disabilities in Oregon are between ages 35 and 64. Similar to national averages, disability status in Oregon increases with age.<sup>10</sup>

Among all people with disabilities, Native Americans/Alaska Natives experience the highest rate of disability among all racial and ethnic groups (19 percent), followed by 18 percent of multi-racial working age individuals, and 16 percent of working age African Americans. Although Native American/Alaska Native communities in

---

<sup>9</sup> United States Department of Labor, Employment and Training Administration, “WIOA Overview,” [doleta.gov/WIOA](http://doleta.gov/WIOA).

<sup>10</sup> U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table S1810

Oregon experience a greater prevalence of disability relative to other racial groups, they comprise 1.9 percent of the overall population of working age people with disabilities in the state.<sup>11</sup>

Looking at students in public schools, approximately 13 percent receive special education services through the Individuals with Disabilities Education Act (IDEA)<sup>12</sup> and an additional one to two percent receive accommodations through 504 plans.<sup>13</sup> When narrowing the focus to students ages 16 to 21, this equates to 14,799 students under IDEA and 5,849 students with 504 plans, for a total of 20,648 students potentially eligible for vocational rehabilitation services.<sup>14</sup>

Additional detail and tables pertaining to disability prevalence can be found in Appendix E: Disability Prevalence, Characteristics, and Client Caseload Demographics.

### **3.3.2 Prevalence by Disability Type**

---

Among the 2,444,680 Oregonians of working age (ages 18-64), 2015 American Community Survey 5-Year Estimates report that an estimated six percent, or 137,325, have a cognitive difficulty and another six percent, or 136,800, have an ambulatory difficulty. Four percent, or 99,856, experience independent living difficulties, and three percent, or 68,357, have hearing difficulties. Two percent of residents ages 18-64 report a vision difficulty, equivalent to 50,204 residents, and another two percent have self-care difficulties, or 49,686. The American Community Survey allows respondents to identify more than one disability.

---

<sup>11</sup> U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table S1810 (total) and Tables B18101A-I (race/ethnicity)

<sup>12</sup> Oregon Department of Education, An Annual Report to the Legislature on Oregon Public Schools, Statewide Report Card 2015-2016, Special Education Enrollment (IDEA)

<sup>13</sup> U.S. Department of Education, Office of Civil Rights, 2011-2012 State and National Estimations, Civil Rights Data Collection, 504 Enrollment

<sup>14</sup> Oregon Department of Education

**Figure 3: Prevalence of Disability by Disability Type among Working Age (18-64) Oregonians Compared to United States Percentages, 2015**

Disability Type	Oregon Count of all People Ages 18-64	Oregon Count of People with Disabilities Ages 18-64	Oregon Percent of People with Disabilities Ages 18-64	United States Percent of People with Disabilities Ages 18-64
Cognitive difficulty		137,325	5.6%	4.3%
Ambulatory difficulty		136,800	5.6%	5.2%
Independent living difficulty		99,856	4.1%	3.6%
Hearing difficulty		68,357	2.8%	2.1%
Vision difficulty <sup>15</sup>		50,204	2.1%	1.9%
Self-care difficulty		49,686	2.0%	1.9%
<b>Total</b>	<b>2,444,680</b>	<b>297,936</b>	<b>12.2%</b>	<b>10.3%</b>

*Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table S1810*

### 3.4 Estimating the Target Population and Employment Gap

The “target population” represents potential participants for vocational rehabilitation services – people with disabilities who are in the labor force and looking for work, but currently unemployed. Individuals in these groups may or

---

<sup>15</sup> People with vision difficulty are identified in the American Community Survey by households answering “yes” to the question, “Is anyone blind or does anyone have serious difficulty seeing even when wearing glasses?” for household members 16 or older. The American Community Survey changed disability categories in 2008. Prior to then, blindness and vision impairments were included in a broader sensory disability definition. This survey relies on self-reported data, and not all individuals who report vision difficulty may be eligible for Oregon Commission for the Blind services, which require an individual to be legally blind or have a progressive condition leading to legal blindness.



may not be currently receiving Oregon Vocational Rehabilitation services, and may or may not be eligible for such services. Using 2015 American Community Survey data, the following analysis estimates the size of the Oregon Vocational Rehabilitation target population.

This analysis also calculates employment rates and the employment gap for the target population. Employment rate is the percentage of people in the labor force who are employed. Employment gap is the difference in employment rates between the non-disabled population and the population experiencing disability. The formula used to calculate the employment gap for people with disability is as follows:

$$\text{Employment Gap Percentage} = \text{Employment Rate for People without Disability} - \text{Employment Rate for People with Disability}$$

### **3.4.1 Labor Force Participation**

---

Labor force participation varies greatly between the disabled and not disabled population. People with disabilities are much more likely than people without disabilities to elect to stay out of the labor force. Fully 56 percent of working age (ages 18-64) people with disabilities living in the community (not institutionalized) in Oregon are not in the labor force, which means they are neither working, nor seeking work. This is equivalent to 167,330 people with disabilities who have elected to stay out of the labor force. In comparison, only 19 percent of working age people without disabilities have elected to stay out of the labor force (or 417,242 people).<sup>16</sup> As shown in Figure 4, labor force participation varies by disability.

---

<sup>16</sup> U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, 2015, Table C18120

**Figure 4: Count and Percent of Working Age Oregonians (18-64) with Disabilities by Type of Disability and Employment Status, 2015**

Disability	Count of Employed	Percent of Employed within each Disability Type	Count of Un-employed (Target Population)	Percent of Un-employed within each Disability Type	Count of Not in Labor Force	Percent of Not in Labor Force within each Disability Type	Total
Cognitive	47,196	30%	13,155	8%	97,535	62%	157,886
Ambulatory	33,821	24%	5,922	4%	99,749	72%	139,492
Independent living	19,255	18%	5,452	5%	84,699	77%	109,406
Hearing	35,229	49%	3,831	5%	32,239	45%	71,299
Vision <sup>17</sup>	21,542	42%	2,623	5%	27,557	53%	51,722
Self-care	8,948	17%	1,331	3%	40,931	80%	51,210
Any disability (all types)	121,155	38%	19,143	6%	180,288	56%	320,586

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2015, Table B18120

### 3.4.2 Employment Gap and Target Population

In terms of people with disabilities who elect to be in the labor force, as shown in Figure 5, there are 130,606 working age Oregonians with disabilities in the labor force, either employed or not employed. Of those 130,606 people with disabilities,

<sup>17</sup> People with vision difficulty are identified in the American Community Survey by households answering “yes” to the question, “Is anyone blind or does anyone have serious difficulty seeing even when wearing glasses?” for household members 16 or older. Not all individuals who report vision difficulty may be eligible for Oregon Commission for the Blind services, which require an individual to be legally blind or have a progressive condition leading to legal blindness.

fully 82 percent are employed and 18 percent (or 24,030) are unemployed. Unemployed is defined by the ACS as a person not currently employed, but looking for work and available to take a job if offered one.<sup>18</sup>

In comparison, the employment rate for working age individuals without disability is 92 percent, which results in an employment gap of 10 percent. The employment gap demonstrates the difference in employment rates between people with and without disabilities.

When looking at the employment rate of all disabled individuals, whether in or not in the labor force, and comparing that rate to people without disability, the employment gap jumps to 38 percent.

**Figure 5: Oregon Vocational Rehabilitation Target Population Estimates and Employment Gap, Oregon, 2015**

Labor Force Status	Overall Population with Disability (Ages 18-64)	Overall Population without Disability (Ages 18-64)	Employment Rate with Disability	Employment Rate without Disability	Employment Gap	Estimated Target Population
In the Labor Force	130,606	1,729,502	82%	92%	10%	24,030
In and Not in Labor Force	297,936	2,146,744	36%	74%	38%	191,360

*Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table C18120*

For this analysis, the focus is on individuals with disabilities who are in the labor force. For Oregon Vocational Rehabilitation, the target population is therefore the 18 percent, or 24,030 of people with disabilities who are in the labor force and

<sup>18</sup> Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov))

actively seeking work, but currently unemployed. When considering unemployed individuals with disabilities both in and out of the labor force, the target population reaches 191,360. It is important to note that the ACS definition of each disability may not align with eligibility for Oregon Vocational Rehabilitation services; the target population estimate should only be viewed as a reference for service provision.

### 3.4.3 Employment Gap and Target Population by County

As shown in Figure 6, the employment rate for people with disabilities varies by county, ranging from a high of 100 percent in Wheeler County to a low of 73 percent in Jefferson County and Harney County. The employment gap is highest in Yamhill County, at 17 percent.

**Figure 6: Employment Rate for Working Age Oregonians (18-64) in the Labor Force with Disabilities and without Disabilities, Employment Gap, and Target Population by County, 2015**

County	Employment Rate for People with Disabilities	Employment Rate for People without Disabilities	Employment Gap	Target Population Estimate
Baker	78%	93%	15%	136
Benton	83%	92%	9%	378
Clackamas	84%	92%	9%	1,610
Clatsop	89%	93%	4%	185
Columbia	79%	91%	12%	326
Coos	75%	90%	15%	651
Crook	88%	87%	-1%	135
Curry	81%	90%	9%	169
Deschutes	84%	92%	7%	723
Douglas	78%	89%	11%	979
Gilliam	88%	91%	3%	11
Grant	89%	92%	2%	33
Harney	73%	85%	12%	69
Hood River	97%	95%	-2%	18

County	Employment Rate for People with Disabilities	Employment Rate for People without Disabilities	Employment Gap	Target Population Estimate
Jackson	80%	90%	10%	1,264
Jefferson	73%	87%	14%	235
Josephine	85%	88%	3%	401
Klamath	81%	88%	7%	506
Lake	85%	90%	5%	40
Lane	81%	91%	9%	2,366
Lincoln	85%	93%	8%	271
Linn	83%	90%	7%	703
Malheur	78%	90%	11%	202
Marion	78%	91%	13%	2,707
Morrow	86%	92%	6%	53
Multnomah	81%	92%	11%	5,263
Polk	83%	90%	7%	525
Sherman	78%	94%	16%	20
Tillamook	89%	93%	4%	77
Umatilla	82%	92%	10%	472
Union	82%	94%	12%	156
Wallowa	86%	91%	5%	50
Wasco	77%	92%	15%	193
Washington	86%	93%	7%	2,193
Wheeler	100%	90%	-10%	0
Yamhill	75%	92%	17%	910
Oregon	82%	91%	10%	24,030

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table C18120

### 3.4.4 Clients Served Compared to the Target Population

As shown in Figure 7, Oregon Vocational Rehabilitation served 16,441 participants in FFY2016. When this figure is compared to the overall count of working age Oregonians with disabilities, including those who are not in the labor force, Oregon

Vocational Rehabilitation serves approximately 6 percent of this population. When Oregon Vocational Rehabilitation’s count of participants served is compared to the target population (unemployed working age Oregonians with disabilities in the labor force), Oregon Vocational Rehabilitation serves 68 percent of this population.

**Figure 7: Oregon Vocational Rehabilitation Participants Served as a Percentage of All Oregonians with Disabilities and Estimated Target Population, 2015 (ACS) and FFY2016 (VR)**

Participants Served (all ages)	All Oregonians with Disabilities (ages 18-64, In and Not in Labor Force)	Participants Served as Percent of All Oregonians with Disabilities	Oregon Vocational Rehabilitation Target Population (Unemployed Oregonians Ages 18-64 with Disabilities in Labor Force)	Participants Served as Percent of Target Population
16,441	297,936	6%	24,030	68%

Note: Oregon Vocational Rehabilitation caseload counts represent participants who received services in FFY2016.

Source: Oregon Vocational Rehabilitation (served); U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table C18120 (people with disabilities in total and unemployed)

## 4. BARRIERS TO EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES

### 4.1 Key Findings

Analysis across data sources revealed consensus around key barriers and service needs for individuals with disabilities. The findings and recommendations articulated throughout the report are based on stakeholder feedback and suggestions.

#### 4.1.1 Barriers to Employment for Individuals with Disabilities

---

- **Employer perception.** More than half of participant survey respondents identified employer attitudes towards people with disabilities as a barrier to employment. Staff, community partners, and program participants all noted lack of employer confidence in people with disabilities' ability to work, lack of awareness of supports for people with disabilities, and lack of opportunities to connect with people with disabilities as obstacles to employer partnership.
- **Lack of vocational skills.** Having a marketable skill is critical for employment for any individual, and pronounced for individuals with disabilities. Limited vocational skills, work experience, and soft skills hinder client employment prospects.
- **Participant self-perception.** Participants, staff, and partners agreed that self-perceptions about their own employability impede participants' employment progress. Fifty-two (52) percent of program participants said that their uncertainty about employment due to their disability had posed a barrier to employment for them.
- **Impact on benefits.** Fear of losing benefits is a common barrier to employment for individuals with disabilities. Participant, staff, and partner stakeholders noted participant concern about the impact of employment on Social Security benefits.
- **Limited work experience.** Program staff, community partners, and program participants all voiced a need for more volunteer or work experience opportunities to bridge participants into employment. Eighty-two (82)

percent of program staff and 96 percent of community partners cited limited work experience as a barrier to participants sometimes or always. Thirty-six (36) percent of respondents reported that they faced this barrier.

- **Confounding barriers.** Program staff, partners, and participants all identified the need to address confounding service barriers, including those related to poverty, housing, or food insecurity, that may impede employment progress.

## 4.2 Introduction

Oregon Vocational Rehabilitation program participants, Oregon Vocational Rehabilitation staff, and vocational rehabilitation community partner organizations were asked to provide input on the barriers to employment faced by individuals with disabilities. They were also asked to reflect on how barriers and service needs varied across different subgroups, including individuals who are blind, youth in transition, individuals with significant disabilities, and individuals with disabilities from racial, ethnic, or cultural minority groups.

Limited work experience, limited relevant job skills, concern over loss of benefits, uncertainty about employment because of disability, and employer attitudes were common primary barriers to employment across respondent groups and throughout each method of data collection.

## 4.3 Barriers to Employment for Individuals with Disabilities

Vocational rehabilitation participants, staff, and vocational rehabilitation community partner organizations were asked to provide input through online surveys, focus groups, and/or interviews on the barriers to employment faced by individuals with disabilities. The following section provides a summary analysis of participant barriers across all data sources.

In the following table, participant percentages represent the percent of participants who indicated they had faced the barrier. Staff and partner percentages represent the percent of staff or partners who indicated that people with disabilities sometimes or always face the barrier. Vocational rehabilitation staff and program partners were more likely to perceive participants as sometimes or always facing a barrier to employment, compared to participants who identified



that barrier. This pattern in response may be due to participants' reporting that they had directly faced a barrier, and staff and partners reporting on how frequently they felt people with disabilities, on the whole, face each barrier.

Employer attitudes towards people with disabilities, participant uncertainty about employment due to their disability, and concern over loss of benefits were key barriers to employment across all stakeholder groups. Limited work experience and limited relevant job skills were also cited as key barriers.

**Figure 8: Oregon Vocational Rehabilitation Participant Feedback on Barriers to Employment**

	VR Participants (n=877)	VR Staff (n=79)	VR Partners (n=101)
Employer attitudes towards people with disabilities	53%	81%	86%
Uncertainty about employment because of their disability	52%	85%	91%
Concern over loss of benefits (e.g. Social Security benefits)	37%	90%	93%
Limited work experience	36%	82%	96%
Limited relevant job skills	35%	81%	87%
Slow job market	35%	75%	65%
Lack of information regarding disability resources	28%	65%	76%
Lack of long term services and ongoing job coaching	27%	75%	72%
Lack of affordable housing	27%	82%	79%
Lack of transportation	26%	78%	91%
Cultural/family attitudes toward employment for people with disabilities	19%	68%	80%
Lack of assistive technology	17%	48%	58%
Convictions for criminal offenses or other legal issues	11%	81%	73%
Lack of physical accessibility	9%	53%	46%
Lack of personal care attendants	5%	51%	59%
Language barrier	4%	41%	42%
Lack of affordable child care	4%	66%	54%
Immigration status	1%	39%	28%

*Source: Oregon Vocational Rehabilitation CSNA Participant Survey, 2017*

### **4.3.1 Employer Attitudes Towards People with Disabilities**

---

Employer outreach is considered critical to addressing employer attitudes that hinder employment success for participants. Eighty-six (86) percent of community partner survey respondents, and 81 percent of program staff felt that employer attitudes towards people with disabilities posed a barrier to employment sometimes or always. Fifty-three (53) percent of program participants indicated that they had faced this barrier; this was the employment barrier identified by the most participant survey respondents.

Staff, community partners, and program participants all noted lack of employer confidence in people with disabilities' ability to work, lack of awareness of supports for people with disabilities, and lack of opportunities to connect with people with disabilities as key barriers to employer partnership. Although 55 percent of employer survey respondents considered themselves to be moderately or very aware of vocational rehabilitation services (see employer section in the Service System Infrastructure chapter), employer survey respondents were more likely to have hired individuals with disabilities or have worked with vocational rehabilitation services compared to employers in the broader population. Thus, survey responses may overestimate employer awareness of these services.

### **4.3.2 Self-perception of Employability**

---

Participants, staff, and partners agreed that self-perceptions about their own employability impede their employment progress. Fifty-two (52) percent of program participants said that their uncertainty about employment due to their disability had posed a barrier to employment for them. Eighty-five (85) percent of program staff and 91 percent of vocational rehabilitation partners felt that participants' uncertainty about employment due to their disability sometimes or always posed a barrier. Participants and staff observed that because disproportionately fewer people with disabilities are employed, and often employed in more menial positions, other jobseekers with disabilities may have difficulty imagining possibilities for themselves beyond this limited range. In addition, individuals with disabilities who were not born with them often have to go through a process of re-identifying who they are and what they can do with a disability.

As one participant described:

*“The biggest barrier for me is me—to see value in myself, that I am adaptable. We are often our own worst enemy. It’s important to have a counselor smart enough to figure that out. People who grow up with disability are told what they can and can’t do. Kids in transition deal with this, too.”*

### 4.3.3 Impact on Benefits

---

Fear of losing benefits is a common barrier to employment for individuals with disabilities. Program participants expressed concern about losing Social Security benefits, either Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), as a result of income earned from employment. Program staff and partners commented that many people may be reluctant to seek employment due to concern over the impact on benefits, or may try to balance retaining Social Security benefits with employment. More than a third of participant survey respondents (37 percent) said concern over loss of benefits was a barrier to employment. People with significant disabilities were more likely to see this as a barrier (51 percent) as were people from racial, cultural, or ethnic minority groups (42 percent). Ninety (90) percent of staff and 93 percent of community partner survey respondents saw concern over benefit loss as sometimes or always a barrier to employment.

### 4.3.4 Work Experience

---

Program staff, community partners, and program participants all voiced a need for more volunteer or work experience opportunities to bridge participants into employment. Eighty-two (82) percent of program staff and 96 percent of community partners cited limited work experience as a barrier to participants sometimes or always. Thirty-six (36) percent of participant respondents reported that they faced this barrier. Program staff and partners commented that many individuals may be entering employment for the first time at age 30 or 40, with limited vocational skills or work experience. Additionally, younger individuals with disabilities, including students in transition, have limited pre-graduation work opportunities to gain experience.

#### 4.3.5 Vocational Skills

---

Program staff and community partners cited the lack of vocational skills as a key barrier to employment for people with disabilities. Eighty-one (81) percent and 87 percent of program staff and partners, respectively, felt that lack of relevant job skills posed a barrier for participants sometimes or always. Thirty-five (35) percent of participants noted that they faced this barrier.

Having a marketable skill is critical for employment for any individual, but especially people with disabilities. One program staff respondent remarked that even janitorial or similar positions require specialized vocational skills.

As one staff stated:

*“It’s important to have a sellable trade. It’s easier to market yourself if you are a skilled person who happens to be blind. But if you are a blind person who can be trained, that sounds like work to an employer. If people are getting a really marketable, tangible skill, or filling a vocational demand, it makes an easier ask for needed accommodations.”*

#### 4.3.6 Confounding Barriers

---

Program staff, partners, and participants all cited the need to address confounding service barriers, including those related to poverty, housing, or food insecurity, that may impede employment progress. Eighty-two (82) percent of program staff and 79 percent of program partners identified lack of affordable housing as a barrier to employment sometimes or always for individuals with disabilities. More than one-quarter (27 percent) of vocational rehabilitation participants report having faced this barrier. Staff (66 percent) and partners (54 percent) also felt lack of affordable child care was a barrier to work sometimes or always, though a much smaller proportion (4 percent) of clients reported this barrier.

