

Oregon Vocational Rehabilitation

2021 Comprehensive Statewide Needs Assessment Report

5/24/2021

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1 Executive Summary

The Comprehensive Statewide Needs Assessment (CSNA) is a report that is required by the Federal Rehabilitation Services Administration (RSA) every three years. Oregon Vocational Rehabilitation (VR) has contracted with Public Consulting Group, LLC (PCG) to complete its CSNA, which assesses the needs of individuals in Oregon who have disabilities in their pursuit of competitive employment. The CSNA seeks to effectively assess VR consumer needs in order to advise VR future policy and decision making so VR can best serve their consumers and meet their rehabilitation needs.

Oregon Department of Human Services (ODHS) Vocational Rehabilitation (VR) is responsible for the administration and operation of Oregon's general vocational rehabilitation program. VR is charged through the Rehabilitation Act of 1973 as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA) 2014, to provide services to youth and adults with disabilities to reach their goals for competitive integrated employment and achieve self-sufficiency, individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. VR partners with individuals seeking services, local agencies, healthcare providers, employers, and clients' relatives to provide services, including rehabilitation and social services and vocational assistance.

Methodology

The process to conduct this CSNA occurred during the Covid-19 global pandemic. As a result, the initial methodology and plan to conduct the assessment was paused and subsequently adapted to leverage virtual platforms for data collection. PCG used multiple data sources to develop the analysis and recommendations within this report including:

- Secondary data sources (American Community Survey (ACS) 1- and 5-year estimates)
- Consumer and community partners surveys
- Key informant focus groups and interviews
- Case management data
- Qualitative analysis (personal experiences and stories)

Recommendations and a Call to Action

In response to the findings identified within this report, PCG developed the following recommendations and associated "Call to Action" to indicate where VR could take important steps to address the needs of its consumers. The recommendations are summarized below.

	Recommendation	Call to Action
1	<p><i>Joint Training to Ensure Consistent and Quality services</i></p> <p>While many of these relationships are well established, the development and implementation of a comprehensive training plan which targets learning, growth, and coordination, could improve the quality of services delivered.</p> <p>PCG recommends the development and implementation of a coordinated training plan that supports consistent and quality services, with a foundation in person-centered planning strategies and high expectations in mind.</p>	<ol style="list-style-type: none"> 1. In partnership with CRPs, VR develops and facilitates a self-assessment to identify strengths and resources to help prioritize training. 2. Develop and implement a coordinated training plan for VR and CRPs with input from other community partners, including the State Rehabilitation Council and the Client Assistance Program. 3. Develop and implement quality measures to track, review, and monitor progress.
2	<p><i>Coordinate with Community Partners to Meet Basic Needs</i></p> <p>Strengthening partnerships and communicating the needs of job seekers with disabilities could reduce barriers (transportation, housing and access to food) experienced by Oregonians with disabilities seeking employment.</p> <p>PCG recommends that VR coordinates with agencies that support individuals getting basic needs to better support the needs of VR participants. Leveraging resources with other partners who address basic needs may have a positive impact on the employment outcomes of VR clients.</p>	<ol style="list-style-type: none"> 1. Develop and/or strengthen relationships with partner agencies who meet basic needs. 2. Disseminate standardized resources that support job seekers getting needs met.

	Recommendation	Call to Action
3	<p><i>Advancing Quality Outcomes: Extending and Expanding the Cultural Shift of Employment First</i></p> <p>The successful practices and the work that VR has accomplished may be extended and applied to other underserved populations. VR can leverage successful practices to support <i>all</i> underserved populations reaching successful employment.</p> <p>PCG recommends that VR operationalizes and expands successful practices of Employment First to support unserved and underserved individuals with disabilities.</p> <p>VR has the opportunity to build on the success of Employment First to support quality outcomes for VR participants. Improving the quality of outcomes requires a continued culture shift of the field, including CRPs, VR staff, and community partners.</p> <p>PCG recommends that VR coordinate efforts to improve the quality of outcomes for VR participants, with a focus on special populations.</p>	<ol style="list-style-type: none"> 1. Identify and operationalize the indicators of quality services that lead to quality outcomes. 2. VR staff and CRP staff complete self-assessments to identify opportunities for growth in advancing quality outcomes. 3. Operationalize VR and CRP successful practices. 4. VR invests in VR and CRP training and resources to extend the culture shift to higher expectations in the quality of outcomes. 5. Identify unserved and underserved individuals with disabilities or special populations that would benefit from expanding successful practices
4	<p><i>Advancing Services and Coordination for Youth</i></p> <p>The needs assessment resulted in four major areas of recommendations for youth services and working collaboratively. These include: Who is eligible for which program?; Extending successful State-level collaboration to the local-level; Youth and families navigating the system: and Understanding and working with youth.</p>	<ol style="list-style-type: none"> 1. Develop a communication plan for different audiences focusing on illustrating the different transition activities and services. 2. Develop a strategic plan for the transition activities, identifying roles and responsibilities for direction and coordination at the state and local levels. 3. VR invest in supporting local collaborations and partnerships.

	Recommendation	Call to Action
	<p>PCG recommends clarifying and expanding communication to increase access to quality services for youth.</p>	<p>4. Explore options to either change policy to allow for text messaging with youth and/or a system similar to SARA that will allow for confirming appointments and overall communication for all clients.</p>
<p>5</p>	<p><i>Equitably Supporting Individuals who are Part of Underserved Groups</i></p> <p>In addition to individuals who are minorities, there are several additional groups who may be underserved, including individuals with legal needs, brain injuries, mental health disabilities, higher education experience looking for higher level employment, and those living in rural areas.</p> <p>PCG recommends that on the local level, VR offices work to learn from, understand, and work together with associations that support individuals who are minorities and underserved groups.</p> <p>PCG recommends that VR develop and disseminate information about VR services with accessibility, reading level, language, and imagery reflecting diverse perspectives.</p>	<p>1. Work with local offices to identify relevant populations to connect with on the local level.</p> <p>2. Identify opportunities for partnership and communication, particularly with organizations that support individuals who are minorities and underserved groups.”.</p> <p>3. Identify opportunities to systematically address equity, diversity, and inclusion training opportunities at the state and local levels.</p> <p>4. Identify unserved and underserved individuals with disabilities or special populations that would benefit from expanding successful practices</p>

	Recommendation	Call to Action
6	<p><i>Response Time and Customer Service</i></p> <p>Response time and customer service is another opportunity for increased engagement and communication. Numerous comments emerged from the surveys, focus groups and interviews regarding the “<i>wait time</i>” between referral and application, and responses to emails and phone calls.</p> <p>PCG recommends further evaluation into the causes of participant wait time.</p>	<ol style="list-style-type: none"> 1. Data is needed to have a better understanding of the wait time from referral to first appointment; what are the factors that impact it? 2. Identify opportunities to engage people during this time-period between referral and eligibility determination. 3. Develop metrics to better understand the intake and application process in order to identify approaches to streamline it for all individuals. 4. Develop strategies to reduce delays from referral to intake.

Throughout this report you will find that VR has taken great efforts to adopt successful practices, build strong relationships, and use research and data to form a vision forward. These recommendations and calls to action build upon VR’s groundwork. Implementing these changes to close gaps and improve service delivery can help VR continue their forward trajectory toward innovative practices, data-based decision making, and quality outcomes for job seekers across Oregon.

2 Introduction

This section provides the background and context for the Comprehensive Statewide Needs Assessment, as well as Oregon’s vocational rehabilitation program.

Acronyms and Glossary

The following terms are used throughout this document. The full term of each of these commonly used acronyms is provided here for ease of reference.

Table 1: VR CSNA 2021 Report Acronyms

Acronym	Description
ACS	American Community Survey 1- and 5-year estimates
ADA	Americans with Disabilities Act
ADHD	Attention-Deficit Hyperactive Disorder
APD	Aging and People with Disabilities
ATI	Access Technologies, Inc.
BLS	Bureau of Labor Statistics
CAP	Client Assistances Program
CBO	Community Based Organization
CIL	Centers for Independent Living
CPS	Current Population Survey
CRP	Community Rehabilitation Providers
CSNA	The Comprehensive Needs Assessment
CSPD	The Comprehensive System of Personnel Development
DD	Developmental Disability
I/DD	Intellectual and Developmental Disabilities
IDEA	Individuals with Disabilities Education Act
IDEA	Interstate Disability Employment Alliance
IEP	Individualized Education Plan
IPE	Individual Plan for Employment

Acronym	Description
IPS	Individual Placement and Support
LMI	Labor Market Information
MOU	Memorandum of Understanding
ODDS	Oregon Developmental Disabilities Services
ODE	Oregon Department of Education
ODHS	Oregon Department of Human Services
OED	Oregon Employment Department
OSECE	Oregon Supported Employment Center for Excellence
PCG	Public Consulting Group LLC
Pre-ETS	Pre-Employment Transition Services
RSA	Rehabilitation Services Administration
RUCC	Rural-Urban Continuum Categories
SARA	Semi-Autonomous Research Assistant
SCI	Spinal Cord Injury
SNAP	Supplemental Nutrition Assistance Program
SOC	Standard Occupational Classification
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
TNF	Transition Network Facilitator
USDA	United States Department of Agriculture
VR	Vocational Rehabilitation
WIOA	Workforce Innovation and Opportunity Act
YTP	Youth Transition Program

Purpose

The Comprehensive Statewide Needs Assessment (CSNA) is a report that is required by the Federal Rehabilitation Services Administration (RSA) every three years. The CSNA assesses the needs of individuals with disabilities who live in Oregon in finding and keeping competitive, integrated employment. The CSNA assesses vocational rehabilitation (VR) consumer needs. VR can use this report to inform policy and decision making to best serve their consumers.

The CSNA is designed to satisfy requirements in the Rehabilitation Act of 1973, as amended, and produce useful and timely information. The requirements must meet §361.29 Section 101(a)(15) of the Rehabilitation Act of 1973, as amended. This assessment must include the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of:

- a. individuals with the most significant disabilities, including their need for supported employment services;
- b. individuals with disabilities who are minorities, and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title; and
- c. individuals with disabilities served through other programs or sections of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through the components; and
- d. youth with disabilities, and students with disabilities, including their need for pre-employment transition services or other transition services.

The CSNA must also include an assessment of the needs of individuals with disabilities for transition services and preemployment transition services (Pre-ETS). The assessment also evaluates how services provided under this Act are coordinated with transition services provided under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

Finally, the CSNA must include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State.

Background

Oregon Department of Human Services (ODHS) Vocational Rehabilitation (VR) is responsible for the administration and operation of Oregon's general vocational rehabilitation program. VR is charged through the Rehabilitation Act of 1973 as amended

by Title IV of the Workforce Innovation and Opportunity Act (WIOA) 2014, to provide services to youth and adults with disabilities to reach their goals for competitive integrated employment and achieve self-sufficiency, based upon their strengths, preferences, interests and informed choice.

VR contracted with Public Consulting Group LLC (PCG) to develop the Comprehensive Statewide Needs Assessment (CSNA). PCG gathered diverse quantitative and qualitative data sources to complete the CSNA. PCG gathered and analyzed existing data, and gathered new data through interviews, focus groups and surveys.

This section highlights VR's current coordination with existing partners and stakeholders in the state and beyond, including educational entities, workforce development partners, and other partners that VR regularly interacts with in both the public and private domains. Oregon VR maintains cooperative agreements and/or relationships with the Centers for Independent Living (CILs), Oregon Developmental Disabilities Services (ODDS), Oregon's Mental Health Programs, Client Assistance Program (CAP), Tribal Vocational Rehabilitation's 121 programs, Oregon Department of Education (ODE), Access Technologies, Inc. (ATI), as well as local school districts, community colleges and local agencies providing services.

2.1.1 Educational Entities



This section highlights VR's coordination with different education entities in Oregon. This section also describes the identification and outreach procedures for students with disabilities who need transition services.

VR and the Oregon Department of Education's (ODE) Memorandum of Understanding (MOU) outlines the coordination of transition services that leads to successful transition outcomes for students with disabilities leaving high school to postsecondary training and employment activities. The MOU outlines roles and responsibilities, including financial responsibilities.

Together, VR and ODE developed and co-fund eight regional Transition Network Facilitators (TNFs) and four regional support staff. TNFs work closely with local educational agencies to ensure the delivery of pre-employment transition services (Pre-ETS). Through this collaboration, VR and ODE have a data sharing agreement to identify potentially eligible students.

VR employs a full-time Youth Transition Program (YTP) Coordinator to lead and coordinate the third-party cooperative agreements with over 120 local school districts operating YTPs. The YTP coordinator works closely and serves as VR's liaison to ODE. The coordinator supports timely development and approvals of individualized plans for employment for participating students as outlined in the local cooperative agreements.

The YTP coordinator (as well as other VR staff) also work closely with Oregon's community colleges, workforce programs, and VR's Pre-ETS program coordinator.

The VR Pre-ETS Team, which includes 4 Pre-ETS Coordinators, a Pre-ETS Program Coordinator and a Pre-ETS Data Coordinator, are responsible for the development of Pre-ETS, contracts for service-delivery, policies and procedures, and data validation. The Pre-ETS Program Coordinator represents VR on the State Advisory Council for Special Education and its Transition Advisory Committee.

ODE has a secondary Transition Specialist that works closely with VR's Workforce and Youth Manager and each member of VR's Youth Team and serves as a member of the State Rehabilitation Council, VR's policy-making partner.

Coordination with Education Services

Through Pre-ETS, VR expanded their already robust relationship with ODE and local school districts. Although COVID-19 impacted operations, VR showed commitment to transition services throughout 2019 by numerous partnerships with ODE and cross-trainings. A few examples include:

1. jointly sponsoring and organizing two statewide transition conferences;
2. providing regional training for school staff, VR staff, community members and providers on various transition-related topics;
3. meeting quarterly with the Transition Technical Assistance Network, including the YTP Coordinator, VR Pre-ETS Team, Transition Network Facilitators /Pre-ETS Support Specialists, and Office of Developmental Disabilities Employment Specialist, to focus on group plans with students, educators, developmental disability services and VR.
4. expanding Job Clubs across the state;
5. VR staff participating on the Oregon's state team with the National Technical Assistance Center on Transition to develop the state plan to enhance postschool outcomes; and,
6. VR contracting with the University of Oregon to provide technical assistance to VR and school staff in the implementation of the Youth Transition Program (YTP).