#### 4.3.7 Family Perception of Employability

---

In addition to self-perception, family values and norms affect individuals’ employment process. Barriers around family culture, individual or family

expectations, and the perceptions of risk were commonly discussed by stakeholders. Nearly 20 percent of participants identified cultural or family attitudes about employment for people with disabilities as a barrier to their employment. Sixty-eight (68) percent of staff and 80 percent of partners identified this as a barrier for participants sometimes or always.

Expectations for individuals and families can be too low or too high. Program staff note that some families cannot imagine employment possibilities for their children beyond menial labor, others feel as though their child can do anything, and others want their children protected. Staff and partner stakeholders also expressed how challenging it can be for parents to support their children's employment goals if they differ from the parents' expectations. Families or other residential caregivers may also adopt a deficit-oriented perspective and inadvertently limit participant expectations and pursuit of employment.

#### **4.3.8 Transportation**

---

Many people with disabilities rely on public transportation; transportation reliability and service routes can impact participants ability to access jobs in outlying areas, which may limit employment and advancement opportunities. Just over one quarter (26 percent) of program participants identified transportation as a key barrier. More than three-quarters (78 percent) of staff and 91 percent of program partners viewed transportation as a barrier to employment sometimes or always.

Moreover, staff and participants noted that lack of transportation options can limit program participation even in the application period: stakeholders observed that staff are often unable pay for transportation assistance until eligibility determination, making it difficult to complete the application process. These issues are exacerbated in rural areas or service deserts of more urban areas, where public transportation routes and schedules are limited and infrequent.

#### **4.3.9 Assistive Technology**

---

Medical issues, including mental health needs and physical and visual limitations can impede participants' employment prospects. These issues may require

assistive technology or other provisions which can discourage prospective employers who are not familiar with the process or supports available to offer accommodations. Seventeen (17) percent of participants reported facing this barrier, and 48 percent of staff and 58 percent of partners felt this was a barrier for individuals sometimes or always.

#### **4.3.10 Impact of Criminal History**

---

Individuals with criminal histories, including people with disabilities, face additional employment barriers. Although just 11 percent of program participants reported this barrier, 81 percent of staff and nearly three quarters (73 percent) of partners believe this is a barrier to employment sometimes or always. In addition to the impact of a criminal history on employment prospects in general, staff and partner stakeholders discussed how lack of consistent background checks and disclosure among partners can lead providers, including job developers, to pursue inappropriate connections and job leads. Some providers indicated several instances where no vocational rehabilitation counselor had communicated a criminal history, but when the prospective employer ran a criminal background check, they found the participant ineligible for the position. This situation is a setback for participants and reduces trust in the relationship with the employer.

#### **4.3.11 Geographic Service and Employment Gaps**

---

Although 80 percent of vocational rehabilitation participants, 84 percent of program staff, and 76 percent of partners indicated that vocational rehabilitation services are sometimes or always conveniently located in communities where clients live (see Figure 9 in Section 5 below), focus group and interview respondents identified limited service availability in rural areas as a prevalent barrier to employment. These stakeholders discussed how rural communities are generally less served by vocational rehabilitation staff than more populous areas because there are fewer staff members and contracted providers (job developers and coaches/trainers) serving larger geographic areas with dispersed populations. Indeed, 56 percent of vocational rehabilitation staff and 58 percent of program partners considered people who live in rural areas of the state to be unserved populations of individuals with disabilities (see Figure 17 in Section 5 below).

Limited job availability in certain regions also impacts employment opportunities. Stakeholders also noted a lack of opportunities for a variety of employment; in areas with limited science and technology employers, for example, participants may be resigned to traditional entry level service job options. Program staff and partners also observed that the statewide rise in minimum wage has exacerbated limited employment opportunities. They suggest that employers may be hiring individuals at higher wages for fewer hours, impacting people with disabilities ability to secure consistent employment. One-third of participants found a slow job market to be a barrier to employment, and 75 percent and 65 percent of staff and partners, respectively, identified this as a barrier to employment for individuals with disabilities sometimes or always.



## 5. SERVICE PROVISION FOR INDIVIDUALS WITH DISABILITIES

### 5.1 Key Findings

- **Offices accessibility.** Clients generally do not perceive language, physical office location, or hours to be significant barriers to service.
- **Employment-related supports.** Vocational training, work experience, and long-term job supports are key services for supporting individuals with disabilities on their path to employment. Participant-centered planning and support navigating the vocational rehabilitation system were also identified as critical services; participants had a positive view of their interaction with and support from vocational rehabilitation counselors.
- **Assistive technology.** Technological aids and devices and related training are key to supporting employment.
- **Supportive services.** Transportation, mental health treatment, and referrals to community partners can help clients address confounding barriers that hinder employment and independence. Additionally, benefits planning can inform clients of the impact of employment on wages and support transition to work. Self-advocacy and peer support groups can improve participants' self-perception towards employment.
- **Pre-employment transition services.** Youth with disabilities need sufficient, committed support to ensure a successful transition from high school to college or the workforce.
- **Barriers and service needs for key target populations.** Individuals with vision loss, people with significant disabilities, youth with disabilities in transition, and individuals with disabilities from racial or cultural minority groups face unique barriers and service needs. These findings can inform service delivery and response.
- **Under and unserved individuals with disabilities.** Clients in rural areas, individuals with criminal histories, and those with co-existing mental conditions may be under or unserved by vocational rehabilitation services. Increased staff, more interaction with the community, and increased job skills development training are proposed strategies to increase access and engagement for underserved groups.

### 5.2 Introduction

Participant, staff, and community partner survey respondents provided their perspective on adequacy of vocational rehabilitation services. The figure below includes the percent of respondents agreeing or strongly agreeing with service-related statements. The figure is ordered by percentage of participant responses, highest to lowest. The response number (n) varied per statement.

Participants generally do not perceive language, physical office location, or hours to be significant barriers. Participants and staff have varying perceptions of some service limitations, including support in receipt of assessment services, participant involvement in completing employment plans, whether vocational rehabilitation programs provide adequate disability accommodations, access to training or education programs, and access to assistive technology. Community partners generally have more negative perceptions of language accessibility and support in application completion compared to participants and staff. All agree that transportation and coordination with community partners need improvement.

**Figure 9: Vocational Rehabilitation Participant, Staff, and Community Partner Perception of Oregon Vocational Rehabilitation Services, Percent Agreeing or Strongly Agreeing**

	Participants	Staff	Community Partners
Participants are able to receive VR services in their preferred language	91%	83%	57%
VR offices are physically accessible	90%	90%	93%
VR office hours are convenient for participants	88%	89%	80%
VR services are conveniently located in communities where participants live	80%	84%	76%
Participants are supported in completing the VR application	76%	81%	59%
Participants are supported in receiving VR assessment services	72%	95%	67%
Participants are actively involved in completing the Individualized Plan for Employment through VR	71%	95%	73%
VR programs provide adequate disability-related accommodations	67%	95%	79%
Public transportation is available to help participants get to VR services	62%	66%	59%
There is sufficient service coordination between VR and other providers in the community	52%	60%	48%
Participants are supported in accessing VR training or education programs	52%	86%	63%
VR programs provide adequate assisted technology	48%	93%	65%

*Source: Oregon Vocational Rehabilitation CSNA Participant, Staff, and Community Partner Surveys, 2017*

To collect more detailed information on program services, program staff and community partners were asked to identify how many people with disabilities with whom they work need a list of articulated vocational services, including employment-related supports, assistive technology, and supportive services, and pre-employment transition services. Participant survey respondents were asked directly whether or not they needed a given vocational service. In the following sections, we present these survey findings, supplemented with related feedback provided through interviews and focus groups. Employment-Related Supports

In survey responses, the largest share of vocational rehabilitation staff, community partners, and participants identified vocational counseling, vocational assessment, job placement, and job coaching as most needed services to support achievement of participant employment goals. Large shares of respondents in each group also selected technical training as a key service, and community partner respondents, in particular, identified post-employment services as critical to success.

Figure 10 presents the percent of program staff and community partners that reported that some/most/all people with disabilities that they work with need each employment-related service. The participant column presents the percent of program participants who indicated that they needed each service.

**Figure 10: Stakeholder Perception of Need for Employment-Related Services**

	Participants	Staff	Partners
Vocational assessment	65%	86%	82%
Vocational counseling	67%	90%	84%
Technical training	44%	58%	60%
Academic education	41%	46%	41%
Vocational tuition assistance	40%	36%	35%
Job placements	61%	90%	91%
Job coaching	56%	81%	87%
Self-employment supports	29%	6%	19%
Post-employment services	40%	24%	77%

*Source: Oregon Vocational Rehabilitation CSNA Participant, Staff, and Community Partner Surveys, 2017*

The majority of program staff and community partners perceive vocational assessment, vocational counseling, job coaching, and job placement to be received by some, most, or all participants that require them. Similarly, the majority of participants who indicated a need for these services reported receiving them. Stakeholders perception of receipt of the remaining employment-related supports was more moderated. Please see Appendix G for detailed tables on service receipt.

To provide a more nuanced understanding of vocational rehabilitation participants' interaction with their counselors, participant survey respondents were asked how much they agreed with a series of statements about their vocational rehabilitation counselors. The figure below is ordered by percentage of participant agreement, highest to lowest. Counselor consideration of participant's interests, strengths, abilities, and needs was ranked second highest by participants in terms of agreement, although more than 15 percent disagreed. Cultural sensitivity was also noted by 70 percent of respondents, with only 11 percent disagreeing. Other strengths noted were eligibility explanation and individual choice.

**Figure 11: OVR Participant Perception of Vocational Rehabilitation Counselors**

	Agree or Strongly Agree	Disagree or Strongly Disagree	Don't Know
My VR counselor explained why I was eligible or ineligible for vocational rehabilitation services	83%	11%	6%
My VR counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan.	75%	17%	8%
My VR counselor informed me of my choices when developing my rehabilitation plan	71%	18%	11%
My VR counselor was sensitive to my cultural background	70%	11%	19%
My VR counselor helped me to understand how my disability might affect my future work	63%	25%	12%

*Source: OVR CSNA Participant Survey, 2017*

### **5.2.1 Vocational Training**

In keeping with survey findings, staff, partner, and participant focus group attendees and interviewees noted that most participants need dedicated vocational training, or at least updates to their existing skills. Forty-four (44) percent of participants reported a need for technical training; fifty-eight (58) percent of program staff and 60 percent of vocational rehabilitation partners indicated that some, most, or all individuals with disabilities need technical training. Forty-four (44) percent of participants that reported needing technical training indicated that they had received such service, as did 47 percent of those

requiring vocational tuition assistance. Fifty-three (53) percent of those who reported a need for academic education reported receiving this service<sup>19</sup>.

Staff and partner stakeholders described limited short-term vocational training, and a shortage of community-based training options around key foundational skills, such as soft skills training, computer classes, financial management courses, or other trainings needed by program participants. In addition to wider training options, staff, partner, and participant stakeholders all cited the need for ongoing participant training to provide skill maintenance and advancement. Although participants may have access to training during their tenure with vocational rehabilitation, they may require skill refreshers or more advanced training to retain and advance in their positions. Program staff and partners described limited options for participants for post-employment training or supports beyond the limited duration of vocational rehabilitation post-employment services.

### **5.2.2 Work Experience**

---

Program staff and partners indicated few options for participants in between sheltered workshop and competitive integrated employment or work; stakeholder feedback suggests that volunteer internships can serve as an effective interim step on the path to employment. Participants that had served as volunteers or in work experiences credited their subsequent employment to the volunteer experience. Indeed, participants and staff alike noted that work experience or volunteer internships were critical to many individuals in achieving employment. Program staff in one region discussed how they previously had a volunteer coordinator to facilitate these positions, and felt that it had been effective in aiding these options.

Additionally, program staff and partners referenced components of the progressive employment model currently piloted at the Oregon Commission for the Blind, such as diverse introductory opportunities for participants and less pressure for an upfront decision by employers, as possible attributes to adapt to vocational rehabilitation options. Staff also felt that paid work experiences can be an effective bridge to long term employment—the regular contact between the job developer and the participant help address any issues as they arise. During this

---

<sup>19</sup> Please see Appendix G for detailed tables on service receipt.

time, the participant gains confidence and feedback on what they can do better. Some program staff and community partners remarked that they would like to be able to offer work experience to all employers—such as six to eight weeks of opportunity with no liability or upfront commitment from the employer—to fortify the transition to employment.

Introductory work experience options can also provide an opportunity for staff to help bolster participants' soft skills. Program staff and partners both noted lack of soft skills as a key barrier to employment. Increased awareness of expectations around personal hygiene, punctuality, navigating the transportation system, and communication norms could help participants achieve and retain employment. One stakeholder described soft skills training as the development of a “workplace personality” so that participants can appropriately interpret and respond to workplace norms and expectations as they transition to employment.

### **5.2.3 Participant-centered planning**

---

Program staff, community partners, and participants all voiced the need for participant-centered planning. Oregon Vocational Rehabilitation employs well-trained counselors who have the capacity to get to know individual participants and develop the best plan for employment to meet that person's wants and needs. Counselors have the discretion to tailor employment plans to meet individual strengths and skills, and provide needed accommodations. Program participants reported positive participant-centered experiences with vocational rehabilitation counselors. As shown in Figure 11, 75 percent of participants agreed or strongly agreed that their “VR counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan.” Further, 71 percent agreed or strongly agreed that their “VR counselor informed me of my choices when developing my rehabilitation plan.”

Staff and clients viewed themselves as partners in successful participant-centered planning.

Despite this positive feedback, program staff suggested that abbreviated program timeframes and extensive program paperwork can limit time available for thorough, individualized support. Some participants also felt that counselors were too busy to or restricted from thinking through creative, non-traditional responses



to participant barriers. Staff, partners, and participants also describe opportunities to better identify and leverage participants' natural support system during their vocational rehabilitation progress.

As articulated by one vocational rehabilitation participant:

*“Oregon Vocational Rehabilitation needs to keep the ‘individual’ in ‘individualized plan for employment.’ Everyone deals with different issues and it’s not cookie cutter. We as clients need to make sure we are participating and communicating what we need. Vocational rehabilitation counselors need to listen and not necessarily go through their issues as fast as they can.”*

#### 5.2.4 Long-Term Job Support

---

Vocational rehabilitation staff, partners, and participants noted the need for longer term job support to retain positions and advance in careers. Just over one-quarter (27 percent) of program participants identified lack of long term services and ongoing job coaching as a barrier to employment, and 75 percent and 72 percent of program staff and partners, respectively, felt that this was sometimes or always a barrier to employment. Program staff and partner stakeholders indicate that the duration and intensity of needed long-term services varies by participant. Individuals with significant disabilities (44 percent) and people with disabilities from racial, cultural, or ethnic minority groups (31 percent) were more likely to identify lack of long-term job supports as a barrier to employment.

Forty (40) percent of vocational rehabilitation participants indicated a need for post-employment vocational rehabilitation services, and 77 percent of program partners felt that some, most or all individuals with disabilities need post-employment services. Just one quarter (24 percent) of vocational rehabilitation staff felt that some or most/all individuals with disabilities need post-employment services, suggesting variation in identification of this need across stakeholder subgroups.

During focus group and interviews, stakeholders across all groups noted the need for longer-term, on the job support for participants, but program staff and partners suggested that administrative restrictions hamper long-term provision. Vocational rehabilitation post-employment services are currently limited in duration and scope, and not intended to provide ongoing provision of comprehensive services. Under current guidelines, if more comprehensive services are required, a new rehabilitation effort should be considered. Within the existing service structure, program staff and participants agreed that close relationships between counselors and participants can help maintain communication and voluntary follow-up after placement, which promotes retention and advancement. As one participant remarked:

*“My case just closed, but I was reassured by my counselor that at any time or any point could reopen and do another plan. That has totally reassured me that it is okay. If it doesn’t work out, it doesn’t work out. 90 days is 90 days, but after that something might come up, life happens. That is a positive thing for me knowing that I can go back to VR if needed.”*

Despite this, stakeholders noted a need for a more systematic approach to longer-term job support. Although the Workforce and Innovation Opportunity Act is necessitating a closer look at longer-term success after job placement, program staff and partners suggested insufficient support for follow up services after successful employment placement. Additionally, program staff and partners discussed that although individuals with IDD and mental illness may have access to systematic longer-term job support, people with other disabilities often require similar assistance to address ongoing modifications for job or task changes, and updated adaptive technology and skills, among other issues. Yet many individuals, including those with brain injury, do not have an extended payer identified for supported employment services.

### 5.2.5 Vocational Rehabilitation Navigation

Program staff, partners, and participants discussed difficulties in participant understanding of vocational rehabilitation service flow and relationships with program partners. Reported opportunities to improve participant understanding

of services include: improving warm hand-offs from program partners to vocational rehabilitation counselors; increasing communication around different agencies' roles in and funding support for vocational rehabilitation services; and increasing outreach and communication to both prospective and existing participants related to eligibility, service flow, and expected steps in the vocational rehabilitation process.

### 5.3 Assistive Technology

One third of vocational rehabilitation participants identified a need for technological aids and devices; two-thirds of Oregon Vocational Rehabilitation staff and half of community partner survey respondents identified these devices as critical services to support employment for some or all of people with disabilities.

Figure 12 presents the percent of program staff and community partners that reported that some or most/all of the people with disabilities that they work with need each assistive technology service. The participant column presents the percent of program participants who indicated that they needed each service.

**Figure 12: Stakeholder Perception of Need for Assistive Technology**

	Participants	Staff	Partners
Durable medical equipment	19%	25%	22%
Orientation and mobility services	14%	17%	39%
Technological aids and devices	34%	64%	51%
Speech to text support or ASL interpreting	8%	28%	18%

*Source: Oregon Vocational Rehabilitation CSNA Participant, Staff, and Community Partner Surveys, 2017*

Roughly two-thirds of participants who said they needed technological aids and devices or durable medical equipment indicated that they had receive such service. Less than half, and as little as one-quarter, of program staff and community partners, however, suggested that durable medical equipment, as well as orientation mobility and speech to text support or American Sign Language

interpreting was received by some, most, or all, of participants who needed such services<sup>20</sup>.

### 5.3.1 Technological Aids and Devices

---

Oregon Vocational Rehabilitation is able to support employees and employers by providing participants with equipment, clothing, and technology needed for employment. However, consistent with participant survey respondents, participant focus group attendees regularly cited timely access to technology as problematic. Participants discussed slow/delayed assistive technology assessments, ordering backlogs, and slow or delayed delivery of devices. Participant survey data show that lack of assistive technology most impacts participants with significant disabilities (39 percent) and those who are blind (46 percent). Almost half of staff (48 percent) and 58 percent of community partner survey respondents saw lack of assistive technology as an employment barrier.

Program staff, partner, and participant feedback suggests that increased communication with employers on availability of assistive technology could facilitate employer willingness to hire people with assistive technology needs. Additionally, clear communication around whether vocational rehabilitation or the employer is responsible for purchase and training may reduce confusion and encourage employers to collaborate. Finally, faster turnaround of assistive technology requests can enable “real time” employment offers, and provision of ongoing check-ins with employed participants can ensure that their assistive technology infrastructure and skills remain up to date.

## 5.4 Supportive Services

Program participants (58 percent), staff (65 percent), and community partners (62 percent) all identified referrals to community resources as a key service to achieving employment goals for themselves (participants) or most/all of the individuals they work with (program staff and partners). Program staff (61 percent) and partners (67 percent) were also more likely to cite transportation as a needed service for most or all of their participants, compared to 39 percent of

---

<sup>20</sup> Please see Appendix G for detailed tables on service receipt.

participants. Social security benefit planning was also identified as needed by some, most or all of participants by 89 percent of staff and 84 percent of community partners.

Among other supportive services, 86 percent of staff and 73 percent of community partners identified mental health treatment to be needed by some, most, or all participants, compared to just one-third of program participants. Nearly 70 percent of staff and just over half of community partners considered cognitive therapy to be needed by some, or most/all participants. Additionally, three-quarters of partners and 57 percent of staff identified behavioral supports as a service need for some, most, or all participants.