Identification and Outreach Procedures for Students with Disabilities Who Need Transition Services

As described above, VR coordinates with ODE to provide outreach and identify students with disabilities who need transition services. These efforts include:

- TNFs support whole the state to educate school staff, families, and other provider agencies to perform outreach and identification of students with disabilities in need of transition services;
- over 120 school districts in the state run the Youth Transition Program (YTP);
- the Statewide Transition Coordinator working with ODE to develop trainings that help school's identification of students with disabilities who need transition services; and,
- coordinating and providing Pre-ETS often leads to the identification of students who would benefit from services.

Additionally, VR's 2020-2023 state plan indicates that counselors regularly attend functions at high schools to educate youth, families, and school staff about VR services.

2.1.2 Workforce Development



This section outlines several ways that VR coordinates with workforce development partners and businesses.

Workforce Development System Collaboration

Under WIOA, VR is a required partner in the workforce development system. VR and its workforce partners collaborate in several ways. For example, the State Workforce Development Board requires a representative on the State Rehabilitation Council. The Oregon State Workforce Development Board Director fills this role and participates on subcommittees. VR leadership also participates on the State Workforce Development Board, which has helped to improve communication and develop the strategy for the state plan.

VR has a Workforce and Business Coordinator who's primary role is to partner with state and local workforce teams to serve business customers (or employers?). There are several examples of collaboration. Local Workforce Development Boards and VR collaborate through a regional group known as IDEA (Interstate Disability Employment Alliance). Local Workforce Boards, including Clackamas Workforce Partnership, actively participate in this group and report great success. Additionally, all Oregon Workforce Development Boards have a VR representative at the local and state level. This helps facilitate regular conversations with leaders across the workforce system (including VR, WorkSource, The Self-Sufficiency program in ODHS, colleges, Workforce Development Boards, etc.) to have candid conversations about what is working well and areas for improvement. This collaboration supports stronger communication and a willingness to take risks and try new things.

Business Services

The Oregon Employment Department (OED) Business Services unit coordinates business engagement statewide. Staff talk directly with businesses to understand their needs and challenges. OED collects and shares Labor Market Information (LMI) on job listings and target sectors, and coordinates business engagement activity with all partners in the workforce system (including VR). The goal is not to duplicate services to businesses by having multiple agencies reach out to the same business trying to market talent. When OED is working with businesses, they will ask, “have you considered hiring someone with disabilities?” If the business is open to it, OED will introduce the business to VR. However, OED staff is not equipped with the expertise to determine if the VR population is a good fit for any particular job opening.

VR also employs five Pre-ETS Coordinators who work directly with businesses to help match clients and provide customized supports to businesses hiring VR talent. VR works closely with the Oregon Commission for the Blind on business outreach, and partners with the ODE, ODS, Social Security, OED, and WorkSource Centers around the state to weave funds to best support consumers. VR aims to grow the workforce team to represent all three regions of the state (northern, southern, and eastern) for workforce and business. This would allow “boots on the ground” development of relationships with businesses.

OED has 39 WorkSource Career Centers where people with disabilities can come for services. WorkSource can refer jobseekers with disabilities to VR staff for services, but this does not always happen. In some geographic locations, VR staff are co-located with WorkSource staff and other job programs, resulting in higher rates of referral and stronger relationships.

2.1.3 Initiatives with Other Partners

This section explores VR’s existing partnerships with public and private businesses.

Interagency Cooperation

VR collaborates with other Oregon state agencies responsible for administering the following programs to develop opportunities for competitive integrated employment.

VR and Oregon Developmental Disability Services (ODDS)

VR works closely with ODDS to increase employment opportunities for individuals with intellectual and developmental disabilities. VR works closely with ODDS and the IDD service delivery systems to share information, leverage and/or weave funding, and encourage joint case management of shared clients. VR, in collaboration with ODDS and ODE has:

1. hired staff specialists to serve individuals with IDD;
2. conducted co-training with statewide to enhance collaborative efforts;
3. met on an ongoing and regular basis to enhance communication and collaboration;
4. co-developed tools and strategies that reflect best practices;
5. facilitated the Employment First Steering Committee co-led by VR and ODDS Administrators to develop new policies, review current policies and/or assure alignment across agencies;
6. created a collaborative system to enhance a seamless system of transition for youth by examining agency procedures and policies for field staff to develop innovative tools and strategies;
7. provided co-agency training and technical assistance to increase staff and vendor knowledge and competencies as well as increasing the number of shared vendors across agencies; and,
8. conducted quality assurance through the cross-agency group that evaluates collaborative outcomes and efforts.

According to the Director of ODDS, VR and ODDS meet regularly with the Employment First Leadership Team. VR has strong leadership that identifies what needs to happen and embraces the cultural and mind-set shift which has been occurring when serving individuals with IDD. In FY 2020, 48.8 percent of the clients served were individuals with cognitive disabilities (State Rehabilitation Council Annual Report, 2020).

VR and Oregon Health Authority Behavioral Health Services

VR and Behavioral Health collaborated to develop and expand evidence-based supported employment services, or the Individual Placement and Support (IPS) model. These agencies worked together to increase the number of mental health organizations meeting the fidelity standards. VR partnered with Oregon Center for Excellence in Supported Employment (OSECE) to provide training, technical assistance, and oversight. According to an IPS Statewide Trainer, it was VR's leadership and funding which brought the IPS model to Oregon. This included VR funding the agency start-up and expansion. At the end of fiscal year 2019, 40 community mental health programs and 35 out of 36 counties provided evidence-based supported employment services IPS model to individuals with mental health diagnoses.

Cooperation with Organizations to Deliver Services

Oregon's 2020-2023 State Plan describes VR's cooperation with both for-profit and non-profit entities to deliver the services individuals with disabilities need to achieve their employment goals. These services range widely, just like the needs of individuals. Cooperative relationships vary from information and referral relationships to fee-for-service and pay for performance relationships. VR follows the State of Oregon contractual processes when establishing contracts for services. One notable example is the Ticket to Work program. VR is the Employment Network of Record with SSA and supports dual service delivery with the mental health agency for individuals with mental health disabilities. As of July 2019, VR supported 19 agreements.

Arrangements and Cooperative Agreements for the Provision of Supported Employment

VR maintains cooperative and collaborative relationships with partner agencies to effectively deliver supported employment services. VR coordinates with ODDS to support individuals with intellectual and developmental disabilities and supports expansive activities and efforts through Oregon's Employment First initiative. Additionally, VR maintains a close relationship with OHA mental health agencies to support individuals with mental health disabilities. Efforts to support individuals with mental health disabilities have continued with VR's collaboration with the Oregon Supported Employment Center for Excellence (OSECE), who oversees the fidelity of the 37 programs that currently offer IPS services throughout the state. VR continues to work with OSECE to expand the availability of these services. In addition to aligning policies and service sequences, VR coordinates with OHA, Behavioral Health, and ODDS to ensure alignment of certification requirements for service providers.