Figure 13 presents the percentage of program staff and community partners who reported that some or most/all of the people with disabilities that they work with need each supportive service. The participant column presents the percent of program participants who indicated a need for each service.

**Figure 13: Stakeholder Perception of Need for Supportive Services**

	Participants	Staff	Partners
Referrals to community resources	57%	90%	91%
Family and caregiver support	23%	58%	59%
Group and peer support	28%	66%	71%
Housing	23%	70%	67%
Independent living skills training	16%	67%	68%
Medical care	32%	75%	68%
Social security benefit planning	31%	89%	84%
Transition services from high school to adult services	10%	63%	47%
Transition services from institution to community	6%	30%	32%
Transportation	39%	91%	93%
Behavioral supports	21%	57%	76%
Cognitive therapy	24%	69%	54%
Mental health treatment	32%	86%	73%
Substance use treatment	3%	66%	38%

*Source: Oregon Vocational Rehabilitation CSNA Participant, Staff, and Community Partner Surveys, 2017*

For most supportive services, more than half of participants who needed each service indicated receipt of the service. However, just one-third of participants who indicated a need for housing services reported receiving it, and less than half reported receiving social security benefit planning or independent living skills training.

A majority of program staff and community partners generally viewed supportive services as being received by some, most, or all participants who needed such services. Ninety (90) percent of program staff and 80 percent of community partners felt that some, most, or all participants needing referrals to community resources received them. Staff (91 percent) and partners (69 percent) also felt that transportation services were well received by some, most, or all participants in need. A majority of staff and community partners felt that transition services from high school to adult services were received by some, most or all in need, however, only one-third of partners and staff felt that some, most, or all participants who needed them received transition services from institution settings in to the community. Additionally, less than half of community partners believe some, most, or all participants in need of are receiving cognitive therapy or substance abuse treatment.<sup>21</sup>

#### **5.4.1 Referrals to Community Providers**

---

Program staff, partners, and participants all noted the need to address confounding service barriers related to poverty, housing, or food insecurity, that may impede employment progress. More than 90 percent of staff and partners and 57 percent of participants viewed referral to community resources as a service need. The vast majority of stakeholders also viewed some or most/all individuals as receiving the needed service. Vocational rehabilitation counselors are increasingly working as teams internally and with community stakeholders. System-wide collaboration efforts are described in more detail in Section 6.6 below.

---

<sup>21</sup> Please see Appendix G for detailed tables on service receipt.

### 5.4.2 Transportation

---

More than 90 percent of program staff and partners felt that transportation services were needed for some or most/all individuals with disabilities, as did almost 40 percent of participants. Nearly two-thirds of participants who reported transportation needs indicated receipt of this service. Ninety-percent of staff and nearly 70 percent of partners felt that some or most/all participants who needed this service received it.<sup>22</sup> Stakeholders did note a need for transportation services prior to eligibility determination, to facilitate participation in the eligibility process. Additionally, program participants, staff and partners suggested a need for longer-term transportation assistance post-employment to help facilitate job attendance and retention.

### 5.4.3 Social Security Benefit Planning

---

The vast majority of program staff (89 percent) and partners (84 percent) indicated that some or most/all clients need social security benefit planning, and one-third of participants reported this need. Eighty-nine percent of staff and 64 percent of partners felt some or most/all individuals who needed the service received it, compared to 43 percent of participants themselves.<sup>23</sup>

Program staff and partners discussed the need for continued communication regarding the continuum of available benefits as employment status evolves. These stakeholders suggested that this may be particularly important for families, who could have misconceptions about the impact of work on benefits. Additionally, program participants and partners observed a need for additional staff training on the issue to ensure all participants have access to consistent information and referrals as well as universal benefits planning, to facilitate access to accurate information.

---

<sup>22</sup> Please see Appendix G for detailed tables on service receipt.

<sup>23</sup> Please see Appendix G for detailed tables on service receipt.

#### 5.4.4 Self-advocacy and Peer Support

---

Program participants described feelings of isolation and lack of connection as a result of their disability. This is particularly true for people who experience low-incidence disabilities, such as blindness. Program staff, partners, and participants noted that peer groups can help normalize their circumstances, provide support, and help problem solve in tangible ways based on other peers' experiences. They also cited the importance of including peers who have found employment so they can describe their experience and provide recommendations. Sixty-six (66) percent of program staff and 71 percent of partners felt that some or most/all individuals with disabilities need group and peer support, compared to just over one quarter (28 percent) of participants who identified the need. More than half of staff and partners felt that some or most/all participants who needed the service received it, as did 52 percent of participants.<sup>24</sup>

In addition to peer support, participants recommended more classes and services designed to build self-confidence, develop self-advocacy skills, and increase executive functioning. They noted the importance of receiving these services upfront to help participants gain confidence, believe in their employability, and become more active partners in their planning.

When these services are provided, participants see an impact, as described by a focus group participant:

*“My self-esteem was really low. Having the support from vocational rehabilitation built me up. I got the tools I needed to work and here I am.”*

#### 5.4.5 Mental Health Treatment

---

Eighty-six (86) percent of program staff and 73 percent of program partners viewed mental health treatment as a need for some or most/all individuals with disabilities. One-third of program participants reported this need. The majority of survey respondents across all stakeholder groups viewed mental health treatment

---

<sup>24</sup> Please see Appendix G for detailed tables on service receipt.



as received by some or most/all participants (staff and partners) or themselves (participants).<sup>25</sup> Despite general agreement around mental health service delivery, program staff and partners identified a need for further staff training on mental health issues and referral sources.

#### 5.4.6 Criminal Background Services

---

In stakeholder focus group and key information interviews, program staff and partners describe a need for improved, consistent communication around participants' criminal histories to ensure that job developers and employers are aware of this issue when pursuing employment positions. Similarly, participants describe a need for increased assistance addressing criminal background through possible expungement options, or strategic and transparent communication with potential employers.

### 5.5 Pre-employment Transition Services

All pre-employment transition services were identified as a service need for some, most or all of participants among staff and partners, or as an identified need among transition-age participants themselves. Job exploration counseling, workplace readiness training, work-based learning experiences, and instruction in self-advocacy, including peer mentoring were selected by the greatest shares of survey respondents.

Figure 14 presents the percent of program staff and community partners reporting that some or most/all of the people with disabilities with whom they work need each pre-employment transition service. The participant column presents the percent of program participants who indicated that they needed each service.

---

<sup>25</sup> Please see Appendix G for detailed tables on service receipt.

**Figure 14: Stakeholder Perception of Need for Pre-Employment Transition Services**

	Participants	Staff	Partners
Job exploration counseling	72%	80%	70%
Work-based learning experiences	57%	77%	67%
Counseling on post-secondary education options	50%	67%	54%
Workplace readiness training	61%	81%	66%
Instruction in self-advocacy, including peer mentoring	52%	71%	65%
Pre-employment transition coordination	-- <sup>26</sup>	71%	65%

*Source: Oregon Vocational Rehabilitation CSNA Participant, Staff, and Community Partner Surveys, 2017*

The vast majority of program staff felt that pre-employment transition services were received by some, most, or all participants who needed them. Similarly, most program participants who indicated a need for these services also indicated that they had received such services. Substantially fewer community partners felt pre-employment transition services were received by some, most or all of participants that needed such services.<sup>27</sup>

Pre-employment transition services and the service system infrastructure developed to respond to student needs is described in further details below in Section 6.8: Student-Focused Service System.

---

<sup>26</sup> Based on steering committee feedback during the survey protocol development, program participants for youth transition services were not asked to comment on pre-employment transition coordination.

<sup>27</sup> Please see Appendix G for detailed tables on service receipt.

## 5.6 Barriers and Service Needs for Key Vocational Rehabilitation Populations

Oregon Vocational Rehabilitation is interested in learning whether barriers and service needs vary across different subgroups of participants. A larger share of people who are blind, people with the most significant disabilities, and people from racial, ethnic or minority groups reported experiencing each barrier to employment compared to the vocational rehabilitation participant population as a whole. However, youth in transition describe fewer barriers than the broader vocational rehabilitation population. The following analysis investigates variation in barriers to employment or service needs for people who are blind, people with the most significant disabilities, people from racial, ethnic, or cultural minority groups, and youth participants.<sup>28</sup> Survey findings described in the analysis are significant at the 0.05 level:<sup>29</sup>

### 5.6.1 Introduction

---

There were few or no differences between individuals in populations of interest and the broader vocational rehabilitation population for the following barriers:

- Limited work experience;
- Slow job market;
- Lack of long term supports;
- Lack of affordable housing;
- Language barrier; and
- Immigration status.

---

<sup>28</sup> Most significant disability was defined by the survey respondents as: “I am a person with a severe mental or physical impairment that seriously limits two or more of my functional capacities in terms of finding and keeping a job.”

<sup>29</sup> For this analysis, a finding that is significant at the .05 level means that the difference in the number of people reporting each barrier across subgroups is likely to be due to true underlying difference across subgroups, rather than chance, 95 percent of the time.

In the table below, an asterisk (\*) indicates barriers the target population was significantly *more* likely to report, compared to vocational rehabilitation participant respondents overall. A delta (^) indicates service barriers for which the target population was significantly *less* likely to report, compared to vocational rehabilitation participant respondents overall.

**Figure 15: Barriers to Employment for Different Target Populations**

Employment Barrier	All VR Respondents (n = 877)	People who are Blind (n = 46)	People with the Most Significant Disabilities (n = 61)	People with Disabilities from Racial, Cultural, or Ethnic Minority Groups (n=133)	Youth (n = 64)
Employer attitudes towards people with disabilities	53%	85%*	69%*	62%*	36%^
Uncertainty about employment because of their disability	52%	67%*	61%	55%	42%
Concern over loss of benefits (e.g. Social Security benefits)	37%	63%*	51%*	42%	30%
Limited work experience	36%	39%	30%	40%	36%
Limited relevant job skills	35%	54%*	49%*	44%*	20%^
Slow job market	35%	35%	39%	37%	31%
Lack of information regarding disability resources	28%	43%*	41%*	30%	19%
Lack of long term services and ongoing job coaching	27%	33%	44%*	31%	19%

Employment Barrier	All VR Respondents (n = 877)	People who are Blind (n = 46)	People with the Most Significant Disabilities (n = 61)	People with Disabilities from Racial, Cultural, or Ethnic Minority Groups (n=133)	Youth (n = 64)
Lack of affordable housing	27%	39%	34%	29%	20%
Lack of transportation	26%	57%*	43%*	30%	27%
Cultural/family attitudes toward employment for people with disabilities	19%	20%	33%*	28%*	9%^
Lack of assistive technology	17%	46%*	39%*	17%	13%
Convictions for criminal offenses or other legal issues	11%	9%	7%	20%*	3%^
Lack of physical accessibility	9%	26%*	25%*	14%	6%
Lack of personal care attendants	5%	13%*	20%*	5%	3%
Language barrier	4%	2%	7%	7%	2%
Lack of affordable child care	4%	4%	7%	8%*	0%
Immigration status	1%	2%	0%	2%	0%

Source: Oregon Vocational Rehabilitation CSNA Participant, Staff and Community Partner Surveys, 2017

\*Indicates barriers for which the target population was significantly more likely to report, compared to vocational rehabilitation participant respondents overall.

^Indicates barriers for which the target population was significantly less likely to report, compared to vocational rehabilitation participant respondents overall.

When analyzing differences by populations of interest related to reported need for service, rather than reported barriers, at a 0.05 significance level, youth in transition were more likely to report a need than the general population for 13 different service categories. Individuals with significant disabilities were more likely to report a statistically greater need for ten different service categories, compared to the general population, and participants with visual impairment and individuals from racial or ethnic minority groups were more likely to report a statistically significant difference in need in five and four different service areas, respectively. Also at the 0.05 significance level, individuals with significant disabilities were more likely to report receiving services less often than the general population across nine different service areas.<sup>30</sup>

In the table below, an asterisk (\*) indicates service needs the target population was significantly more likely to report, compared to vocational rehabilitation participant respondents overall. A delta (^) indicates service needs for whom the target population was significantly less likely to report, compared to vocational rehabilitation participant respondents overall.

---

<sup>30</sup> For this analysis, a finding that is significant at the 0.05 level means that the difference in the number of people reporting a need and/or receipt of services across subgroups is likely to be due to true underlying difference across subgroups, rather than chance, 95 percent of the time.

Figure 16 Reported Service Need for Different Target Populations

Received Services	All VR Respondents	People who are Blind	People with the Most Significant Disabilities	People with Disabilities from Racial, Cultural, or Ethnic Minority Groups	Youth
Vocational assessment	66%	65%	68%	65%	61%^
Vocational counseling	67%	73%	73%	69%	63%^
Technical training	45%	54%	67%*	43%	44%
Academic education	41%	37%^	62%*	39%	49%
Vocational tuition assistance	40%	48%	57%*	39%	41%
Job placements	61%	66%	68%	60%	59%
Job coaching	56%	63%*	57%	61%	67%
Self-employment supports	29%	29%	42%	33%	40%*
Post-employment services	40%	42%	46%	41%	44%
Durable medical equipment	19%	35%*	34%*	21%	24%
Orientation and mobility services	14%	14%	27%*	16%	28%*
Technological aids and devices	34%	38%	46%	29%	36%
Speech to text support or ASL interpreting	8%	9%	20%*	8%	21%*
Referrals to community resources	58%	63%	70%	56%	57%
Family and caregiver support	23%	20%	45%*	34%*	38%*

Received Services	All VR Respondents	People who are Blind	People with the Most Significant Disabilities	People with Disabilities from Racial, Cultural, or Ethnic Minority Groups	Youth
Group and peer support	29%	23%	33%	33%	39%*
Housing	22%	27%	34%	24%	30%*
Independent living skills training	16%	7%	16%	23%*	45%*
Medical care	33%	55%*	55%*	39%	38%*
Social security benefit planning	31%	51%*	51%*	33%	40%*
Transition services from high school to adult services	10%	0%	11%	19%*	48%*
Transition services from institution to community	6%	2%	8%	11%*	25%*
Transportation	39%	53%*	51%	44%	53%*
Behavioral supports	21%	33%	33%	21%	36%*
Cognitive therapy	25%	0%	40%*	27%	24%

*Source: Oregon Vocational Rehabilitation CSNA Participant, Staff and Community Partner Surveys, 2017*

*\*Indicates service needs for which the target population was significantly more likely to report, compared to vocational rehabilitation participant respondents overall.*

*^Indicates service needs for which the target population was significantly less likely to report, compared to vocational rehabilitation participant respondents overall.*



## 5.6.2 Individuals Who Experience Blindness

---

In nine out of 18 barrier categories, people who were blind reported the barrier significantly more frequently compared to vocational rehabilitation participants in general. People with vision loss were significantly more likely to experience the following barriers:

- Employer attitudes towards people with disabilities;
- Uncertainty about employment because of their disability;
- Concern over loss of benefits;
- Limited relevant job skills;
- Lack of information regarding disability resources;
- Lack of transportation;
- Lack of assistive technology;
- Lack of physical accessibility;
- Lack of personal care attendants.

Moreover, across key target populations, individuals who experience vision impairment cited the greatest difference in barriers compared to the general vocational rehabilitation population for multiple barriers, including employer attitudes toward people with disabilities (34 percent difference between individuals who were blind and the rest of the vocational rehabilitation participant survey respondents), lack of transportation (32 percent difference), concern over loss of benefits (27 percent difference), and limited relevant job skills (20 percent difference).

In addition, survey respondents who experience vision loss were significantly more likely to identify a need for the following services, compared to the rest of the participant respondents:

- Job coaching;
- Durable medical equipment;
- Medical care;
- Social security benefit planning; and
- Transportation.

In contrast, individuals with vision loss were significantly less likely to identify a need for academic education compared to the rest of the vocational rehabilitation survey respondents.

Program staff, community partners, and program participants noted increased barriers based on public and employer perception regarding capabilities of individuals who are blind or vision impaired. Nearly 90 percent (89 percent) of individuals who are blind reported employer attitudes as a barrier to employment; this was the largest share of respondents citing this barrier across all target populations. Increased employer outreach and education specific to blindness is particularly important for these individuals.

Individuals who are blind also face increased isolation due to the low incidence of their disability. Creation of peer support groups and residential training can build community and connection among individuals with visual impairment. Additionally, individuals who are blind often face a greater need, relative to other disabilities, for assistive technology and ongoing support for evolving assistive technology. The rapid change of technology requires continued introduction to and training on new assistive options.

### **5.6.3 Persons with the Most Significant Disabilities**

---

In ten out of 18 barrier categories, people with significant disabilities reported the barrier significantly more frequently compared to vocational rehabilitation participants in general. People with significant disabilities were significantly more likely to experience the following barriers:

- Employer attitudes towards people with disabilities;
- Concern over loss of benefits;
- Limited relevant job skills;
- Lack of information regarding disability resources;
- Lack of long-term services and ongoing job coaching;
- Lack of transportation;
- Cultural/family attitudes towards employment for people with disabilities;
- Lack of assistive technology;
- Lack of physical accessibility; and

- Lack of personal care attendants.

Moreover, across key target populations, individuals with significant disabilities cited the greatest difference in barriers compared to the general vocational rehabilitation population for lack of assistive technology (24 percent difference). In addition, survey respondents with significant disabilities were significantly more likely to identify a need for the following services, compared to the rest of the participant respondents:

- Technical training;
- Academic education;
- Vocational tuition;
- Durable medical equipment;
- Orientation and mobility services;
- Speech to text support or ASL interpreting;
- Family and caregiver support;
- Medical care;
- Social security benefit planning; and
- Cognitive therapy.

Program staff and community partners noted that people with significant disabilities require more intensive services, such as more coaching, more repetition, and more time to feel comfortable in new environments. Stakeholder feedback suggests that these individuals may have mental health, communication, and physical limitations, and are often relegated to more menial, less stimulating employment opportunities.

Yet the responsibility for providing needed services to people with significant disabilities is often unclear. Program staff and partners commented that there is a sense in the field that the job developers can do these activities, and indeed some job developers are performing daily living activities. However, others noted that they are not trained in personal care, and that these tasks are the responsibility of personal care assistants. Yet some personal care assistants may not be sure of their role in these tasks while a person is employed, and may limit their services while the participant is on the job. Ambiguity around the delegation for these services can hinder access and delivery of services to these individuals.

Additionally, program staff and partners observed that individuals who work with participants with IDD typically need more specialized training. Program staff and partners had mixed feedback on the capacity to serve these individuals within the existing infrastructure. Some staff and partners lauded the offices who had IDD specialists on staff. Others felt that increased IDD training across all counselors and providers would better serve program participants since no one specialist can serve all individuals with IDD in any given region. Stakeholders cited that certain relationships, such as a partnership with the Oregon Office of Development Disabilities Services, can provide braided funding that supports longer-term services. In some cases, employers may be more willing to work with these individuals due to stable funding and assistance.

In addition to individuals with IDD, program staff and partners also noted the challenge in adequately serving individuals with brain injury, or those on the border of IDD diagnosis. These individuals often require the same intensive, long term services that those with IDD do, but they do not have access to the same long-term funding streams and supports.

Program staff and community partners also cited additional target populations of people with disabilities who face unique challenges of their own.

- Like individuals who experience blindness, individuals who experience deafness or hearing impairment face related challenges of a low-incidence disability with high assistive technology needs. Staff commented that certain resources, including a deaf vocational rehabilitation counselor in Washington, have been useful resources to vocational rehabilitation staff.
- Veterans also face unique challenges, though program staff observed that they have their own veterans' supported employment program, so interaction with traditional vocational rehabilitation services varies.
- Finally, individuals who experience Autism Spectrum Disorder can present unique challenges. Many individuals may perform too well on adaptive tests which makes them ineligible for services, however, sustained limited executive functioning and related cognitive issues make it difficult for these individuals to navigate without assistance.

#### 5.6.4 Students Transitioning from High School

---

Youth in transition were significantly less likely to report a barrier to employment in four barrier categories. In no barrier category did youth and transition report a barrier significantly more frequently than the rest of the vocational rehabilitation participant survey respondents. Youth in transition were significantly *less* likely to experience the following barriers:

- Employer attitudes towards people with disabilities;
- Limited relevant job skills;
- Cultural/family attitudes towards employment for people with disabilities; and
- Convictions for criminal offenses or other legal issues.