Cooperative Agreements with Agencies not Carrying out Activities Under the Statewide Workforce Development System

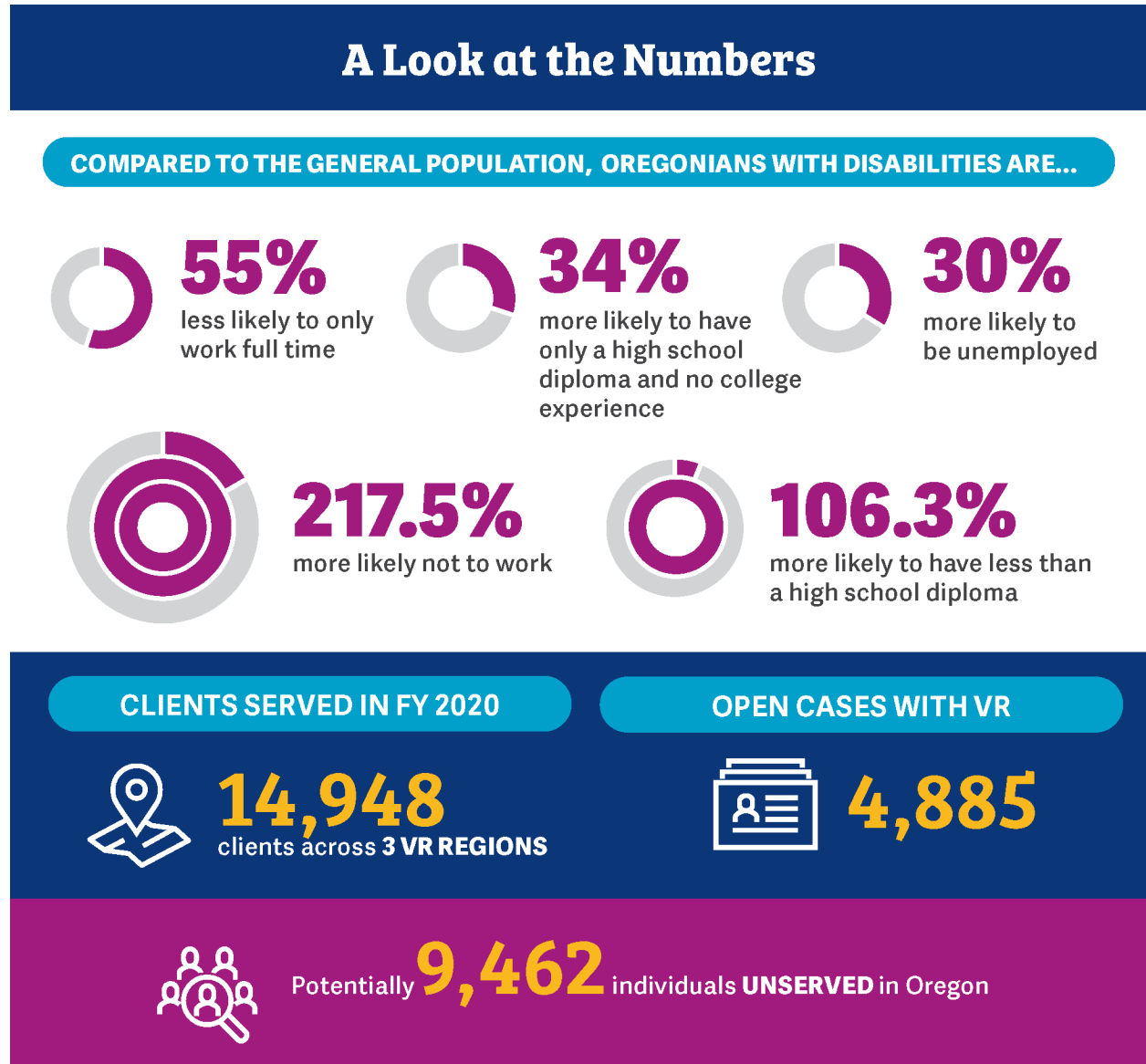
Access Technologies, Inc. (ATI) has an administrative agreement with the Oregon Department of Human Services (ODHS) to deliver assistive technology consultation and services statewide. The agreement further details the administration of assistive technology services outlined in the state plan, including financial expenditures review and approval, as well as reporting requirements.

Landscape of Services

This section describes events and activities that impacted VR service delivery over the past three years. These conditions may continue to impact VR in the future. Operating conditions, or landscape, provide a picture of how and where VR provides services. This section provides a summary of the following conditions:

- Vocational Rehabilitation services
- Employment demand in Oregon
- Educational attainment
- Most common industries and occupations
- Projected job growth
- Wages across Oregon

Figure 1: Population Summary Statistics



2.1.4 Vocational Rehabilitation

Vocational Rehabilitation’s mission is to assist Oregonians with disabilities to achieve, maintain, and advance in employment and independence.

The goal of Vocational Rehabilitation is to assist Oregonians with disabilities to achieve and maintain employment and independence. To meet VR's mission and goal, they provide a number of individualized services that may include:

1. evaluations and assessments to determine job skills and interests;
2. vocational counseling to help set a job goal;
3. assistance with training or education, if needed to obtain a job and meet your job goal;
4. assistance with job interview skills;
5. specialized equipment or technology that may assist with maintaining a job;
6. assistance with transportation to get to trainings and/or job sites and other work-related locations;
7. physical and mental restoration services;
8. job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services; and
9. post-employment services.

The Comprehensive System of Personnel Development (CSPD) ensures there are an adequate number of qualified State Rehabilitation professionals and paraprofessionals available to meet the needs of individuals served. As of April 1, 2020, the VR program had a total of 286 filled positions; 9 vacancies; and 57 projected vacancies over the next 5 years. In FY 2020, VR served 14,948 clients (2020 Oregon State Rehabilitation Council Annual Report). Table 2 shows the VR staffing outlook.

Table 2: VR Staffing Positions Outlook

Position	Total Position	Current Vacancies	Project Vacancies over next 5 years
VR Counselors	141	10	31
VR Specialists	6	0	3
Transition Network Facilitators	8	0	1
Pre-ETS Coordinators/Support Specialists	9	0	1

Position	Total Position	Current Vacancies	Project Vacancies over next 5 years
Human Services/Office Assistants	77	4	13
Branch Managers	14	1	7
Regional Managers	3	1	1

Six VR Specialists provide training, technical assistance and caseload support to other field staff, and carry their own general caseload. Often VR Specialists have a specialized focus such as autism, deaf and hard of hearing services, developmental disabilities, mental health, motivational interviewing, spinal cord injuries, traumatic brain injury, or workers' compensation. Additionally, a training needs survey conducted in the Fall of 2019 led to the creation of a week-long Comprehensive Counselor Training program.