Despite reportedly fewer barriers to employment, youth in transition survey respondents were significantly more likely to identify several service needs, compared to the rest of the participant respondents. This may in part reflect youth in transition's age and limited established resources and supports compared to older participants:

- Self-employment supports;
- Orientation and mobility services;
- Speech to text support or ASL interpreting;
- Family and caregiver support;
- Group and peer support;
- Housing;
- Independent living skills training;
- Medical care;
- Social security benefit planning;
- Transition services from high school to adult services;
- Transition services from institution to community;
- Transportation; and
- Behavioral supports.

To best serve students with disabilities transitioning from high school, program stakeholders noted that educating the family is as important as educating the

student. Stakeholders indicated that some families may view their child's trajectory from a deficit-based framework and may not expect their child to ever be able work. One program partner noted that society has not historically asked children with disabilities to plan for future or vocational engagement, and this may be reflected in teacher and parent expectations. Stakeholder input suggests that families can use greater education to develop appropriate program and outcome expectations and learn how to best support their child as they transition from high school.

Program stakeholders also observed a great need for soft skills and job readiness training for youth. Program staff and partners recognized schools with Youth Transition Programs (YTP) as better preparing students with disabilities for employment and vocational rehabilitation services, particularly in terms of vocational awareness, soft skill development, work experiences, and transition competency. YTP services are provided by a collaborative team including a transition specialist, a vocational rehabilitation counselor, special educator, administrator, youth, and their families. Participating students receive pre-employment transition supports to address individualized transition needs generally during the last two years of high schools and continuing into the early transition years after leaving high school. More details on the YTP program is included in Section 6.8 below.

Despite positive feedback on YTP services, some eligible students are not served by YTP: some schools do not have YTP programs; some students or parents choose to not participate; and some schools identify students too late in the year to participate based on vocational rehabilitation capacity to serve the students. Even in regions with YTP, stakeholders remarked that the quality of the program varies across school districts.

Additionally, students who drop out of school cannot take advantage of YTP programs. Program stakeholders noted a need to identify youth with disabilities who have dropped out of school and can't be reached by existing transition services. Identifying these youths before they cycle into the vocational rehabilitation system as adults can support improved vocational outcomes and system navigation skills.

Additional services for youth in transition include access to transition network facilitators, pre-employment transition coordinators, and a variety of collaborations with partners to provide work experience, summer academies, benefits planning, self-advocacy skills, and mental health services. The growing infrastructure for youth in transition is described in more details in the subsequent chapter.

Despite a growing service network for youth in transition, program stakeholders also note that they may place undue expectations on youth in transition that are not commensurate with analogous expectations for youth without disabilities. As one program staff member described it:

*“For students in transition, many expect them to know exactly what they want to do and the path to get there at a young age—we don’t expect the same level of clarity and planning from people without disability. We give students less flexibility to pursue, fail, and regroup.”*

Additionally, the limited vocational rehabilitation time frame affects progress. Some staff expressed a desire to be involved with students earlier in their school careers, and to have more communication including increased involvement at individualized education program (IEP) meetings. Finally, program staff and partners discussed the limited or nonexistent connection between contracted job developers and students in transition seeking employment. Some stakeholders discussed this as an educator’s or a youth transition program counselor’s responsibility. Participating contractors were looking for guidance in how to formally provide services to this population.

### 5.6.5 Individuals with Disabilities from Racial/Ethnic Minority Groups

In five out of 18 barrier categories, people with disabilities from racial or ethnic minority groups reported the barrier significantly more frequently compared to vocational rehabilitation participants in general. People with disabilities who were minority were more likely to experience the following barriers:

- Employer attitudes towards people with disabilities;
- Limited relevant job skills;

- Convictions for criminal offense or other legal issues; and
- Lack of affordable child care.

In addition, survey respondents with disabilities from minority groups were significantly more likely to identify a need for the following services, compared to the rest of the participant respondents:

- Family and caregiver support;
- Independent living skills training;
- Transition services from high school to adult services; and
- Transition services from institution to community.

Program staff and community providers remarked that the broader context of racial and ethnic equity impacts access and service delivery for individuals with disabilities from racial, ethnic, or cultural minority groups. One program staff member reflected that the systemic interaction of race and economy has implications for both services and job opportunities, which may not be as available in lower income, often minority neighborhoods. Program staff also described ongoing work, especially in the Portland region, to provide better outreach and accessibility to racially diverse participants, and discussed ongoing agency efforts to ensure cultural awareness as a tenet of service delivery. They also noted visible welcoming material for the LGBTQ community.

To increase access and service provision for individuals from racial and cultural minority groups, program staff suggested enhanced efforts to recruit persons of color and diverse ethnicities and sexual orientations into education programs that prepare them to serve as vocational rehabilitation counselors. As one program staff indicated:

*“If we could increase representation within vocational rehabilitation from minority communities, it could help us work more effectively within those communities.”*

Another program partner described an initiative aimed to increase multicultural, multilingual access to services. The Latino Connection, a partnership between vocational rehabilitation and Easter Seals, was designed to facilitate greater access and service provision. In this model, Latino Connection staff are paired with a vocational rehabilitation counselor. Latino Connection provides specialized



instruction such as English for the workplace, cultural differences in the workplace, English as a Second Language, workplace readiness, and on-the-job skills. They also facilitate placement, particularly in Latino firms looking for Latino workers, or non-Latino firms interested in increasing their diversity.

Similar to working with youth in transition, many program stakeholders noted the need to educate families about service and employment opportunities for their family member with a disability. Program staff and partners indicated that many cultures may not have expectations that individuals with disabilities can work, so there is a persistent cultural barrier to seeking services and employment. Language barriers within these communities may also exacerbate access issues, especially during the multi-step enrollment process. Program staff noted limited availability to adequately serve non-English speakers, and described efforts to work with partner organizations, such as the Immigrant and Refugee Community Organization to increase outreach and access.

#### **5.6.6 Under and Unserved individuals with Disabilities**

---

Program staff and community partner survey respondents were asked to identify which individuals they consider to be primarily unserved or underserved populations. People who live in rural areas of the state, people who have criminal convictions, and people with a mental health condition were three responses identified by the greatest share of both program staff and partners. More than half (56 percent) of community respondents also felt that people with substance use disorder are likely to be under or unserved.

**Figure 17: Primary Unserved or Underserved Populations**

	Program Staff (n=71)	Community Partners (n=95)
People who live in rural areas of the state	56%	58%
People who have criminal convictions	45%	61%
People with a mental health condition	42%	68%
People who are from racial or ethnic minority groups	37%	33%
People with a substance use disorder	30%	56%
People with intellectual disabilities	28%	48%
People with physical disabilities	28%	32%
People who are between the ages of 16 to 21	25%	33%
Other	23%	8%

*Source: Oregon Vocational Rehabilitation CSNA Staff and Community Partner Surveys, 2017*

Program staff and community partners were also asked to identify strategies to serve under and unserved populations. Increased staff was the strategy identified by the greatest share of program staff (63 percent), and increased transportation options was identified by the greatest share of community partners (63 percent). More interactions with the community, and providing more job skills development training were identified as strategies to serve unserved populations by more than a majority of both program staff and community partners. Almost half of all staff (48 percent) and 57 percent of community partners felt that staff training to work on specialty caseloads would help serve under and unserved participants. More than half of community partner respondents also cited improving interagency collaboration and public awareness campaign key strategies for serving under or unserved populations.

Figure 18: Strategies to Serve Under and Unserved Populations

	Program Staff (n=75)	Community Partners (n=95)
Increase staff	63%	59%
More interactions with community	55%	54%
Provide more job skills development training	53%	57%
Staff training to work specialty caseloads	48%	57%
Increase transportation options	47%	63%
Improve interagency collaboration	43%	54%
Public awareness campaign	39%	54%
Increase diversity of staff (race, ethnicity, gender, etc.)	24%	27%
Other	9%	8%

Source: Oregon Vocational Rehabilitation CSNA Staff and Community Partner Surveys, 2017

## 6. SERVICE SYSTEM INFRASTRUCTURE

### 6.1 Key Findings

Analysis across data sources revealed consensus around service system infrastructure strengths and opportunities for improvement. The findings and recommendations articulated throughout the report are based on stakeholder feedback and suggestions.

#### 6.1.1 Feedback on Oregon Vocational Rehabilitation Staff Staffing

- **Capacity.** Stakeholders reported challenges associated with supporting increasing caseloads with insufficient staff. Capacity issues create service backlogs and bottlenecks, and negatively impact relationships with participants, contractors, employers, and community partners. Oregon Vocational Rehabilitation is moving to a workload staffing model to better account for the time required for supporting varying needs of subpopulations using vocational rehabilitation services.
- **Regulations, policies, and processes.** Oregon Vocational Rehabilitation has experienced significant changes as a result of federal and state initiatives. New regulations, policies, and processes may not be consistently well-defined or implemented. Stakeholders suggested greater definition of policies and processes, including standardized expectations around counselor to client communication (e.g. frequency, format, content).
- **Training.** Additional training and targeted technical assistance for staff can support consistent understanding and implementation of policy and process changes.

#### 6.1.2 Feedback on Contracted Vendor Relationships

- **Contracts.** Stakeholders discussed limitations to existing job developer contracts and suggested exploring an alternate contracting approach or pay structure to increase capacity.

- **Capacity.** There are waiting lists for job developers and job coaches because of limited contracted vendor resources in some areas, and/or underuse of existing resources. Stakeholders recommended implementing an approach to improve vocational rehabilitation counselor knowledge of job developer capacity/availability.
- **Training.** Contractor training was generally viewed as ineffective to job development or job coaching. Stakeholders suggested implementing effective training based off of other states' best practices.

### 6.1.3 Feedback on Employer Relationships

---

- **Employer Perceptions of Barriers to Employment.** Stakeholders felt employer concerns about liability, potential lawsuits for discrimination, accommodation costs, and slow system responsiveness were barriers to employment. Employers also remarked on barriers related to qualified applicants, employer/co-worker perceptions, training, and communication. Stakeholders recommended increased collaboration between Oregon Vocational Rehabilitation and employers to facilitate dialog around these issues.
- **Outreach and Education.** Limited vocational rehabilitation counselor and job developer capacity has hindered relationship-building with employers. Counselors and developers do not have sufficient opportunity to network with local businesses to understand their needs and develop an understanding among employers of the value of people with disabilities in the workplace and community. Increasing outreach and education efforts could benefit participants and employers.

### 6.1.4 Feedback on Community Partner Relationships

---

- **Communication.** Stakeholders felt communication with community partners was lacking.
- **Primary partnerships.** Participants most commonly work with mental health, IDD, education, and aging and disability providers (in addition to WorkSource).

- **Individual Placement and Support.** The Individual Placement and Support (IPS) model used with people with mental illness is cited as a best practice, which has supported effective partnership between vocational rehabilitation and mental health providers.
- **Employment First.** The Employment First initiative has facilitated increased collaboration between vocational rehabilitation, the education system, and IDD providers to support people with IDD in finding employment.
- **IDD system collaboration challenges.** Collaboration with IDD system partners has improved, but stakeholder proposed opportunities to address ongoing challenges, including reconciling Employment First and individual choice, sheltered workshop closures and limited employment pathway options, discovery requirements, and contract differences.

#### 6.1.5 Feedback on WorkSource Relationships

---

- **Referrals.** Many vocational rehabilitation participants are referred to WorkSource, primarily for job preparation workshops/services and job search/referral assistance.
- **Accessibility.** WorkSource services are perceived as less accessible to people with disabilities and accommodations are seen as lacking. Stakeholders suggested training for WorkSource on accessibility and that WorkSource ensure systems, resources, and technology are accessible for people with disabilities.
- **Collaboration.** Oregon Vocational Rehabilitation and WorkSource are working to make the relationship more collaborative, viewing individuals using both agencies' services as shared participants, rather than referring and dropping participants across agency silo borders.

#### 6.1.6 Feedback on Students in Transition Service System

---

- **Youth Transition Program.** The Youth Transition Program has been in place since 1990, and is seen by many as a national best practice, particularly for its success in engaging schools with vocational rehabilitation services.

- **Pre-Employment Transition Services.** Oregon Vocational Rehabilitation is working with schools to implement pre-employment transition services as defined by the Workforce Innovation and Opportunity Act. Youth Transition Programs are a primary mechanism used to provide these services.
- **Transition Network Facilitators.** Transition Network Facilitators support collaboration and transition goals associated with Employment First and Workforce Innovation and Opportunity Act initiatives, as a part of the Lane v. Brown settlement agreement.
- **Underserved Youth.** Despite progress and success, some youth continue to fall through the cracks. Some do not connect to transition activities or have a break between high school and vocational rehabilitation, which weakens their soft skills built through school participation.

## 6.2 Introduction

Oregon Vocational Rehabilitation provides vocational rehabilitation services and supports to participants as part of a broader system or a series of interconnected systems, which vary based on individual participant needs and wants. Important components of the vocational rehabilitation system infrastructure include:

- **Staff** – vocational rehabilitation counselors, human service assistants, branch management, regional management, and state administration.
- **Vendors** – primarily contractors who provide job development and job coaching to participants.
- **Employers** – local and statewide businesses that provide employment and work experience opportunities.
- **Partners** – partner agencies provide other long term or acute services and supports to provide participant stability, employability, and self-sufficiency. Two specific areas of partnership focused on by this analysis are:
  - **Workforce development** – WorkSource activities and services used by vocational rehabilitation participants.
  - **Student transitions** – initiatives collectively supported by Oregon Vocational Rehabilitation, the Oregon Department of Education, and the Office of Developmental Disabilities Services for youth transitioning to adulthood.

### 6.3 Oregon Vocational Rehabilitation Staff

Oregon Vocational Rehabilitation provide vocational rehabilitation services and supports from 42 regional offices statewide. Human services assistants, vocational rehabilitation counselors, branch managers, regional managers, and administration field services staff collectively serve more than 16,000 participants. Increasing caseloads, constant or decreasing staff, changing regulations and policies, and limited training support present service delivery challenges.

Staff survey respondents were asked for their perception of frequency of service provision challenges. The figure below includes the number and percentage of responses stating that items listed were always or sometimes a challenge, or rarely or never a challenge. The figure is ordered by percentage of staff responses, highest to lowest. “I don’t know” responses are excluded from percentage calculations.

A majority of staff perceived all of the listed service delivery barriers as sometimes or always a challenge, with approximately 90 percent citing new/changing regulations, increases in the number of participants with multiple disabilities, high caseloads, and a lack of available/appropriate jobs.



**Figure 19: Staff Perception of Service Provision Challenge Frequency**

	Always or Sometimes a Challenge	Rarely or Never a Challenge	n
New/changing regulations	91%	4%	78
Increases of individuals with multiple disabilities	90%	5%	80
Lack of availability of appropriate jobs	88%	8%	80
High caseloads	88%	9%	80
Lack of community services	86%	11%	79
High employee turnover	84%	13%	79
Lack of clear policy guidelines	81%	15%	80
Lack of staff training opportunities	80%	15%	80
Lack of clear organizational procedures	78%	19%	80
Lack of quality relationships with potential employers	76%	18%	80
Limited information shared by those working with individual	76%	21%	80
Lack of community rehabilitation programs	75%	16%	80
Lack of financial resources	65%	30%	80
Lack of quality relationships with partner agencies working with participants	65%	31%	80

*Source: Oregon Vocational Rehabilitation CSNA Staff Survey, 2017*

The following subsections focus on themes from these survey responses and interview and focus group data collection methods using the lens of vocational rehabilitation staff. Additional themes related to the broader service system (contractors, employers, and community partnerships/services) are discussed in subsequent sections.

### 6.3.1 Oregon Vocational Rehabilitation Caseloads and Staff Capacity

Oregon Vocational Rehabilitation experienced a significant increase in the number of participants it served between federal fiscal years 2015 and 2016 (+1,105 or seven percent). Reportedly, this increase continued in 2017. This growth is

related to a number of factors, including the closure of sheltered workshops, more focus on transition work with schools, increased partnerships and greater Oregon Vocational Rehabilitation engagement in Employment First and Workforce Innovation and Opportunity Act initiatives. Oregon Vocational Rehabilitation staff perceived the caseload growth to be associated with individuals with multiple disabilities or more complex needs, particularly related to sheltered workshop closures. The percentage of participants with intellectual and developmental disability (IDD) has grown from 12 percent in 2012 and 2013 to 23 percent in 2016.<sup>31</sup> Sixty-one (61) percent of 2016 vocational rehabilitation participants were considered priority 1, most significantly disabled; and another 22 percent were categorized as priority 2.<sup>32</sup>

Staff, partners, and participants report that Oregon Vocational Rehabilitation has struggled to adequately meet the vocational rehabilitation needs of participants because there has not been an increase in staff to serve the growing number of participants. Oregon Vocational Rehabilitation reportedly has a high staff vacancy rate, and cannot replace staff who leave because of a hiring freeze. Staff cited caseloads ranging from 70 to well over 100. Stakeholders broadly discussed how caseloads do not provide a full account of the level of effort required by counselors to meet participant needs.

*“We have different levels of clients. Some may only need emotional support and help finding the right resources. Some may need additional supports like help with their resumes or how to present in front of employers. We have some people that are so beaten down that they may come across as unmotivated, and we need to take small steps so they can visualize their life and being successful. And then we have some people who need a great deal of support, like 100% of the time.”*

---

<sup>31</sup> Oregon State Rehabilitation Council, 2016 Annual Report, <http://www.oregon.gov/DHS/EMPLOYMENT/VR/SRC/Documents/2016%20Oregon%20State%20Rehabilitation%20Council%20Annual%20Report.pdf>.

<sup>32</sup> Oregon Vocational Rehabilitation, caseload data, FFY2016.

Oregon Vocational Rehabilitation has created some specialized counselor positions to help better manage caseloads, particularly for individuals with IDD. These cases often require more time and effort on the part of the counselor. Stakeholders generally agree that specialization makes sense in terms of developing skillsets and relationships. However, staff report that specialization has not been able to resolve capacity problems. Specialized and non-specialized staff all feel they have too many cases to serve all participants well.

The Department of Human Services is moving away from making staff determinations based on caseloads or the number of people served, to one based on workloads, which are driven by the timeframes needed to serve varying participants. In this model, staff are allocated based on the number of hours or effort required to run a program based on the population being served. Oregon Vocational Rehabilitation is in the midst of the workload analysis to make the shift from a caseload to a workload staffing model. This analysis may define a gap between participant needs and staff capacity to meet those needs. Stakeholders are hopeful that the workload model will help to rebalance and increase overall vocational rehabilitation staff capacity, to better meet participant needs and prevent counselor burnout.

Current capacity issues create service bottlenecks and are perceived as the root cause of many service-related barriers. These service delays often occur throughout a participant's interaction with the vocational rehabilitation system. Stakeholders discussed waiting times of a month or longer for an intake, slow creation of individualized employment plans, delayed or insufficient communication with participants, employers, contractors, and community partners. Staff felt the orientation streamlining that occurred as a result of a Lean initiative was a positive step toward making vocational rehabilitation service access more consistent and efficient. However, staff felt this change did not address the root cause of service delivery delays, which was attributed to overall capacity insufficiencies. Capacity problems reportedly impact all levels of vocational rehabilitation staffing, including Human Service Assistants, counselors, branch managers, and regional managers.

Staff discussed challenges in meeting the shortened timeframe to employment plan requirement implemented as a part of Workforce Innovation and Opportunity Act (from 180 to 90 days). There was a broad desire to be responsive to individual

needs and connect people to jobs quickly, countered by frustration in feeling as though they are always behind in their work because of high caseloads.

Oregon Vocational Rehabilitation by definition has limited time with which it works with participants and employers. The Workforce and Innovation Opportunity Act is necessitating a closer look at longer term success after job placement, however interviewees felt that counselors are so inundated trying to connect job seekers to employment that there is a general inability to focus on career advancement for people with disabilities. Several stakeholders noted that vocational rehabilitation counselors are able to reopen cases to provide post-employment services when an individual loses or is in danger of losing a job. This requires an ongoing connection to the employer and/or employee by the counselor or job developer, which is difficult to maintain with current capacity and workloads.