2.1.5 Employment Demand in Oregon

The following section describes employment demand in Oregon.

Employment

Unemployment and labor force participation rates are important metrics to understand the overall employment landscape of a state. The following data are based on the 2019 ACS one-year estimates for the State of Oregon, published by the US Census Bureau. PCG also used the 2020 Current Population Survey (CPS) data estimates, published by the US Bureau of Labor Statistics. COVID-19 changed the labor market. The pandemic increased unemployment rates and decreased labor force participation across the country, so the more up-to-date CPS estimates are important to understanding the current landscape. Data also indicates that individuals marginally attached to the labor force may have been impacted by COVID-19 even more than the general population.

Unemployment and Labor Force Participation

The labor force is made up of both people who are employed, i.e. have a job and people who are unemployed, i.e. are jobless, looking for a job, and available for work. People who are not looking for work or are not available to work are not in the labor force. Many who are not in the labor force are going to school or are retired. Family responsibilities keep others out of the labor force. However, across all age groups, persons with a disability were much less likely to be employed than those with no disability.

Individuals with disabilities in Oregon are almost 200 percent (190%) more likely to not be part of the labor force compared to the general population. Individuals with disabilities are 44 percent less likely to be employed compared to the general population, 43.4% compared to 78.4%. However, the large difference in employment is driven mostly by differences in labor force participation. Individuals with a disability are only 30% more likely to be unemployed than those without a disability (Table 3).

Figure 2: Comparing Employment Rates

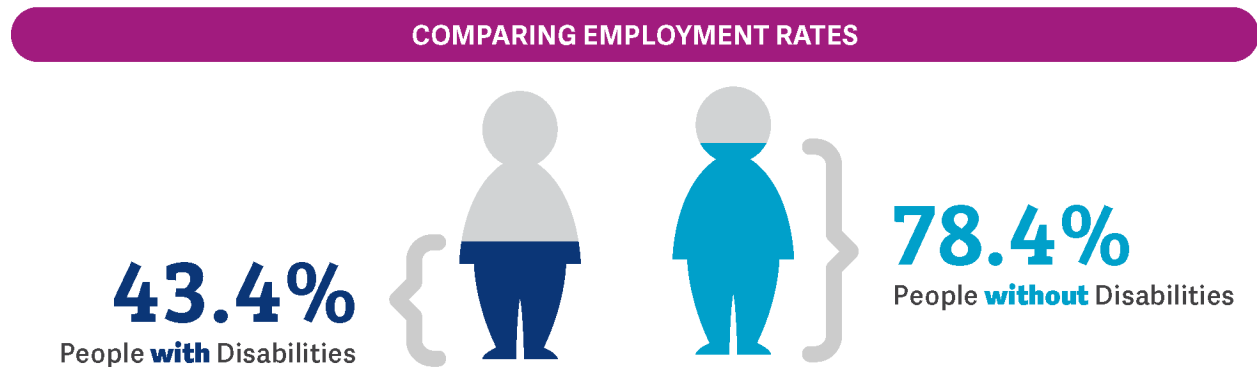
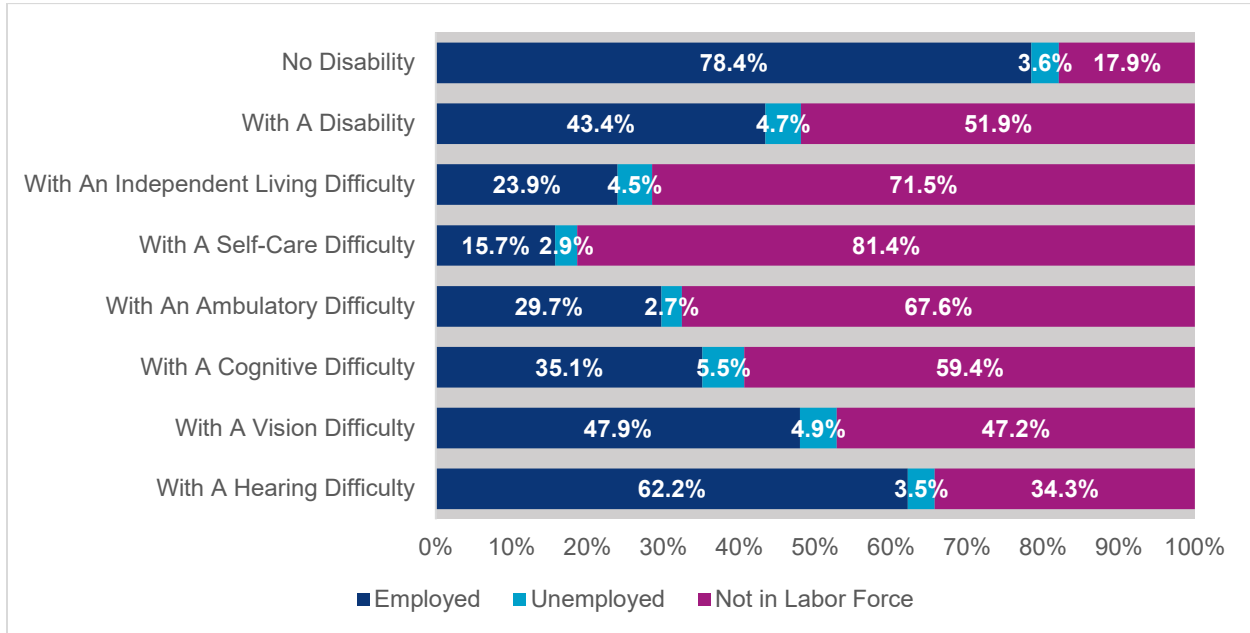


Table 3: Labor Force Participation and Employment Rates (2019 ACS)

	Employed	Unemployed	Not in Labor Force
With A Hearing Difficulty	62.2%	3.5%	34.3%
With A Vision Difficulty	47.9%	4.9%	47.2%
With A Cognitive Difficulty	35.1%	5.5%	59.4%
With An Ambulatory Difficulty	29.7%	2.7%	67.6%
With A Self-Care Difficulty	15.7%	2.9%	81.4%
With An Independent Living Difficulty	23.9%	4.5%	71.5%
All Persons with A Disability	43.4%	4.7%	51.9%
All Persons with No Disability	78.4%	3.6%	17.9%

As shown in Figure 3, individuals with a hearing disability are most likely to be in the workforce and employed (62.2%) followed by individuals with a visual disability (47.9%), while individuals with a self-care disability are most likely to not be a part of the labor force (81.4%), possible for reasons mentioned above.

Figure 3: Labor Force Participation Rate by Type of Disability (2019 ACS)

PCG also used 2020 CPS data to produce similar labor force participation and employment rates for different age groups by disability status. Table 4 shows youth 16 to 19 years old are more likely to not be in the labor force; 65.0 percent compared to 21.3 percent for all other age groups less than 65 years old.