### 6.3.2 Staff Retention, Self-Care, and Recognition

---

Stakeholders suggest that high vocational rehabilitation staff turnover is associated with high caseloads. Program staff and partner stakeholders discussed high turnover internally as associated with low pay and high caseloads, and contributing to increased inconsistency in working with participants and partner agencies.

Some stakeholders spoke specifically to the low pay of Human Service Assistants contrasted with the high expectations and responsibilities as contributing to high turnover in this position. Human Services Assistants are expected to maintain Oregon Vocational Rehabilitation's business integrity, working effectively with participants, employers, and community partners. Turnover in this position negatively impacts branch offices' ability to function with continuity.

Vocational rehabilitation counselors also reportedly experience high turnover rates. Stakeholders state that high counselor caseloads and limited training or administrative support contribute to high stress levels, which add to turnover issues. Wellness programs are not organized or sustained statewide.

*“The root of the issue is that we’ve had six counselors in the last four years.”*

Vocational rehabilitation staff generally believe in what they are doing at a fundamental level. Many see their work as more of a mission than a job. This alignment of work with staff values helps to support higher morale and better outcomes, despite challenges.

Oregon Vocational Rehabilitation agency leadership were commended by some for their openness to new ideas and desire to make positive changes for the agency. Stakeholders felt the environment created by leadership systematically identifies and addresses challenges. Staff associated recognition of counselor achievement with new leadership, and appreciated this recognition as a step toward instilling a culture of excellence and staff appreciation. Offices pride themselves in working as a team to serve vocational rehabilitation participants. Staff expressed a preference for recognizing success at the office level and appreciated the team approach to service delivery.

### 6.3.3 Regulations, Policies, Procedures, and Training

---

Oregon Vocational Rehabilitation regulations, policies, and procedures have changed significantly in recent years as a result of the Workforce Innovation and Opportunity Act and Employment First-related initiatives. Over 90 percent of staff surveyed said new or changing regulations always or sometimes created service delivery challenges. Oregon Vocational Rehabilitation staff interviewees and focus group participants echoed this sentiment. Staff pointed to little federal or state-level guidance regarding how to implement new regulations and policies. Policies have reportedly been slow to catch up with updated regulations, and some contradict. As one staff member put it:

*“There is so much change in the system, and we are the ones who are looked to for the answers. There are some inconsistencies in how we do this. We’re building the plane as we fly it.”*

Inconsistencies related to policy and procedure interpretation exist between individual counselors and vocational rehabilitation branch offices. The lack of a training unit or other technical assistance support allows for ongoing inconsistency between offices and counselors related to policy interpretation and communication with participants and/or partners. Community partners spoke of the negative impact of inconsistency in the field in terms of their working

relationships with vocational rehabilitation and participant support. A community partner stated:

*“You go to five different people at VR and you get five different answers. All with good intentions, but it is hard to know what is most correct, what is the best answer.”*

At the branch level, participants and partners report that inconsistencies result in wholesale policy differences. Stakeholders discussed different approaches to referral processes based on geography or participant disability, different documentation and paperwork (e.g. orientation packets and purchase authorization processes), and different communication processes (e.g. participant inquiry response and follow up processes).

Staff spoke about the need to balance autonomy for experienced counselors with the need for consistency in policy interpretation and service delivery. The current system allows for considerable autonomy, which can support creative and effective vocational rehabilitation, particularly when paired with years of experience. Conversely, autonomy can create challenges with newer counselors, who need more support to do the job well and according to policy.

Inconsistencies are reportedly widespread at the counselor level. Partners reported varying approaches to communication, information sharing, and paperwork, as well as uncertainty about whether they would be paid for certain services based on counselor discretion.

*“I can’t expect every counselor to function as a robot, but, as a state agency, there is a lot of misinterpretation among VR counselors that is clogging up the gears.”*

Stakeholders report that participants often need more regular communication to be assured that things are moving forwards and not get frustrated with the process. Participants expressed a need for additional or alternate points of contact in case counselors are on vacation or leave. Conversely, other stakeholders remarked that communication within some offices is strong, supporting effective collaboration benefiting participants, employers, and partners. Stakeholders suggested standardized expectations around counselor communication to have consistency across counselors and branches.

The lack of training resources contributes to consistency problems. Previously, a two-person training unit provided vocational rehabilitation training and support statewide. The training unit no longer exists, and only online resources are available. Staff spoke about their need to seek out training resources independently and how online policy manuals were not accessible because of length and readability. Partners discussed the need to provide technical assistance to counselors to help them understand vocational rehabilitation policy and practice, targeting staff needing extra support based on performance data. Stakeholders suggested looking to other states for vocational rehabilitation training curriculum and best practices, ensuring timely training was available for new staff.

#### 6.3.4 Reporting, Paperwork, and Information Technology

---

Reporting and paperwork requirements have grown in connection to policy and process changes. Employment plans have become longer (25 to 30 pages) and, as a result, harder for participants to understand. The increased reporting and paperwork has detracted from counselors' ability to spend time with participants. Many staff members discussed feeling overwhelmed by paperwork and unable to provide thoughtful counseling or rehabilitation services as a result. Paperwork and data collection requirements contribute to the increasing length of the overall process. When staff survey respondents were asked what service delivery changes would better support vocational rehabilitation of participants, the most common response (68 percent) was less paperwork.

*"I spend three hours writing a plan and ten minutes with the client. Plans are not for clients anymore."*

Related to reporting and paperwork, staff stakeholders discussed challenges with efficient use of information technology. Limitations of the case management system, such as dysfunctional templates, and the sheer number of data fields and related documentation, are time consuming for counselors. Counselors cited receiving training months after system upgrades were implemented, and creating individualized workarounds to navigate the system.

Stakeholders attributed many of the reporting changes to Workforce Innovation and Opportunity Act requirements. Program staff and partners wanted to see

efforts made to make employment plans easier to understand for participants, and data collection more efficient for staff, potentially better leveraging interfaces or other electronic/ automated methods for collecting and sharing data.

### **6.3.5 Relationships with Other System Stakeholders**

---

Staff survey respondents, interviewees, and focus group attendees collectively expressed a desire for stronger relationships with other system stakeholders, contracted vendors, employers, and partnering community service providers, in addition to participants and their families.

Relationship deficits are related to vocational rehabilitation capacity issues as well as the structure of job developer contracts in the case of employers. Relationships suffer when there are limited staff present in a community or caseloads are too high for contractor, partner, or employer relations to be a counselor focus. Issues related to these system stakeholders are discussed in detail in subsequent sections.

## **6.4 Contracted Vendors**

The primary vendors with which vocational rehabilitation works are job developers and job coaches.

### **6.4.1 Job Developer Role and Contracts**

---

Vocational rehabilitation counselors refer participants to job developers with detailed referral information about the job seeker, and the job developer works to secure a job placement, submitting monthly reports of progress. Some counselors have team meetings with developers and participants, and others have the developers work individually with the participant, without regular counselor participation. Per stakeholders, communication between job developers and participants, employers, and counselors varies. If and when disconnects occur along the way between the counselor, developer, and participant, the team regroups.

Program staff and partners cited capacity issues related to job developers as a barrier to successful employment outcomes. Many felt the capacity issues related



to problems with the job developer contract, specifically the outcomes payment approach, lack of pay for travel, and exclusions for activities of daily living.

**Outcomes payment approach.** Job developers are paid for successfully meeting job placement milestones at fixed amounts. Milestone payments vary based on participant track, which is determined by level of need. (See Appendix F for additional information on job placement categories and payments.) The figure below outlines job placement milestones and associated payments by participant category. Job developers can earn a maximum of \$5,300 for participants in job placement track 3, needing intensive support and customized employment opportunities.

**Figure 20: Achieved Milestone Job Development Payments, by Track**

Task	Track 1	Track 2	Track 3
Job Placement – Referral	\$100	\$100	\$100
Participant Portfolio (as requested by VR)	\$200	\$200	\$200
Job Placement Services – Strategy Report and Meeting	\$250	\$500	\$500
Job Placement Services – Strategy Review and Monthly Reports (for first report only, including meeting and job placement strategy)	\$500	\$500	\$500
Job Placement Services – Job Placement	\$1,000	\$1,500	\$2,000
Job Placement Services – Retention	\$1,250	\$1,500	\$2,000
<b>Total</b>	<b>\$3,300</b>	<b>\$4,300</b>	<b>\$5,300</b>

*Source: Oregon Vocational Rehabilitation*

Stakeholders felt this milestone/outcomes payment approach creates an incentive for developers to work with easier to place participants rather than take the time to create jobs with employers for people with more significant disabilities or accommodation needs. Stakeholders discussed how developers work for a loss after a certain number of hours per participant, causing some developers to close participant cases or put them on the back burner if they can't successfully place jobseekers quickly. Some participants are routed to multiple job developers and may take a long time to place as a result, causing inefficiencies/redundancies and participant frustration.

Oregon Vocational Rehabilitation revamped the job developer contract in 2015 to improve contractor performance and oversight. Oregon Vocational Rehabilitation staff felt older models of job development where developers were paid for effort and contracted to focus on rehabilitation were more collaborative and creative with vocational rehabilitation, participants, and employers, and supported better employment outcomes. Stakeholders commented that older models allowed developers to really understand jobseekers and what jobs would work for them, working as an extension of the vocational rehabilitation counselor. The new model is seen as more of just paying for any job.

*“With an outcomes-based payment model, the provider incentive is quick placement, and not to take time to create jobs.”*

According to stakeholders, Oregon Vocational Rehabilitation contracts predominantly with agencies to provide job placement services. Staff observed that individuals generally cannot be profitable as Oregon Vocational Rehabilitation job developers, reducing the diversity in job developer provider types. Service delivery through agencies has allowed job placement/developer services to be provided as part of a broader portfolio of services with Oregon Vocational Rehabilitation and Developmental Disabilities Services (employment path, discovery, development, coaching, and day services), with some services being outcomes based and others paid hourly to remain financially viable. Agencies’ service expansion can benefit participants by working with the same agency over time as they participate in different services throughout their employment journey.

Service expansion has meant that these agencies have grown in size and structure. This growth has weakened some counselor relationships with developers as roles become more task-based with intake workers separate from job developers. Previously, according to some staff focus group attendees, job developers would be more likely to also provide coaching services. Staff said this is generally no longer the case since job developers have to take on larger caseloads with the outcomes based payment model. In general, program staff and partners suggest that the fixed payment per placement translates to low hourly wages for developers, which contributes to lower qualifications and high turnover.

**No pay for travel.** Job developers are not paid for travel time or expenses with the outcomes payment system and a fixed payment. Stakeholders report that as a result, jobseekers in rural areas are underserved. Job developers lose time and money by traveling to outlying areas to meet with participants and develop/maintain employer relationships.

*“Our clients in our small, rural communities are less served. There is less incentive for job developers to drive out here and provide job carving or customization.”*

**ADL exclusion.** Stakeholders report that the most recent contract for job developers and coaches says these contractors cannot provide support for activities of daily living or instrumental activities of daily living. Stakeholders expressed confusion over roles and responsibilities of Oregon Vocational Rehabilitation, employers, Developmental Disabilities Services, and other partners/providers as a result of this exclusion. The state certification system for dually enrolled developers/coaches and personal support workers (PSW) was recently put in place, but training and other implementation steps are still being developed.

Stakeholders suggested analyzing the job developer contract again. This included exploring ways of supporting more effective and intensive rehabilitation work with participants when needed, reimbursing travel to rural/underserved areas, and ensuring participants’ daily living needs are fully met when participating in Oregon Vocational Rehabilitation services.

#### **6.4.2 Job Developer Relationships and Capacity**

---

Survey participants consistently expressed a desire to nurture stronger relationships with employers to create or open up more job opportunities for people with disabilities. Job developers play a central role in employer relationships. When job developers know a business well, they are able to have a vision of how a jobseeker could add value and create capacity for other staff members by customizing job roles. Focus group participants and interviewees cited challenges in developing employer relationships as a result of noted contract issues.

Vocational rehabilitation staff spoke about limited job developer capacity. Many discussed waiting lists for developer services, particularly in rural areas with only part-time developers available.

*“It can be difficult for our clients to get on long waiting lists. They get discouraged.”*

However, other community stakeholders felt that some vocational rehabilitation counselors may have a preference for a particular vendor. Stakeholders speculated that using one vendor over another could be the result of familiarity/long-standing working relationships or lack of knowledge of newer contractors. Job developers have varying outcomes, with some having more successful placements than others, which may also guide counselor decision-making. Job developers work in a wide variety of contexts with a large number of factors influencing performance and outcomes, including geography, client barriers/needs, agency size, developer salaries, developer experience, Oregon Vocational Rehabilitation relationship, and more.<sup>33</sup> No real-time system exists to aid counselors in matching jobseekers with developers. Stakeholders suggested implementing an approach to improve vocational rehabilitation counselor knowledge of job developer capacity/availability.

### 6.4.3 Job Coach Role and Contract

---

Job coaches are integral to many people with disabilities’ ability to successfully maintain and advance in employment. Stakeholders discussed the sophisticated skill set required of a good job coach including the ability to implement behavioral plans, understand social-cultural components of the work environment, and develop natural supports. Oregon Vocational Rehabilitation pays for short-term job coaching; longer-term coaching is paid through other extended payer sources. Ideally, the same coach works with the employee, and only the payer source changes.

Similar to job developers, the job coach contract was cited by many as not supporting the broader rehabilitative role intended for coaches. In particular, the

---

<sup>33</sup> Job placement outcomes are included in Appendix F.

contract says that coaches are only trained on hard skills neglecting the skills needed to help with socialization connection such as positive behavioral support and changing behaviors that don't work. Stakeholders wanted to see additional or improved training for job coaches, so they could develop the skillsets necessary to help participants be successful.

*“We are lacking the sophistication of job coaches to implement behavioral plans, understand social-cultural components of an environment, and develop natural supports.”*

Oregon Vocational Rehabilitation pays \$40/hour for job coaching, however, this pay does not necessarily translate to job coach wages within agencies. Many felt the vocational rehabilitation system in general treats job coaching as an entry level job with low pay, causing high turnover, and meaning these higher-level skills are not sufficiently developed. Interviewees and focus group participants discussed a significant shortage of job coaches.

#### 6.4.4 Contractor Training, Reporting/Paperwork, and Communication

Stakeholders repeatedly discussed the inadequacy of contractor training. Some felt that job developers and coaches lacked the skills to work successfully with vocational rehabilitation participants, particularly those with intellectual or developmental disabilities. Many discussed the shortfalls of the Oregon Vocational Rehabilitation Employment Opportunity Professionals II (EOP2) training. Stakeholders felt the training is not focused on skills needed for job developers or coaches. Many stakeholders observed that the training was a poor use of contractors' time.

*“There is nothing in the training that discusses mental or physical disabilities. It is not appropriate for job developers working with clients with significant disabilities.”*

EOP2 has not been offered for more than a year and was offered too irregularly to account for turnover when it was available. Contractors are not paid to attend training, making it financially difficult to participate. As with staff training, stakeholders recommended looking to other states for vocational rehabilitation

training curriculum and best practices, ensuring timely training is available for new contractors.

Focus group participants and interviewees also discussed challenges for contractors associated with paperwork and reporting. The application process to come a certified vendor was cited as cumbersome and overwhelming. Participant-related paperwork, similar to vocational rehabilitation counselors, has increased recently. Job developers discussed not being trained on how to correctly complete forms, meaning they sometimes need to re-fill out paperwork if they made a mistake. Timeliness and consistency in of Authorization for Payment (AFP) from vocational rehabilitation counselors was mentioned as a barrier to payment and service delivery.

Relatedly, communication and information exchange between vocational rehabilitation counselors and contractors was discussed as a challenge. Reportedly, there is no process in place to communicate regulatory, policy, or process changes from Oregon Vocational Rehabilitation to contractors. Contractors discussed inconsistencies in terms of communicating participant history, including criminal records and general support needs, impacting an individual's employability. Some offices have instituted monthly meetings between vocational rehabilitation counselors and contractors to address communication needs. Stakeholders suggest analyzing reporting/paperwork and communication processes for increased consistency and efficiencies.

## 6.5 Employers

Oregon Vocational Rehabilitation is aware of the need for robust employer engagement for program success. Employer relationship development and maintenance is the responsibility of vocational rehabilitation staff and contracted job developers and job coaches. Capacity for both staff and contractors impact Oregon Vocational Rehabilitation's ability to engage businesses. A third of vocational rehabilitation staff survey respondents said relationships with local employers needed to be strengthened.

### 6.5.1 Employment Opportunities

---

Oregon's economy is growing, with private businesses adding jobs faster than government. In 2016, the state's private sector grew at a 3.3 percent annual rate, adding 45,800 jobs. Government job growth in the same year was at a 2.0 percent per year rate, adding 6,100 federal, state, and local Oregon government positions. This compares with an annual population growth rate of 1.7 percent. Construction was the fastest growing industry between 2013 and 2016 (+16,400 jobs/ 6.9 percent annual growth rate), followed by management of companies (7,200, 6.0 percent), professional and technical services (11,700, 4.6 percent), leisure and hospitality (22,400, 4.1 percent), administrative and waste services (10,100, 3.6 percent), and health care and social assistance (22,300, 3.4 percent).<sup>34</sup>

The state has a low overall unemployment rate of 3.8 percent.<sup>35</sup> Job expansion and a low unemployment rate have resulted in more job vacancies. In 2016, Oregon businesses reported 50,800 job vacancies with 64 percent or 32,700 difficult to fill. Job vacancies included varied skill, experience, and education requirements. Health care and social assistance had the largest number of vacancies. Other hard to fill jobs were in construction, personal care, nursing, food, transportation, and plumbing industries.<sup>36</sup> Despite labor market growth, people with disabilities experience much higher rates of unemployment. The Bureau of Labor Statistics indicates an unemployment rate of 10.5 percent for people with disabilities in the United States in 2016.<sup>37</sup>

---

<sup>34</sup> Nick Beleiciks, "Oregon Businesses Adding Jobs Faster than Government," March 20, 2017.

<sup>35</sup> State of Oregon Employment Department, Oregon Economic Indicators, July 2017 seasonally adjusted unemployment rate, [www.qualityinfo.org](http://www.qualityinfo.org).

<sup>36</sup> Gail Kiles Krumenauer, State of Oregon Employment Department, "A Lack of Applicants in a Growing Economy," May 2017.

<sup>37</sup> Unemployed persons is defined by BLS as those who did not have a job, were available for work, and were actively looking for a job in the 4 weeks preceding the survey. "Actively looking" includes interviewing, calling contacts, etc. in contrast to "passive looking," such as looking at want ads. ([www.bls.gov](http://www.bls.gov))

## 6.5.2 Employer Perception of Barriers for People with Disabilities

---

A review of national research on employer perceptions related to hiring, retaining, and advancing workers with disabilities points to commonly defined obstacles.<sup>38 39</sup>

40

- **Cost.** Employers worry about the cost of accommodations, health care premiums, worker's compensation, extra supervisory time, and time for additional bureaucratic/paper-work.
- **Awareness.** Employers commonly were unsure how to accommodate a person with a disability in the workplace, and many had limited experience interacting with people with disabilities in life.
- **Legal Liability.** Employers felt that hiring a worker with a disability put them at higher risk of a lawsuit or formal discrimination complaint if the worker was disciplined or fired for under-performance.
- **Job Performance.** Employers were uncertain whether workers with disabilities could perform to the same standards as workers without disabilities. Some felt that workers with disabilities would be absent more often because of illness, struggle to perform essential job functions, and be less adaptable to fulfilling multiple roles.

Employer survey respondents noted additional challenges associated with recruiting and hiring people with disabilities, including:

- **Qualified applicants.** Difficulties finding applicants with disabilities who have adequate education, skills, and experience.

---

<sup>38</sup> H. Stephen Kaye, Lita H. Jans, Erica C. Jones. "Why Don't Employers Hire and Retain Workers with Disabilities," *Journal of Occupational Rehabilitation*, 2011.

<sup>39</sup> Source: Cornell University Employment and Disability Institute, "Research Brief: Employer Practices and Policies Regarding the Employment of Persons with Disabilities," 2012.