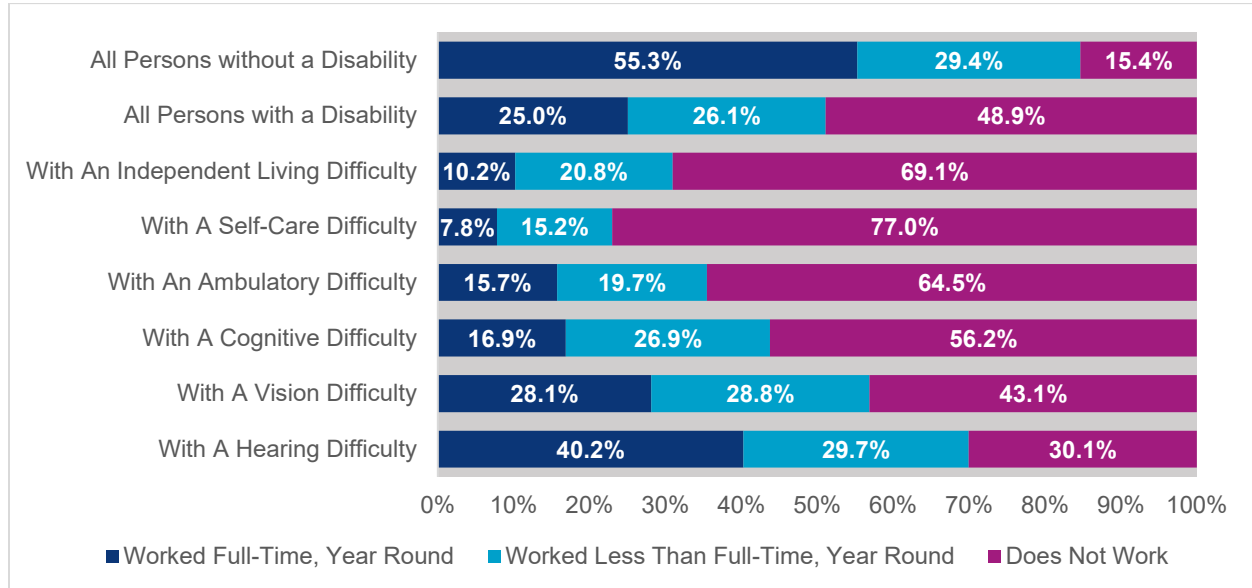
Table 4. Employment and Unemployment rates by Age Group (2020 CPS)

Age	Employed		Unemployed		Not In Labor Force	
	Persons with a Disability	Persons without a Disability	Persons with a Disability	Persons without a Disability	Persons with a Disability	Persons without a Disability
16 to 64 years	29.1%	70.0%	4.5%	6.0%	66.4%	24.0%
16 to 19 years	17.2%	28.9%	6.2%	6.2%	76.4%	65.0%
20 to 24 years	34.9%	60.9%	9.3%	9.5%	55.7%	29.6%

Age	Employed		Unemployed		Not In Labor Force	
	Persons with a Disability	Persons without a Disability	Persons with a Disability	Persons without a Disability	Persons with a Disability	Persons without a Disability
25 to 34 years	39.1%	76.3%	7.5%	6.8%	53.4%	16.9%
35 to 44 years	36.7%	79.1%	5.1%	5.3%	58.1%	15.6%
45 to 54 years	30.0%	79.4%	3.7%	5.2%	66.3%	15.4%
55 to 64 years	22.8%	66.4%	2.7%	4.6%	74.6%	29.0%
65 years and over	6.9%	22.2%	0.7%	1.8%	92.4%	76.0%

According to the ACS, in Oregon individuals with disabilities are 55% less likely to work full time as opposed to part time, compared to the general population. Persons with disabilities are also over 200 percent (217.5%) more likely not to work compared to the general population (Figure 4).

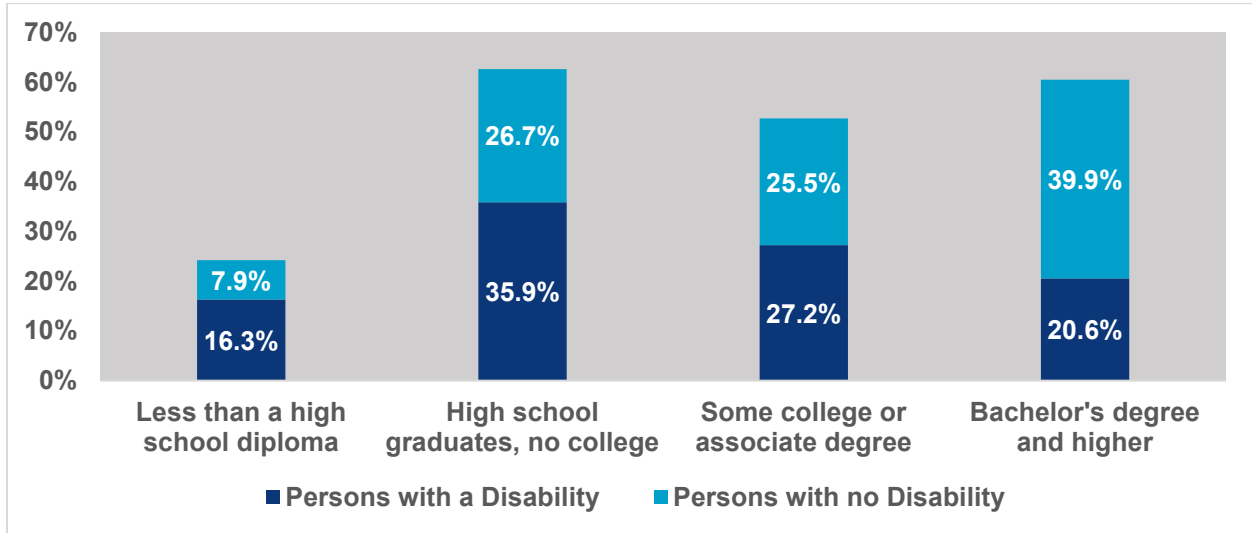
Figure 4: Work Status by Type of Disability (2019 ACS)



2.1.6 Educational Attainment

Individuals with disabilities are 106.3% more likely to have less than a high school diploma and 34% more likely to have only a high school diploma and no college experience compared to the general population of Oregon. As illustrated in Figure 5, individuals with disabilities are 50% less likely to have a bachelor's degree or higher compared to the general population. As with the general population, individuals with a disability who have higher educational attainment are more likely to be employed. For instance, an individual with a disability who has a bachelor's degree or higher is 238% more likely to be employed compared to individuals with less than a high school diploma.

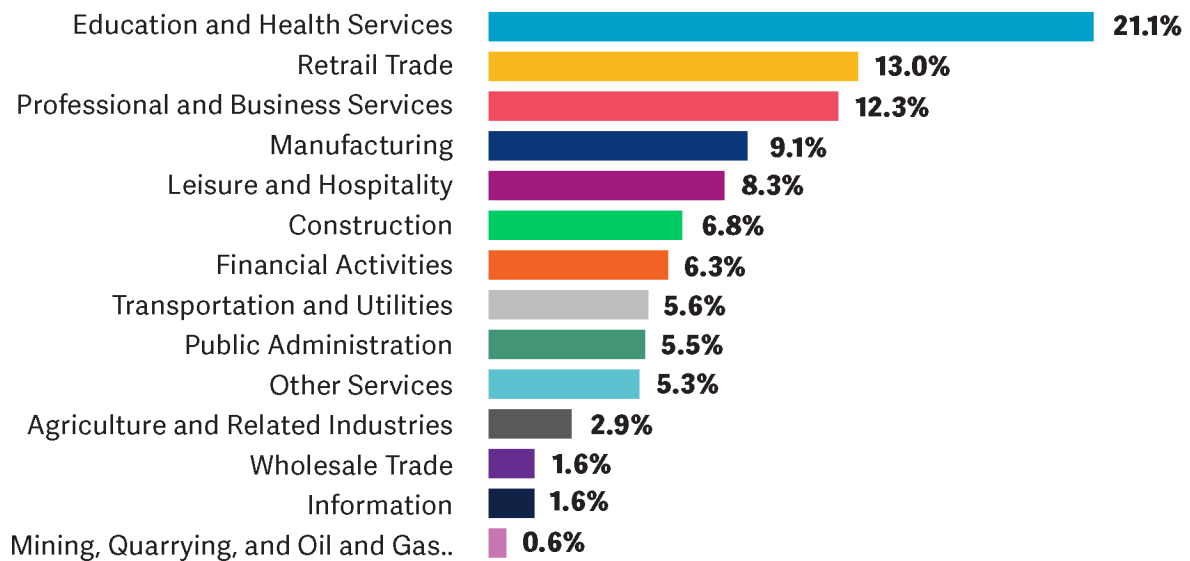
Figure 5: Educational Attainment by Disability Status (2020 CPS)



2.1.7 Most Common Industries and Occupations – BLS CPS

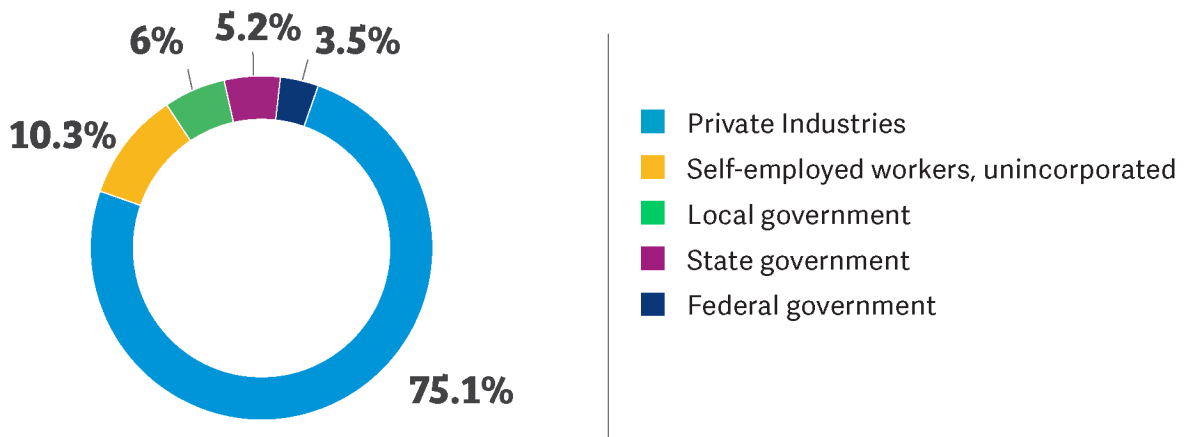
As depicted in Figure 6, the most popular occupations for individuals with disabilities to enter are education and health services (21.1%), retail trade (13%) and professional and business services (12.3%) They are least likely to work in mining, quarrying, and oil and gas extraction (0.3%).

Figure 6: Most Occupied Industries and Occupations of Individuals with Disabilities (2020 BLS)



Most individuals with disabilities work for private industries (75.1%) and are least likely to work for the federal government (3.5%).

Figure 7: Percentage of Individuals with Disabilities by Industry Sector (2020 CPS)



2.1.8 Projected Job Growth

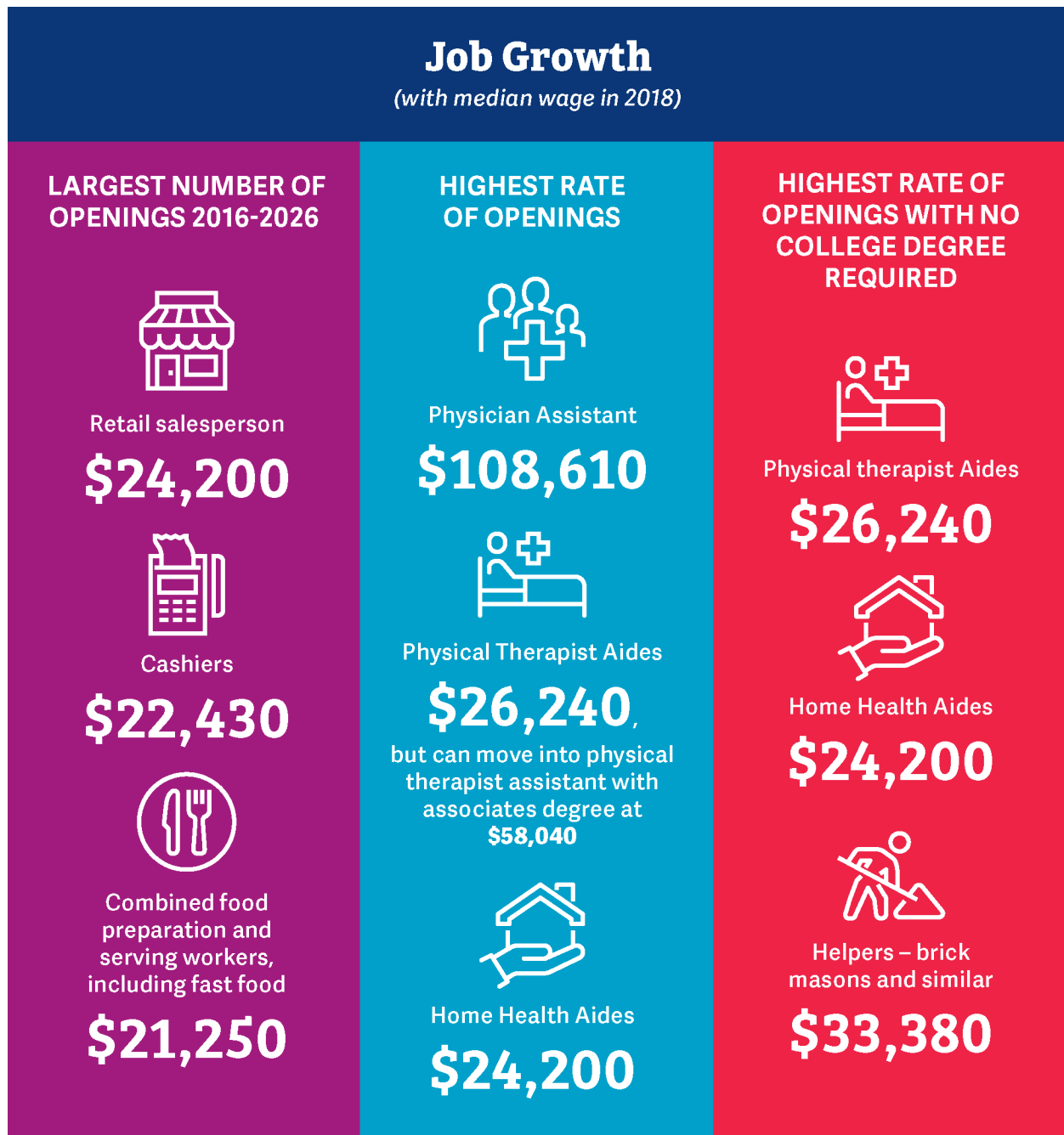
Projected job growth forecasts, or predicts, the change in the number of people employed in a particular occupation over a set period. Occupational employment projections ("projections") estimate the changes in occupational employment over time resulting from industry growth, technological changes, and other factors. Economists at the Bureau of Labor Statistics (BLS) predict whether—and by how much—the rate of employment will increase or decrease between a base year and a target year. The BLS projects the national employment to grow by 6 million jobs over the next 10 years, through 2029. This reflects an annual growth rate of 0.4 percent.