<sup>40</sup> Robert Fraser, Icek Ajzen, Kurt Johnson, James Hebert, and Fong Chan, "Understanding Employers' Hiring Intention in Relation to Qualified Workers with Disabilities, 2011," *Journal of Vocational Rehabilitation* 35 (2011) 1-11, 2011.



- **Employer creativity/flexibility.** Hard to change the mindset of hiring managers to rethink job opportunities for people with disabilities.
- **Accommodations.** Difficulties providing adequate/appropriate accommodations for employees with disabilities.
- **Training.** More extensive training needed for employees with disabilities.
- **Employee peer attitudes.** Ensuring that other employees are inclusive/accepting of employees with disabilities.
- **Communication.** Problems with or lack of communication between employers and employees with disabilities.

Assessment stakeholders commonly cited employer concerns over liability as a barrier to hiring people with disabilities. Interviewees and focus group attendees discussed employer worries about investigations and lawsuits if employees with disabilities are given feedback, or if the individuals perceive disparate treatment or abuse.

*“People with IDD are a protected class. This sends up red flags with employers.”*

Stakeholders also discussed frustration with the slow pace of the vocational rehabilitation system. Oregon Vocational Rehabilitation capacity issues and associated work backlogs make it challenging for counselors to have plans in place quickly. Stakeholders expressed how slow vocational rehabilitation response times negatively impacted relationships with employers and participants.

The figure below represents employer survey respondent perceptions on the usefulness of specific vocational rehabilitation services. The figure is ordered by the percentage viewing a service as somewhat or very helpful, high to low. There was not a large range of perspectives, from 54 percent as a high for employee recruitment to a low of 38 percent for legal, labor, and compliance consultation. Many employers were not aware of specific Oregon Vocational Rehabilitation services.

**Figure 21: Employer Perception of Oregon Vocational Rehabilitation Service Usefulness**

Vocational Rehabilitation Service	Somewhat or Very Useful	Not at all or Slightly Useful	Don't Know	n
Recruiting and referring qualified applicants to my business	54%	21%	25%	68
Consulting about how to implement business strategies that support the inclusion of people with disabilities as customers and employees	51%	18%	31%	68
Training staff how to successfully work with co-workers with disabilities	50%	21%	29%	68
Training staff to accommodate persons with disabilities to perform work at my business	50%	24%	26%	68
Developing retention programs to support employees who develop or acquire a disability	49%	21%	31%	68
Securing assistance needed by my employees with disabilities	47%	22%	31%	68
Consulting with my business about workplace accommodations and assistive technology	46%	22%	32%	68
Connecting my business with potential employees through internships, mentoring opportunities and training customized to my business needs	45%	25%	30%	67
Training staff how to use assistive technology in the workplace to help employees with disabilities	44%	25%	31%	68
Training staff about the Americans with Disabilities Act and related employment law	39%	28%	33%	67

Vocational Rehabilitation Service	Somewhat or Very Useful	Not at all or Slightly Useful	Don't Know	n
Consulting with my business about labor relations, legal, and compliance issues	38%	22%	40%	68

*Source: Oregon Vocational Rehabilitation CSNA Employer Survey, 2017*

Other types of assistance employer survey respondents noted that would be helpful to support the employment of a person with a disability include:

- **Information/awareness.** More awareness or education for employers about vocational rehabilitation services, so they can be better leveraged to support the hire and retention of individuals with disabilities.
- **Staff connection/communication.** Regular, ongoing communication with Oregon Vocational Rehabilitation staff and vocational rehabilitation representatives available locally.
- **Access.** Shorter wait times and easier access.
- **Transportation.** Increased transportation support for participants.

Many surveyed employers indicated that they did not take advantage of tax credits to hire people with disabilities because they were nonprofits, government agencies, or a strictly volunteer organization. Some were not aware that tax credits were available to them and others struggled with paperwork and were denied the credit.

### 6.5.3 Employer Awareness, Outreach, and Education

Stakeholders commonly suggested addressing perceived barriers to employing people with disabilities through increased employer relationships/communication. Stakeholders spoke more of the need to increase relationships with employers, rather than increasing overall awareness of Oregon Vocational Rehabilitation's existence. Ninety (90) percent of surveyed employers had some level of awareness of Oregon Vocational Rehabilitation and the types of assistance it can provide employers to address disability-related issues. Note that most employer respondents to the needs assessment survey had placed participants or worked with vocational rehabilitation in some capacity; they may be more aware of

vocational rehabilitation services than typical employers, as such, results may overestimate employer awareness of vocational rehabilitation services.

Increased employer interactions could help dispel myths around the resources needed to support people with disabilities, build the case for the bottom line value of workers with disabilities, and decrease fear and stigma of hiring individuals with disabilities. Additionally, increased employer interaction expands employer knowledge of specific Oregon Vocational Rehabilitation resources to support employers and employees with disabilities. These efforts could also help promote the idea of hiring people with disabilities as just another aspect of diversity. As one staff person explained:

*“It really is just this, and some employers are starting to come around to this line of thinking. It doesn’t have to be a separate function—should be considered like any other diversity initiative.”*

Staff, partners, and participants suggested that increased presentations to regional employers and peer to peer presentations by employers who have hired people with disabilities and by the employees with disabilities themselves could help normalize hiring people with disabilities. Participants also recommended creating a safe space for employers or the public to ask questions as an opportunity to increase conversations and lead to more awareness and acceptance. Stakeholders also suggested adapting key attributes of the Progressive Employment Model being implemented by the Oregon Commission for the Blind to create stronger employer relationships and provide more workplace experience options for participants.

Stakeholders additionally discussed how Oregon government agencies could better serve as model employers. Government is one of the largest employers in the state. Several community partners and Oregon Vocational Rehabilitation staff recommended more proactive attempts by government to increase employment of people with disabilities within the system, as well as development of a policy task force or business advisory board to help develop infrastructure around employer outreach and engagement.

### 6.5.4 Oregon Vocational Rehabilitation-Employer Relationship Successes

---

Employers that work with Oregon Vocational Rehabilitation generally felt positive about their experiences. Almost 90 percent of surveyed employers said they had a satisfactory or very satisfactory experience. Employer survey respondents were asked whether they actively recruited or employed people with disabilities in the last year. In general, businesses were more likely to hire than to recruit people with disabilities (76 percent of respondents employed a person with a disability in the last year; 40 percent actively recruited). When analyzed by size, large businesses were the most likely to actively recruit people with disabilities. Half or greater of all business sizes represented by survey respondents had employed a person with a disability in the last year, with the largest percentages represented by businesses with 51 to 250 employees (94 percent) and businesses larger than 1,000 employees (88 percent). Percentages are calculated based on the number of businesses in each size category.

**Figure 22: Businesses that Actively Recruited and Employed People with Disabilities in the Last Year**

Number of Employees	Actively Recruited	Employed	n
1 to 15	13%	69%	16
16 to 50	47%	71%	17
51 to 250	50%	94%	18
251 to 999	25%	50%	8
Over 1,000	75%	88%	8

*Source: Oregon Vocational Rehabilitation CSNA Employer Survey, 2017*

Health care, food service, government or public administration, community and social services, and education and training were most the common types of businesses that employed a person with a disability in the last year. Many of the “other” business types include those noted elsewhere in the list, including handyman, janitorial, afterschool youth program, arts and entertainment, center for independent living, job skills training, library, arts and entertainment, retail, residential care, and others.

**Figure 23: Types of Businesses that Employed a Person with a Disability in the Last Year**

Type of Business	Percent of business types that employed a person with disabilities (n=51)
Other	31%
Health care	16%
Food service	12%
Government or public administration	10%
Community or social services	8%
Education and training	8%
Business and financial	4%
Manufacturing or production	2%
Building and grounds cleaning/maintenance	2%
Personal care and services	2%
Sales	2%
Technology	2%
Transportation of material moving	2%

*Source: Oregon Vocational Rehabilitation CSNA Employer Survey, 2017*

Employers noted the following successes in recruiting and hiring people with disabilities:

- **Valuable employees.** Employees with disabilities have proven to be successful at their jobs/valuable employees with adequate accommodations and training.
- **Low turnover.** Employees with disabilities have lower turnover/are a loyal workforce.
- **Vocational rehabilitation counselor.** Vocational rehabilitation counselors work effectively with employers and employees to navigate challenges that arise.

## 6.6 Community Partnerships

Oregon Vocational Rehabilitation works with a broad range of community partners. Specific partners often vary by community and by individual jobseekers' needs or circumstances. Many of these partners are associated with different funding streams and policy-making authorities and use discrete information technology solutions, which contribute to collaboration challenges. However, Employment First and Workforce Innovation and Opportunity Act-related initiatives are working to increase effective collaboration across service and support systems.

Typical vocational rehabilitation partnerships include workforce, health, education, and family support providers. Employers, courts/probation and parole, and transportation are additional partners. Oregon Vocational Rehabilitation works to have cooperative relationships with partners to streamline referral and service delivery and maximize participant success.

### 6.6.1 Partnership Overview

---

Participant survey respondents were asked to indicate which vocational rehabilitation partners they receive services from. Almost half did not work with listed community partners. The most commonly identified partner was WorkSource Oregon, following by community mental health programs, Developmental Disability Services, and Aging and People with Disabilities services.

**Figure 24: Partners from which Participants Received Services**

	Services Received (n=857)
None of the above	48%
WorkSource Oregon	17%
Community mental health programs	12%
Developmental Disabilities Services	11%
Aging and People with Disabilities	11%
Don't know	10%
Self-Sufficiency	8%
Education Department	4%
Parole and Probation Department	1%
Child welfare	1%
Community drug and alcohol programs	1%

*Source: Oregon Vocational Rehabilitation CSNA Participant Survey, 2017*

Surveyed vocational rehabilitation staff were asked to select up to three community partners with whom Oregon Vocational Rehabilitation has the strongest relationships as well as three whose relationship needs improvement. The figure below shows responses ordered by perception of partnership strength, highest to lowest. The three partnerships seen as strongest are 1) vocational rehabilitation contracted vendors; 2) developmental disabilities services; and 3) community mental health programs. Staff noted a wide array of partnerships needing improvement, with local businesses and employers, self-sufficiency, employment department, and parole and probation department topping the list.



**Figure 25: Oregon Vocational Rehabilitation Staff Perception of Partners Having Strong Relationships with Oregon Vocational Rehabilitation and Partnerships Needing Improvement**

	Strong Relationship (n=79)	Needs Improvement (n=78)
Oregon Vocational Rehabilitation contracted vendors	66%	9%
Developmental Disabilities Services	66%	18%
Community mental health programs	47%	21%
Education department	25%	9%
Employment department	25%	31%
Self-sufficiency	13%	33%
Local private community providers	8%	4%
Disability advocacy organizations	8%	8%
Native tribes	5%	10%
Aging and People with Disabilities	4%	21%
Local businesses and employers	4%	33%
Other	4%	4%
Community drug and alcohol programs	3%	21%
Parole and probation department	1%	28%
Don't know	1%	6%
Child welfare	0%	23%

*Source: Oregon Vocational Rehabilitation CSNA Staff Survey, 2017*

### **6.6.2 Partner Outreach and Awareness**

Community partners observed an increasing emphasis by Oregon Vocational Rehabilitation on working as part of a broader team, including individuals with disabilities, families, schools, employers, and other service providers. Stakeholders particularly noted increasing teamwork and associated positive outcomes around youth transition, Employment First, and Workforce Innovation and Opportunity Act initiatives.

Nearly three-quarters (74 percent) of vocational rehabilitation community partners are satisfied or very satisfied working with vocational rehabilitation in their region. Surveyed vocational rehabilitation staff (69 percent) and community partners (63 percent) generally agree that Oregon Vocational Rehabilitation collaborates successfully with community partners. When asked about vocational rehabilitation providers' collective ability to meet the vocational rehabilitation needs of people with disabilities in their region, both staff and community partners had a slightly more negative perception than they did of their partnership success, with 57 percent of staff and 53 percent of community partners agreeing or strongly agreeing.

Staff and partner survey respondents were also asked why the vocational needs of people with disabilities were unmet by service providers. Responses in the figure below are ordered by vocational rehabilitation staff perception of barriers, highest to lowest. The most common responses by staff were a deficit of providers, lacking provider skillsets for specific disabilities, too few provider staff, and a burdensome vocational rehabilitation contracting process. Community partners agreed with these as the top four reasons, but thought not enough providers available in the area and lacking skillsets less important than did vocational rehabilitation staff.

**Figure 26: Staff and Community Partner Perception of Primary Reasons Vocational Rehabilitation Service Providers Are Unable to Meet Needs of People with Disabilities**

	Community Partners (n=99)	VR Staff (n=79)
Not enough providers available in area	38%	65%
Providers lack staff with skillsets to work with specific disabilities	29%	57%
Providers lack adequate staff to meet needs	39%	43%
The Oregon Vocational Rehabilitation contracting process is burdensome to vendors	37%	42%
The Oregon Commission for the Blind contracting process is burdensome to vendors	4%	0%
Low quality of provider services	13%	28%
Other	23%	10%
Don't know	14%	6%
N/A - Providers are meeting the needs of people with disabilities	8%	5%

*Source: Oregon Vocational Rehabilitation CSNA Staff and Community Partner Surveys, 2017*

Addressing confounding service needs requires strong relationships with referral organizations, and clear communication between vocational rehabilitation counselors and clients regarding the appropriate resource to address different needs. Nearly 70 percent of staff and 90 percent of partners felt that some or most/all individuals needed referrals to community partners. Sixty (60) percent of individuals identified this need. Half of vocational rehabilitation staff felt that this service was received by some or most/all of the individuals who need it, compared to nearly 80 percent of program partners. Just over half (52 percent) of participants who reported this need indicated receipt.

Increasing connections with community partners and supporting the ability of partners to serve people with disabilities may create more capacity in the broader service system. These partner agencies may assist people with disabilities to receive services addressing stability and self-sufficiency needs outside of, in

addition to, Oregon Vocational Rehabilitation. Issues around information sharing and accessibility would need to be addressed to make these partnerships effective.

### 6.6.3 Mental Health

---

Partnerships with mental health providers are important because 32 percent of vocational rehabilitation participants have mental health conditions.<sup>41</sup> Oregon Vocational Rehabilitation partners with mental health programs through two primary mechanisms – Individual Placement and Support (IPS) and Ticket to Work. Vocational rehabilitation collaborates with Addictions and Mental Health programs who provide individual placement and support services through 33 programs, as well as with the Oregon Supported Employment Center for Excellence that oversees the fidelity of individual placement and support programs. Ticket to Work is another avenue through which individuals with mental health conditions can access supported employment services through community mental health programs. Interviewees and focus group participants spoke highly of the individual placement and support model and its ability to support recovery through work, as well as the extended supported employment and case management services available to participants after exiting vocational rehabilitation.

*“Mental health collaborative with IPS is a great model, and has improved over time.”*

Stakeholders felt vocational rehabilitation-mental health collaborations have improved as a result of individual placement and support, although mental health counselor turnover and general capacity issues were noted as participant access barriers. Stakeholders did not discuss Ticket to Work, but generally perceived vocational rehabilitation-mental health partnerships positively. At the same time, vocational rehabilitation staff felt the partnership required continued and additional strengthening work.

---

<sup>41</sup> Oregon State Rehabilitation Council, 2016 caseload data. This 32 percent is comprised of 20 percent (3,323) with psychosocial impairments and 12 percent (1,953) with other mental impairments.

#### 6.6.4 Intellectual and Developmental Disabilities

---

The partnership with intellectual and developmental disabilities (IDD) providers was identified as a key relationship through survey responses, interviews, and focus groups. Individuals with IDD are generally eligible to receive supported or extended employment services, which means an extended payer source (primarily Medicaid/Oregon Health Authority) is available to pay for employment supports, such as job coaching or case management, after vocational rehabilitation services end.

Individuals with IDD make up 23 percent of the vocational rehabilitation caseload.<sup>42</sup> This percentage has increased from 12 percent in federal fiscal years 2012 and 2013 as a result of sheltered workshop closures and Employment First initiatives targeting youth in transition and adults. Oregon Vocational Rehabilitation works cooperatively with the Office for Developmental Disabilities (ODDS), local IDD brokerages, county IDD service providers, and the broader IDD service delivery system to support individuals with IDD. Oregon Vocational Rehabilitation, ODDS, and IDD providers share information, leverage and braid funding, and work as a team to support jobseekers with IDD, trying to ensure continuity of employment services before, after, and with Oregon Vocational Rehabilitation. Vocational rehabilitation hired IDD specialists to support improved service delivery and system coordination. Additionally, Employment First meetings occur regionally and at the state level to support alignment and collaboration.

Stakeholders lauded collaboration improvements that have helped individuals with IDD more seamlessly transition between employment pathway or discovery services to vocational rehabilitation and ongoing supported employment services, preferably with the same vendor. Individuals state that having an IDD counselor in each branch has helped increase successful closure rates for this population. Vocational rehabilitation staff feel like employers are more likely to engage with vocational rehabilitation knowing that individuals with IDD are connected to long term funding and support.

---

<sup>42</sup> Oregon State Rehabilitation Council, 2016 Annual Report, <http://www.oregon.gov/DHS/EMPLOYMENT/VR/SRC/Documents/2016%20Oregon%20State%20Rehabilitation%20Council%20Annual%20Report.pdf>.

Focus group participants and interviewees discussed ongoing challenges with IDD partners, despite the widely recognized collaboration improvements. Challenges include:

- **Sheltered workshop closure and employment pathway.** Stakeholders discussed the varied level of employment readiness of people with IDD transitioning out of workshops. The concept of readiness in many ways runs counter to the philosophy behind Employment First. Stakeholders felt that some individuals struggle to be successful in jobs if they have not had consistent, structured experiences to prepare them for expectations and norms in the workplace. Employment path services are intended to evaluate a participant's skills and desires and provide skill training before job placement. Stakeholders reinforced the value that everyone should have the opportunity to participate in society through work, social, and civic outlets. Many wanted to see people with IDD have more opportunities on their career path before job placement to support better outcomes for employees and employers. Stakeholders cited room for improvement in the current system.

*“There is a transition between workshop and work; it’s a developmental stage. We have a tendency to believe people go from workshop to dream job – that’s not how it works.”*

- **Discovery requirements.** Community partners felt that Oregon Vocational Rehabilitation generally pushes for everyone to have a completed discovery. Some offices have reportedly said that a discovery is mandatory in advance of a vocational rehabilitation application. This was perceived as counter to a person-centered approach, which, in some instances, may make discovery unnecessary or unhelpful. Some stakeholders felt that the discovery process was generally ineffective in preparing participants for vocational rehabilitation services. Others complained that timing was not optimal with discovery happening too soon or vocational rehabilitation services being too delayed, causing individuals with IDD to lose motivation to pursue employment. Conversely, discovery can

happen too late and an individual may find a job before the vocational rehabilitation employment plan is in place.

- **Roles and responsibilities.** In some regions, roles and responsibilities of vocational rehabilitation and IDD service system providers are unclear to staff members, causing conflict. Insufficient job developer capacity contributes to frustrations, in addition to ADL exclusions in job developer and coach contracts. Unclear roles and responsibilities, along with high vocational rehabilitation counselor caseloads, can create messy handoffs between vocational rehabilitation and pre-/post-employment supports.
- **Brokerage and county providers.** Brokerages are nonprofit entities providing IDD services throughout the lifespan. Counties provide the same services as brokerages to participants, but as a government agency. Oregon Vocational Rehabilitation maintains relationships with both entities, although interviews and focus groups suggest that relationships with county providers are often stronger than with brokerages.
- **Contract differences.** Oregon Vocational Rehabilitation and ODDS have different contract requirements for job coaches and other contracted vendors. These differences sometimes result in vendors working with one system and not the other, breaking continuity in service provision for participants. Changing job coaches or other contracted vendors is difficult for participants and inefficient for the contractor. Program staff and partners suggested analyzing options to align or combine contracting processes and support continuity of service delivery for participants.

### 6.6.5 Aging and People with Disabilities

---

Participant survey respondents were as likely to receive services from Oregon Department of Human Services Aging and People with Disabilities Program as they were IDD services. Aging and People with Disabilities programs provide a wide range of home and community based services to seniors and adults with disabilities, including home care and personal support workers to sustain instrumental activities of daily living, behavior support, adult foster homes, and others.

Interviewees and focus group participants did not discuss Aging and People with Disabilities providers at length. Some talked about the importance of relationships between Centers for Independent Living and vocational rehabilitation, particularly in terms of referrals and community inclusion efforts. A few interviewees discussed high turnover in Centers for Independent Living staff and others felt there was a need to improve these relationships. Centers for Independent Living said how there is little or no follow up after a referral has been made to support their role in providing ongoing support for individuals.

### **6.6.6 Education**

---

The Oregon Department of Education is another central partner in Employment First partnerships. The Workforce Innovation and Opportunity Act is also creating changes in transition service delivery for students with disabilities through pre-employment transition services. A subsequent section discusses the youth transition service system in depth.

Oregon Vocational Rehabilitation works closely with Oregon's community colleges on transition and service coordination issues. Additionally, community colleges help to train vocational rehabilitation service providers (job developers and coaches). Vocational rehabilitation is also working with community colleges as a part of the Workforce Innovation and Opportunity Act to increase opportunities for people with disabilities to gain skills and credentials. Participant focus group attendees discussed taking classes and participating in clubs and business development centers at local community colleges, and how well their vocational rehabilitation counselors worked with the colleges to support their participation.

### **6.6.7 Workforce/WorkSource**

---

The Workforce Innovation and Opportunity Act has required additional collaboration with the broader Oregon workforce system. Local leadership teams, including vocational rehabilitation, are working on how to connect more people to workforce services throughout the health and human services infrastructure. Vocational rehabilitation is getting additional referrals as a result of Workforce Innovation and Opportunity Act collaboration.



WorkSource Oregon is discussed in an upcoming section in more detail.

### **6.6.8 Self-Sufficiency**

---

Oregon's Self-Sufficiency Offices connect individuals to food benefits (Supplemental Nutritional Assistance Program), Temporary Assistance for Needy Families (TANF) cash benefits, child care assistance, and refugee services. People with disabilities can also access food and nutrition services through their local Seniors and People with Disabilities Program, which is often an Aging and People with Disabilities program.

Almost ten percent of participant survey respondents said they work with Self-Sufficiency programs, and a third of staff surveyed felt this partnership needed to be strengthened. Program stakeholders noted the importance of partnerships that can address participants' basic underlying needs, such as food and shelter. Interviewees and focus group participants did not discuss Self-Sufficiency partnerships at length, with one counselor referring to participants not needing to bring paperwork with them if they have a file with Self-Sufficiency, suggesting some level of data sharing.

### **6.6.9 Employers**

---

Employer relationship development and maintenance is the responsibility of vocational rehabilitation staff and contracted job developers and job coaches. Capacity for both staff and contractors impacts vocational rehabilitation's ability to engage businesses. One-third of vocational rehabilitation staff survey respondents cited the need to improve relationships with local employers/businesses. Staff survey respondents also said they would like to dedicate additional time and energy toward enhancing employer relationships and job development. The prior section discusses employers in more detail.

### **6.6.10 Other Partnerships**

---

Additional partnerships discussed by stakeholders include:

**Oregon Commission for the Blind**, which shares job developers with vocational rehabilitation in eastern Oregon and collaborates on some participant cases.

**Tribal vocational rehabilitation programs**, which are grant funded and serve federally recognized Native Americans. Participants can work with state or one of the five specialized tribal Vocational Rehabilitation programs.

**Benefits Counselors**, provide benefits planning to participants so they understand the rules about Social Security benefits and employment.

**Transportation providers**, including public and private options and are leveraged by participants as a vital supportive service.

**Access Technologies, Inc.**, provides assistive technology assessments, risk assessments, and assistive technology trainings for vocational rehabilitation participants.

**Immigrant and Refugee Community Organization**, is an organization through which vocational rehabilitation conducts outreach to refugees and immigrants.

**Hospitals**, provide physical capacity evaluations and other medical information to vocational rehabilitation.

## 6.7 Statewide Workforce System

The Oregon Employment Department supports jobseekers statewide through WorkSource Oregon. WorkSource Oregon is Oregon Vocational Rehabilitation's primary workforce system partner serving people with disabilities.

### 6.7.1 Oregon Vocational Rehabilitation and WorkSource Collaboration

Program staff and partners discussed efforts to increase collaboration between Oregon Vocational Rehabilitation and the Employment Department to better support participants with disabilities and increase efficiency in service delivery. The Workforce Investment and Opportunity Act is one force behind the increase in collaborative efforts. The relationship is moving away from siloed systems that refer to one another without communication or other collaboration, to one where both agencies collectively serve participants. Stakeholders discussed

confidentiality concerns as a barrier to Oregon Vocational Rehabilitation /Employment communication on individual participant cases.

More than two-thirds of vocational rehabilitation participant survey respondents (603 or 69 percent; n=872) were familiar with WorkSource Oregon, and 458 (77 percent; n=597) have used their services. Seventy-two (72) percent of vocational rehabilitation staff survey respondents refer participants to WorkSource sometimes or always.

The figure below outlines specific WorkSource services, and how often vocational rehabilitation staff survey respondents refer participants to these services, as well as staff perception of which services are the most and least helpful. Additional WorkSource services discussed for referral included iMatchSkills, job club, on the job training, training with Rescare Academy, trainoregon.org, targeted job leads, and unemployment insurance. Job preparation workshops or services and job search or referral activities are the most commonly referred to and seen as the most helpful. Labor market information and research received mixed reviews of usefulness, and other services were rated more poorly.

**Figure 27: WorkSource Oregon Services, Referred to, Most Helpful, and Least Helpful**

WorkSource Oregon Service	Referred (n=68)	Most Helpful (n=68)	Least Helpful (n=55)
Job preparation workshops or services	75%	71%	13%
Job search or referral activities	72%	62%	15%
Labor market information or research	50%	37%	29%
National Career Readiness Certificate (NCRC) testing	41%	18%	26%
WIOA (Workforce Investment Opportunity Act) training funds	40%	25%	22%
Other	13%	4%	10%

Source: Oregon Vocational Rehabilitation CSNA Staff Survey, 2017

Participant survey respondents had mixed reviews of WorkSource Oregon. Half who have used WorkSource (226) found their services somewhat helpful. Almost a

quarter (103, or 23 percent) found them not at all helpful, and just over a quarter (127 or 28 percent) found them very helpful.

### **6.7.2 WorkSource Oregon Accessibility**

---

Staff survey respondents provided contradictory views of WorkSource Oregon accessibility. The majority (90 percent) of staff survey respondents felt that WorkSource services were somewhat (65 percent) or very accessible (25 percent). When asked about specific barriers, most staff (81 percent) felt WorkSource programs were not designed to meet the needs of people with disabilities. More than half (59 percent) said accommodations were not readily available to help people with disabilities access WorkSource services. Other access barriers cited included:

- Participants' desire to get all services in one place (system navigation challenges associated with the addition of another service provider)
- General lack of education and training regarding disabilities and how to support individuals with disabilities
- Staff training or ability deficits
- Lack of American Sign Language fluency
- Negative perceived attitude toward disabilities or accommodation requests
- Parking and public transportation limitations
- Limited operational hours

The figure below presents vocational rehabilitation staff perceptions of WorkSource Oregon access barriers for people with disabilities, listed in order of highest to lowest barriers.

Figure 28: WorkSource Oregon Access Barriers

Barrier	VR Staff (N=54)
Programs (programs are not designed to meet the needs of people with disabilities)	81%
Services (accommodations are not readily available to help individuals access services)	59%
Location (buildings do not have accessible parking or are not accessible by public transportation)	30%
Other	22%
Architectural access (buildings or public areas in the building are not physically accessible)	7%

Source: Oregon Vocational Rehabilitation CSNA Staff Survey, 2017

Interviewees and focus group participants agreed that programs and services are less accessible to people with disabilities because WorkSource staff members do not have training on how to work with people with disabilities. Staff members discussed complaints from participants about how WorkSource staff treated them and the lack of accommodations to access WorkSource resources. Some vocational rehabilitation staff discussed sending a job developer with participants to help navigate WorkSource resources to minimize confusion.

WorkSource stakeholders discussed their efforts to increase accessibility through providing accommodations including American Sign Language interpretation, and disability-focused vocational academy partnerships. Others mentioned vocational rehabilitation co-locating with Employment in some locations and disability navigators formerly sited at WorkSource centers to ensure warm handoffs and improve accessibility. Many talked about the usefulness of having WorkSource counselors outsourced to vocational rehabilitation offices. This former practice helped with system navigation, overall accessibility for people, and improved understanding of people with disabilities for WorkSource counselors.

## 6.8 Student-Focused Service System

Oregon Vocational Rehabilitation primarily serves working age adults (18 to 64). Almost 20 percent (18.5 percent or 3,042) of vocational rehabilitation’s 2016 participants were 21 or younger. This is primarily comprised of youth ages 18 to 21 (2,596 or 16 percent of the caseload). Less than three percent of vocational rehabilitation’s caseload is youth ages 14 to 17.

**Figure 29: Distribution of Oregonians with Disabilities by Age compared to the Oregon Vocational Rehabilitation Caseload, 2015 (Oregon) and FFY2016 (VR)**

Oregon Age Range	Oregon Count	Oregon Percent	Oregon VR Age Range	Oregon VR Count	Oregon VR Percent
5 to 17 years	37,070	6.6%	14 to 17 years	446	2.7%
18 to 34 years	67,124	12.0%	18 to 34 years	6,924	42.1%
35 to 64 years	230,812	41.2%	35 to 64 years	8,628	52.5%
65 and over	224,698	40.1%	65 and over	443	2.7%

*Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015, Table S1810; Oregon Vocational Rehabilitation, ORCA Caseload Data, FFY2016*

Oregon Vocational Rehabilitation only serves a portion of the students with disabilities in the public school system. Almost 15,000 students with disabilities ages 16 to 21 receive special education services through the Individuals with Disabilities Education Act (IDEA) in Oregon public schools. Many of these students may be potentially eligible for vocational rehabilitation services as they transition to adulthood and/or as adults.

Figure 30: IDEA Student Count by Age and Disability, Oregon, 2015-16 School Year

	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Total
Specific Learning Disability	2,518	2,373	1,112	235	66	9	6,313
Speech or Language Impairments	231	189	86	23	13	3	545
Other Health Impairments	1,092	1,026	477	176	71	16	2,858
Autism	597	616	358	202	157	31	1,961
Emotional Disturbance	478	421	193	73	41	6	1,212
Intellectual Disability	351	334	281	214	211	42	1,433
Hearing Impairments	43	48	38	11	7	1	148
Orthopedic Impairments	48	50	42	18	22	6	186
Visual Impairments	12	26	10	5	8	1	62
Traumatic Brain Injury	31	25	16	4	4	0	80
Deaf-Blindness	0	1	0	0	0	0	1
<b>Total by Age</b>	<b>5,401</b>	<b>5,109</b>	<b>2,613</b>	<b>961</b>	<b>600</b>	<b>115</b>	<b>14,799</b>

Source: Oregon Department of Education, Special Education Reports and Data (<http://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/default.aspx>)

In addition to students in special education, students receiving accommodations through 504 plans can be eligible for vocational rehabilitation services as students and as adults. Unlike with IDEA, there are not categories of disability or levels of impairment required for youth to qualify for 504 services. To be eligible, students need to have a disabling condition impacting a major life activity, and require a modification to support their participation. Because 504 plans are broader than IDEA, they should capture more students. However, since schools do not receive extra funding for 504 accommodations, they are often used less than IDEA services. Some students may receive both 504 plan and IDEA special education services to accommodate their full range of needs. If one assumes that discrete students are receiving special education and 504 plan accommodations, a total of 20,648 students with disabilities (14,799 in special education plus 5,849 with 504 plans) may be eligible for vocational rehabilitation services.

**Figure 31: Oregon Section 504 Eligible Students in Transition Enrolled in Public Education by Grade, 2016-17 School Year**

Enrolled Grade	Section 504 Eligible Students
9	1,316
10	1,384
11	1,524
12	1,625
Total	5,849

*Source: Oregon Department of Education*

Oregon Vocational Rehabilitation Services collaborates on a variety of programs to serve youth with disabilities. Program stakeholders described a range of program services intended to serve youth in transition, as well as gaps in service delivery for this population. Oregon Vocational Rehabilitation primarily serves students transitioning to adulthood through Youth Transition Programs, Pre-Employment Transition Services, and Transition Network Facilitators. These programs are analyzed in the following subsections.

### **6.8.1 Oregon Youth Transition Program**

---

Oregon's Youth Transition Program (YTP), was established in 1990 and is jointly implemented by Oregon Vocational Rehabilitation, Oregon Department of Education, the University of Oregon, and local school districts. YTP exists in 115 school districts and over 150 schools throughout Oregon. YTP's goals are to improve post-school transition outcomes for youth with disabilities as well as to increase Oregon schools' capacity to collaboratively provide transition services and supports. Schools are funded every two years through a competitive grant process and use performance-based contracts linked to key milestones in the vocational rehabilitation system – application to vocational rehabilitation, development of an individual plan for employment, and engagement in employment, training, or a combination of the two upon exiting YTP. All YTP participants who receive core services must be eligible for vocational rehabilitation services and become vocational rehabilitation participants.

YTP services are provided by a collaborative team including a transition specialist, a vocational rehabilitation counselor, special educator, administrator, youth, and



their families. Participating students receive pre-employment transition supports to address individualized transition needs generally during the last two years of high school and continuing into the early transition years after leaving high school. Core services include:

1. Individualized planning, focused on post-school goals and self-determination and help to coordinate school plans with relevant community agencies.
2. Instruction in academic, vocational, independent living, and personal social skills and help to stay in and complete high school.
3. Career development services including goal setting, career exploration, job search skills, and self-advocacy.
4. Paid employment including connections to local employers, on the job assessments, placement, and training.
5. Support services such as individualized mentoring and support or referrals for additional specific interventions.
6. Follow up support for one year after leaving the program to assist in maintaining positive outcomes in employment or postsecondary settings.

The figure below shows YTP outcomes for federal fiscal years 2013 through 2015. Despite a smaller number of overall youth served, program participants have developed a larger number of individualized employment plans. Other outcomes have remained relatively steady over the past three years.

**Figure 32: YTP Outcomes, Federal Year 2013-15**

	FY 2013	FY 2014	FY 2015
Number of Youth Served	1,244	1,430	1,185
Individualized Employment Plans Developed	498	623	804
Percent Exiting School Employed and/or Enrolled in Postsecondary School	80%	77%	80%
Percent Exiting School with Jobs	65%	63%	66%
Average Hours on Exit	28 hrs/wk	28 hrs/wk	28 hrs/wk
Average Wage on Exit	\$9.20	\$9.20	\$9.20
% with Jobs 12 Months After Completing YTP	60%	65%	64%
Average Hours 12 Months Post Exit	30 hrs/wk	29 hrs/wk	29 hrs/wk
Average Wage 12 Months Post Exit	\$10	\$10	\$10
% in Postsecondary Training or Education	19%	13%	16%
Average Hours Enrolled 12 Months Post Exit	24 hrs/wk	19 hrs/wk	27 hrs/wk

*Source: Oregon State Rehabilitation Council, 2014-16 Annual Reports*

Interviewees and focus group attendees universally lauded YTP for its work with youth and with increasing collaboration between vocational rehabilitation and schools. Stakeholders recognized schools with YTP as better preparing students for employment and vocational rehabilitation services, particularly in terms of soft skill development and work experiences, compared to schools without YTP.

Some eligible students are not served by YTP for various reasons: some schools do not have YTP programs; some students or parents choose to not participate; and some schools identify students too late in the year to participate based on vocational rehabilitation capacity to serve the students. Additionally, students who drop out of school cannot take advantage of YTP programs.

### **6.8.2 Pre-Employment Transition Services**

The Workforce Innovation and Opportunity Act requires public Vocational Rehabilitation programs to reserve at least 15 percent of federal allotments for pre-employment transition services provided to students with disabilities (youth ages 16-21 who are currently enrolled in school). The five required pre-employment transition services are:

1. Job exploration counseling.

2. Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships) that is provided in an integrated environment to the maximum extent possible.
3. Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education.
4. Workplace readiness training to develop social skills and independent living.
5. Instruction in self-advocacy, which may include peer mentoring.

Oregon Vocational Rehabilitation recently hired pre-employment transition coordinators as part of the transition network. Pre-employment transition coordinators will work closely with transition network facilitators, collaboratively creating resource guides and lesson plans for the five pre-employment transition areas. YTP programs are one of the primary mechanisms through which pre-employment transition services are provided. Any student eligible or potentially eligible for VR services may participate in pre-employment transition services without becoming a vocational rehabilitation participant.

Youth participants responding to the CSNA survey generally felt they received needed pre-employment transition services, with at least half of participants reporting a pre-ETS need also reporting service receipt. Job exploration counseling, in particular, was reported as both a high need and well-received service. The figure below contains information about youth vocational rehabilitation participant survey respondents' perceptions on pre-employment transition services needed and received. Services are ordered by need, highest to lowest.

**Figure 33: Pre-Employment Transitions Services Need and Receipt, Youth Oregon Vocational Rehabilitation Participants**

Pre-ETS Service	Need	Receive
Job exploration counseling	72%	73%
Workplace readiness training	61%	64%
Work-based learning experiences	57%	62%
Instruction in self-advocacy, including peer mentoring	52%	67%
Counseling on post-secondary education options	50%	50%

*Source: Oregon Vocational Rehabilitation CSNA Participant Survey, 2017*

Oregon Vocational Rehabilitation is making additional investments in pre-employment transition services through the following partnerships:

- **Silver Falls Came LEAD (Leadership Empowerment Advocacy Development).** Students with disabilities participate in leadership academies, focused on job exploration, work-based learning experiences, postsecondary education counseling, workplace readiness training, and self-advocacy instruction.
- **AntFarm.** Oregon Vocational Rehabilitation partners with AntFarm to provide work experiences in gardening and farming.
- **Worksystems, Inc.** Students receive work experiences in Washington and Multnomah counties with public and private employers.
- **Motivational Enhancement Group Intervention interviewing.** Students gain self-advocacy skills through a collaborative, goal-oriented style of communication.
- **Benefits planning.** YTP students are referred by schools to Oregon Vocational Rehabilitation's Work Incentives Network to help make informed financial decisions about benefits and employment.
- **Project Access.** Five Lane County high schools, Oregon Vocational Rehabilitation, and the University of Oregon have been working on Project Access to see if students benefit from transition activities starting earlier in school.

### **6.8.3 Transition Network Facilitators**

---

Oregon Vocational Rehabilitation and the Oregon Department of Education operate a cooperative agreement to blend funding for nine regional transition network facilitators as a part of the settlement of the Lane v. Brown lawsuit and the resulting Governor's Executive Order (No. 15-01) to improve Oregon's systems providing employment services for students with disabilities. Transition network facilitators collaborate with vocational rehabilitation and schools as well as local businesses/employers and others to implement Workforce Innovation and Opportunity Act and Employment First goals of improving transition outcomes for youth. Transition network facilitators are working to create an equitable, sustainable, simplified system, aligned across agencies that reduces redundancies.

Interviewees spoke of their role as helping to support students, teachers, families and districts by providing support and information about life after school for people with disabilities. Facilitators connect students to IDD, Oregon Vocational Rehabilitation, Social Security, and other services that can help to create a seamless transition from school to adulthood. Facilitators work more at a systems level than on an individual level. However, facilitators spoke about doing more with schools that do not have Youth Transition Program grants or specialists.

Five percent (26 of 396) of vocational rehabilitation participant survey respondents have worked with a Transition Network Facilitator. This small percentage makes sense because this is a relatively new role in Oregon, and one that works more with programs than with individual students.

#### **6.8.4 Other Transition Programs**

---

**Deaf and Hard of Hearing Youth Transition.** PepNet networking meets monthly with representatives from Oregon Vocational Rehabilitation, Education, Western Oregon University, parents, and regional ESD programs and service providers to facilitate responses to the transition needs of deaf and hard of hearing youth statewide. Teachers can attend transition training and networking events to learn how to create their own local model.

**Early Assessment and Support Alliance.** Oregon Vocational Rehabilitation collaborates with the Early Assessment and Support Alliance, a statewide effort to provide systematic early psychosis interventions at mental health centers to assist young people with psychiatric disabilities in obtaining or maintaining employment. Oregon Vocational Rehabilitation worked with Addictions and Mental Health and Portland State University to create a center of excellence providing ongoing technical assistance to statewide Early Assessment and Support Alliance programs. Vocational rehabilitation funded four county pilot sites to identify a best practices model to engage youth experiencing a first psychotic episode in accessing vocational rehabilitation and local workforce programs.

**Seamless Transition Project.** A few organizations are piloting a seamless transition project targeting youth. Similar to Project SEARCH from Cincinnati Community Health, it is a series of rotating internships provided by host businesses to prepare youth with disabilities for employment.

**Summer Assessment Academy.** This eight-week summer program for students in transition helps them to identify jobs in the community they are interested in and get paid work experience. Students also participate in a job club and work with an individual counselor.

### 6.8.5 Underserved and Unserved Youth with Disabilities

---

Despite the many strengths of Oregon's youth transition work, some youth are underserved or fall through the cracks. A quarter (25 percent, or 18) of vocational rehabilitation staff and a third (33 percent, or 31) of vocational rehabilitation community partners felt that people between the ages of 16 to 21 are underserved by vocational rehabilitation services. Interviewees discussed varying reasons for this. As mentioned previously, some students don't choose to participate in transition services while in school, do not have a YTP program available to them, or do not have a disability focused on by their school's transition services. If those students take a break between school and connecting to vocational rehabilitation services, they have often lost and need to be re-taught the structures, routines and soft skills obtained through school attendance. Sometimes the gap between graduation and vocational rehabilitation participation is not a student's choice, but rather the result of high vocational rehabilitation caseloads causing backlogs. Stakeholders suggest increased collaboration with programs serving out of school youth to improve outcomes for this population.

Additionally, some staff expressed a desire to be involved with students earlier in their school careers, and to have more communication including increased involvement at individualized education program (IEP) meetings.

Interviewees and focus group participants discussed limited connection between contracted job developers and students in transition seeking employment. Some stakeholders discussed this as an educator's or a youth transition program counselor's responsibility. Participating contractors were looking for guidance in how to formally provide services to this population.

## 7. RECOMMENDATIONS FOR STRATEGIC CHANGES TO VOCATIONAL REHABILITATION SERVICE PROVISION

This vocational rehabilitation comprehensive statewide needs assessment incorporated a broad focus and a large amount of data. Analysis of stakeholder input on barriers and service needs, as well as service system infrastructure issues, resulted in recommendations for strategic changes to vocational rehabilitation service provision. Solicited feedback fell within three broad categories:

4. **Support holistic success.** Oregon Vocational Rehabilitation works in concert with varied other services and supports to promote stability and self-sufficiency. Leveraging community partners, integrating natural supports, and expanding best practices can facilitate holistic participant success.
5. **Increase rehabilitation focus throughout the system.** Addressing capacity constraints could better support vocational rehabilitation staff and contractors in meeting participant rehabilitation needs through a responsive service system.
6. **Improve collaboration in service delivery.** Improved vocational rehabilitation consistency through clearly defined roles and responsibilities (regulations, policies, and processes), combined with training and support, could promote improved collaboration with participants, contractors, employers, and partners.

### 7.1 Support Holistic Success

Vocational rehabilitation services and supports are one component of a larger system or set of systems helping individuals and families to achieve stability and self-sufficiency. The broader goal of these collective efforts is that people live meaningful, enriched lives with a sense of purpose. Health, human services, family support, educational, and related systems individually and collaboratively work to ensure people are meaningfully integrated into their communities. Work is a vital component of people's sense of purpose and belonging. Related components help to ensure individual stability to allow people to obtain, maintain, and advance in employment. The broader lens of stability, employability, and financial security includes basic needs, healthcare, education, and social supports, among other factors.

While Oregon Vocational Rehabilitation does not have responsibility for many of these focal areas, they impact participant outcomes. Participants, staff, and partners discussed the importance of working with people holistically in terms of addressing confounding barriers and increased provision of supported employment to help participants succeed. Specific recommendations for Oregon Vocational Rehabilitation based on stakeholder feedback include:

**Develop shared goals for participants across service systems.** Work collaboratively with other health, human services, family support, educational, and workforce stakeholders to continue to make progress on defining, implementing, and learning from shared goals for individual, family, and community strength and success. Vocational rehabilitation data may be used by another agency with a broader care coordination purview for individual participants, such as the Office of Developmental Disability Services (ODDS), as well as aggregated at the system or state level. Related to this are constraints of information exchange, further complicated by disparate information technology, which would need to be addressed to support shared planning/goals.

**Continue to participate in broader conversations about aligning and transitioning between educational or youth and adult systems.** Youth and adult systems do not align well in terms of terminology, philosophy (strengths versus deficits based), providers, and services. These differences contribute to youth and families falling into service provision gaps. Vocational rehabilitation has an important place at the table to continue to address these challenges since it works with youth and adults.

**Analyze how to better leverage strengths of community partnerships.** If working within this broader, overarching framework of stability and self-sufficiency, Oregon Vocational Rehabilitation could collectively define participating or relevant community and state level partners. Information and referral/warm handoff processes could be defined to support participant navigation of available services and supports. Stakeholder input suggests specific resources that could be better leveraged to support vocational rehabilitation participants in the short term include:

- Legal resources
- Social Security benefits planning
- Medical, mental health, and substance use disorder providers



- Housing resources
- Transportation resources
- Training resources
- Education providers

**Better integrate peers, mentors, and natural supports.** Peers, mentors, natural, and generic community support provide important social supports. Stakeholders commonly discussed their importance in youth transition to adulthood and sustaining employment gains. Some vocational rehabilitation offices have implemented peer discussion groups, but no statewide model or program exists. Job Clubs were cited by some as effective for making peer/mentor connections.

**Expand implementation of evidence-based/informed and promising vocational rehabilitation practices.** Stakeholder expressed an interest in adapting and/or expanding the Individual Placement and Support and Progressive Employment models to other participant groups. Stakeholders were interested in expanding the Individual Placement and Support model to participants with substance use disorder/addiction issues, and possibly more broadly. Progressive Employment was seen as a promising approach to more effectively engaging employers and participants. Progressive Employment aligns with an Employment First philosophy by eliminating the need to be job ready through an employment path with an array of work experiences. Stakeholders generally wanted to see a more robust employment path with more options for on the job training, internships, apprenticeships, occupational skills training, and volunteerism.

**Analyze how to provide supported employment to more participants.** Participants connected to IDD, mental health, or veteran's services may have access to longer-term employment supports compared to other vocational rehabilitation participants. Program staff, partners, and participants suggest that additional participant groups could benefit from ongoing support or follow up. Although outside of the purview of existing vocational rehabilitation services, these programs stakeholder suggest broader focus on these issues to support long term success.

**Continue to promote a culture of excellence at Oregon Vocational Rehabilitation.** Leadership and administrative staff can continue to recognize staff and increase team recognition based on successful participant outcomes. A focus on recruiting

and retaining high-performing staff, including increased efforts to recruit a racially and culturally representative workforce among vocational rehabilitation counselors will help to promote organizational performance.

## 7.2 Increase Rehabilitation Focus throughout the System

According to many stakeholders, capacity constraints throughout the vocational rehabilitation system have limited the focus on rehabilitation, to the detriment of participants and employers. Stakeholders want to see individuals with disabilities as active participants in the vocational rehabilitation process, rather than just numbers with generic plans being rushed to any job placement. Specific recommendations for vocational rehabilitation include:

**Further improve the development and implementation of person-centered, individual-driven employment plans.** Person-centeredness is a core tenet of the vocational rehabilitation system. Participant survey respondents reported positive interaction with their counselors related to person-center values. However, clients and program partners alike discussed opportunities to make participant voice and choice even more central throughout their interaction with vocational rehabilitation.

**Consider ways to make the vocational rehabilitation system more responsive.** The current system works at a similarly slow speed for all participants, regardless of individual need or circumstances. Specific stakeholder suggestions included:

- ***Continue efforts to implement a workload model*** in place of the current caseload approach. Hire additional counselors and/or rebalance vocational rehabilitation staff to meet participant workload needs.
- ***Consider ways to prioritize cases or further specialize counselors*** to make the system responsive to varying needs. For example, someone with a pending job or less intensive needs may receive services through a “fast lane” while others may require a more robust assessment and planning process.
- ***Determine if supportive services can be accessed earlier*** to support individuals as they search for employment or connect to employment pathway services.
- ***Analyze paperwork and reporting requirements*** to determine if there are ways to streamline/reduce or specialize related workloads to allow counselors more time with participants.

- ***Determine ways to make employment plans accessible to participants.*** Stakeholders discussed how the length and complexity of current plans makes them hard for participants to understand.
- ***Engage participants as soon as possible*** so they are not sitting idly while waiting to connect to vocational rehabilitation services. One branch office has piloted employability plans for participants while waiting for an eligibility determination.
- ***Continue cultural shift to Employment First philosophy.*** Education, training, outreach, and general communication, as well as policy and procedures should continue to emphasize and align with Employment First principles.

**Further support self-advocacy for people with disabilities.** Stakeholders recommended more classes and services, including peer services, designed to build participants' self-confidence and develop self-advocacy skills. Counselors and contractors can assist in this process through coaching and other rehabilitation work.

**Broaden job developer responsibilities to incorporate a stronger rehabilitation role.** The current job developer contract's outcomes-based payment system prioritizes quick job placement. Shifting to an alternative payment and outcomes structure could shift this to have developers, collaboratively with vocational rehabilitation counselors, consistently focusing on rehabilitation work with participants and families. This contract shift could also provide capacity for an increased focus on developing and customizing jobs through deeper employer engagement.

**Continue to shift expectations toward employment at younger ages.** Stakeholders discussed the need to create expectations of competitive integrated employment at an early age, well before transition age activities. This will contribute to a larger cultural shift as well as changing individuals' and families' expectations. Stakeholders pointed to programs in western Oregon that are talking to youth with disabilities at an earlier age about working as an adult, as well as programs in Washington and other states conducting college preparation activities targeting middle school students. Many spoke about the need to educate families as well as the individual about the differing expectations of Oregon Vocational Rehabilitation and employment versus school.

### 7.3 Improve Collaboration in Service Delivery

Vocational rehabilitation works with a broad array of service providers to support individuals and families. Stakeholders throughout the analysis discussed the need for increased and improved collaboration to improve participant long-term success. Specific recommendations include:

**Improve participant system navigation.** Increased communication around the steps of the vocational rehabilitation process can help participants better understand the process and manage expectations. Increased care coordination across system/funding silos could also mitigate participant access and navigation challenges.

**Clarify roles and responsibilities.** Oregon Vocational Rehabilitation can increase consistency across branches and counselors with clearly articulated expectations communicated through updated, accessible regulations, policies, and procedures. Process clarification should include communication expectations/responsibilities related to participants, contracted vendors, employers, and community partners. Participant communication should include clarity around expectations for the participant, so they can exercise agency throughout their interaction with vocational rehabilitation.

**Incorporate more employer and partner networking in vocational rehabilitation counselor role.** Increased counselor capacity should allow for additional time devoted to developing and growing relationships locally, which can support participant success through increased employment pathway opportunities.

**Improve training and support** for vocational rehabilitation staff and contractors. Communication and training should occur regularly and provide clear resources for reference to support consistency. Oregon can look to other states and evidence-based models for effective training materials and approaches, particularly related to job and employer relationship development. Staff support and technical assistance should be focused on offices and counselors needing additional support based on outcomes data.

**Consider aligning contracts with other systems/agencies,** such as Oregon Commission for the Blind and the Office of Developmental Disabilities Services, to increase capacity for service delivery consistency for participants. Stakeholders discussed differing processes and requirements from agencies to conduct similar job roles, and how, as a result, some chose one agency with which to work.

Participants are negatively impacted by having less choice in contracted providers and more often having inconsistency in service providers as they transition between service systems/funding sources.

**Increase collaborative and effective job development.** Deficits related to employer relationships and job development/availability were consistent themes in the analysis. Suggested improvements include:

- ***Increase employer outreach and education***, possibly through a business advisory board or policy task force board to help develop infrastructure around employer engagement.
- ***Work across agencies to strategically engage employers***, rather than having employers be approached by multiple agencies in a manner that discourages effective relationships.
- ***Provide real time information on job developer availability/capacity*** to overcome issues of over-use (waiting lists) and underuse of resources based on relationships between counselors and developers.
- ***Have the government serve as a model employer*** to increase employment opportunities for individuals with disabilities.
- ***Continue to increase WorkSource collaboration and accessibility*** so individuals with disabilities can more effectively use their services.

**Analyze options for increased co-location or specialization.** Co-location allows for improved collaboration/information exchange between partnering agencies and system navigation for participants. Stakeholders discussed the effectiveness of WorkSource co-location historically. Staff also discussed the merits of having a volunteer coordinator and IDD specialists available to support staff and participants. Task specialization should be a focus of any future Oregon Vocational Rehabilitation staffing study.

**Expand transition efforts to underserved populations of youth.** This includes extending transition work to reservations and school districts not implementing Youth Transition Programs or actively engaged with Transition Network Facilitators. Also, consider how to extend transition work to students who have dropped out of high school. Portland Youth Builders is an example of a program for youth at risk under 24 who do not have their high school equivalency. Vocational rehabilitation counselors work with them to help organize participants

around their disability, but additional work could be done to impact individuals who left high school before completion.

## 7.4 Oregon Vocational Rehabilitation Recommendations Summary

The following tables summarize the recommendations for strategic changes to services and system infrastructure. These recommendations represent stakeholder suggestions for service and system changes that could positively impact vocational rehabilitation clients and other Oregonians with disabilities. Numbers are associated with recommendations, and letters represent stakeholder suggested strategies for implementing these recommendations. These recommendations do not take into account resources required for implementation or applicability related to program regulations or restrictions.

**Figure 34: Summary of Vocational Rehabilitation Service-Level Recommendations**

<b>Outreach</b>	1. Increase prospective client awareness of Oregon Vocational Rehabilitation and the services it provides.
<b>Employment-Related Supports</b>	2. Develop opportunities for ongoing training to refresh or upgrade vocational skills and access new assistive technology. 3. Expand opportunities for internships and work experience. 4. Consider how to provide longer-term job support to a wider breadth of vocational rehabilitation participants. 5. Improve participants’ ability to navigate the vocational rehabilitation system within and across service providers.
<b>Assistive Technology</b>	6. Explore opportunities to expand assistive technology training to employees and employers after placement to maintain skills and adapt to technological updates. 7. Increase communication with employers regarding financial support for assistive technology. 8. Pursue faster turnaround of assistive technology requests for “real time” employment opportunities.
<b>Supportive Services</b>	9. Further support self-advocacy for people with disabilities. 10. Better integrate peers, mentors, and natural supports into service delivery. 11. Continue to support clients’ transportation needs, including pre-eligibility options.

	<p>12. Strengthen referrals to and follow-up with community partners to address clients' confounding barriers to employment.</p> <p>13. Increase parent and family outreach and support groups.</p> <p>14. Ensure consistent benefits planning for all clients.</p>
<b>Pre-Employment Transition Services</b>	<p>15. Expand YTP.</p> <p>16. Continue to expand Transition Network Coordinators.</p> <p>17. Provide targeted outreach to youth with disabilities who are no longer in the formal education system.</p>
<b>Service Needs for Key Target Populations</b>	<p>18. Increase staff training for specialty caseloads including intellectual and developmental disabilities, mental health, and deaf-blindness.</p> <p>19. Increase cultural and linguistic representativeness of Oregon Vocational Rehabilitation staff to reflect current and prospective clients.</p> <p>20. Provide targeted outreach and communication to families from racial or ethnic minority groups.</p> <p>21. Provide earlier outreach to families of children with disabilities to connect to services and build community.</p>

**Figure 35: Summary of Vocational Rehabilitation Systems-Level Recommendations**

<b>Outreach</b>	<ol style="list-style-type: none"> <li>1. Increase existing and potential partner and employer, as well as potential contractor and staff member awareness of Oregon Vocational Rehabilitation and the services it provides. <ol style="list-style-type: none"> <li>a. Develop a policy task force or business advisory board to help develop infrastructure around employer outreach and engagement.</li> <li>b. Increase presentations to regional employers, peer to peer presentations by employers who have hired people with disabilities, and by employees with disabilities.</li> <li>c. Create safe spaces where employers or the public could ask questions without fear of offending someone or violating policies.</li> </ol> </li> </ol>
-----------------	---

<p><b>Capacity to Serve</b></p>	<ol style="list-style-type: none"> <li>2. Complete workload staffing model analysis to better understand the time required for supporting varying needs of subpopulations using vocational rehabilitation services. Use analysis results to define staffing need and structure (budget and position authority as well as specialization/roles and geographic allocation). <ol style="list-style-type: none"> <li>a. Consider population of students with disabilities potentially eligible for transition and/or adult vocational rehabilitation services in analysis.</li> <li>b. Consider including task specialization as a focus of any future Oregon Vocational Rehabilitation staffing study.</li> </ol> </li> <li>3. Consider ways to make the vocational rehabilitation service system more responsive. <ol style="list-style-type: none"> <li>a. Analyze feasibility of prioritizing cases or further specializing counselors.</li> <li>b. Determine if supportive services can be accessed earlier.</li> <li>c. Analyze options to streamline/reduce or specialize workloads.</li> <li>d. Determine ways to make employment plans more accessible to participants.</li> <li>e. Determine how to engage participants as soon as possible.</li> <li>f. Continue cultural shift to Employment First philosophy.</li> </ol> </li> <li>4. Analyze how changes to job contractor contracts could support more effective and intensive rehabilitation work with participants and increase capacity in rural/underserved areas.</li> <li>5. Analyze impact and feasibility of combining contracting processes with Oregon Commission for the Blind and/or Office of Developmental Disability Services. Determine how many contractors overlap, and if there could be increased capacity in job developers and coaches by combining processes.</li> </ol>
<p><b>Regulations, Policies, and Processes</b></p>	<ol style="list-style-type: none"> <li>6. Continue to update regulations and policies to align with federal requirements, and train staff and contractors on changes made.</li> </ol>



	<p>7. Standardize expectations around counselor communication.</p> <p>8. Analyze for efficiencies in data collection and reporting for staff and contractors.</p>
<b>Staff and Contractor Training and Skillsets</b>	<p>9. Analyze other states’ vocational rehabilitation training curriculum and best practices to enhance current staff and contractor training.</p> <p style="padding-left: 40px;">a. Incorporate skills needed for job coaches to help participants with socialization connection, behavioral modification, and natural support development.</p> <p>10. Provide increased training/resources regarding working with people with IDD, mental illness, substance use disorder, and deaf-blindness for staff and contractors, potentially in collaboration with Oregon Commission for the Blind.</p> <p>11. Connect partners with resources/training to improve accessibility for people with disabilities, particularly WorkSource Oregon.</p>
<b>Collaborative Service Delivery</b>	<p>12. Determine approaches to strengthen relationships with partnering organizations, particularly self-sufficiency, employers, mental health, drug and alcohol programs, employment/WorkSource, probation and parole, child welfare, and aging and people with disabilities programs.</p> <p>13. Further clarify roles and responsibilities, and referral approaches of Oregon Vocational Rehabilitation and partnering organizations.</p> <p>14. Increase effectiveness of employer relationships and employment options for participants</p> <p style="padding-left: 40px;">a. Work across agencies to strategically engage employers.</p> <p style="padding-left: 40px;">b. Work with Oregon government to serve as a model employer for people with disabilities.</p> <p>15. Consider co-location of WorkSource and Oregon Vocational Rehabilitation counselors, as well as disability navigators at WorkSource centers.</p> <p>16. Expand implementation of evidence-based/informed and promising vocational rehabilitation practices.</p>

- |  |  |
|--|--|
|  | <ol style="list-style-type: none"><li>17. Analyze how to provide supported employment to more participants.</li><li>18. Continue to shift expectations toward employment at younger ages.</li><li>19. Consider how to expand transition efforts to underserved populations of youth, including out of school youth, youth without access to YTP programs, and youth on reservations.</li></ol> |
|--|--|