The following graphics present the fastest growing job categories in Oregon, based on estimates provided by the BLS. The BLS catalogues and categorizes every job in America based on title, job duties, and requirements to create the Standard Occupational Categories. This information can help us understand what work will look like in the future. It can also help VR better guide future services.

There are two ways to look at the fastest growing jobs: the number and the rate of growth. Figure 8 illustrates the Standard Occupational Classification (SOC) listings that measures the largest absolute number of job openings in Oregon in the next decade. Figure 8 also shows occupations with the highest predicted rate of growth that have at least 100 average openings per year. Finally, PCG included careers with the highest rate of predicted growth that do not require a college degree. For additional information see Appendix A. Job Categories with the Largest Number of Openings, Oregon 2016 – 2026

through Appendix C. Job Categories with the Highest Rate of Openings, No College Degree Required, Oregon 2016 – 2026.

Figure 8: Job Growth

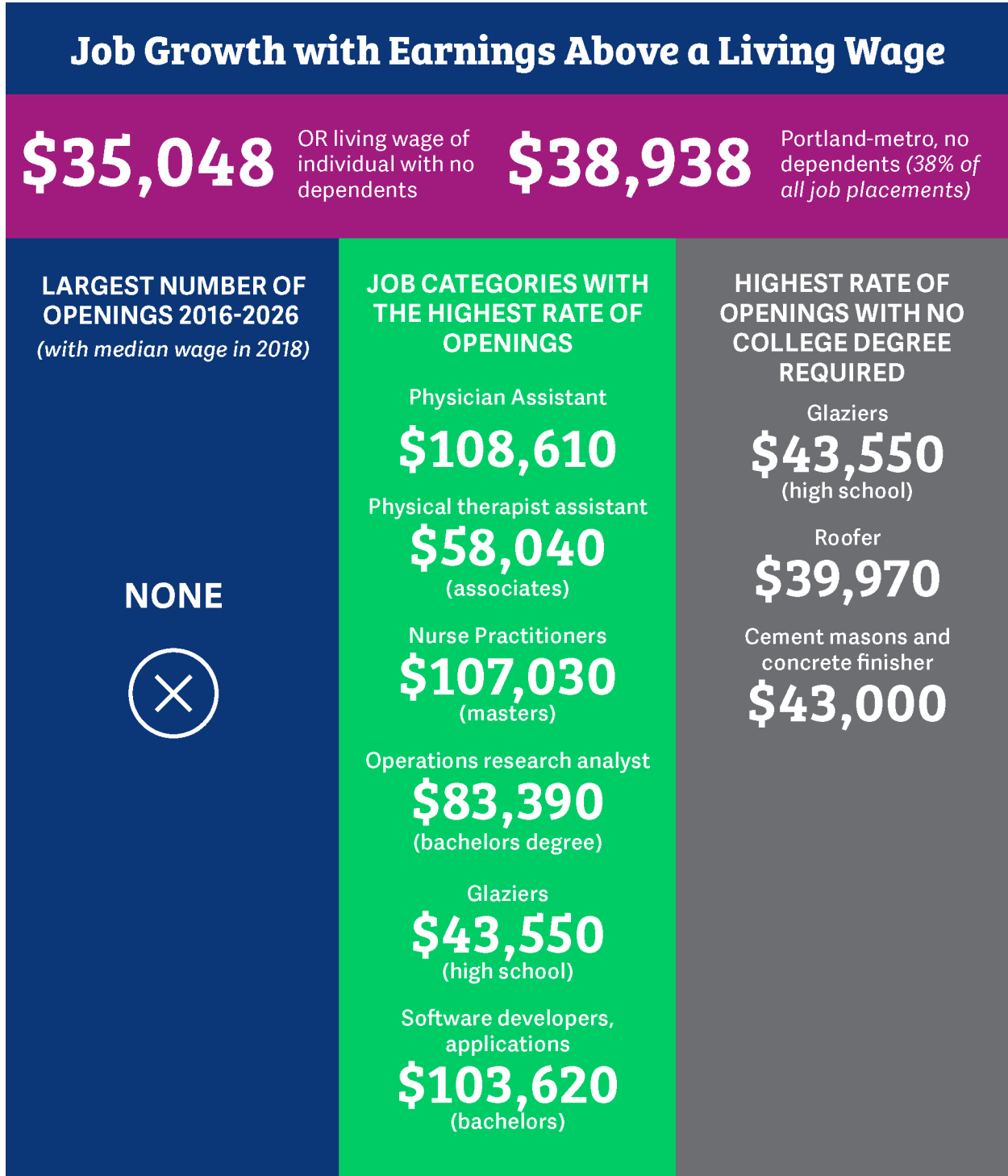


These figures look at some of the most important aspects of job categories, as well. Figure 9 compares the annual median wages for individuals in Oregon, compared to estimates

of a living wage for a single individual for the state of Oregon. A large percent of Oregonians live in Portland. The cost is greater to live there, raising the living wage in Portland-metro. Living wage estimates are provided by the Massachusetts Institute of Technology¹. Living wage is the cost for a single individual without children to live in an area and considers important aspects of living which are not taken into the federal poverty threshold such as housing, commuting, and relative differences in food prices. The complete methodology is available from the website. Figure 9 shows that individuals who gain employment with VR's support, compared to a living wage and the median wages of Oregonians in general. For further analysis and information, Figure 19 illustrates the differences in earnings when comparing individuals who are non-Hispanic white and individuals who are in racial and ethnic minority groups.

¹ <https://livingwage.mit.edu/>

Figure 9: Job Growth with Earnings Above a Living Wage



Of the jobs with the largest number of predicted openings over the next decade, none provide a median wage which is at or above the living wage in Oregon. While some individuals in these job categories do achieve a living wage, individuals who exit VR

services with employment typically do so with below average wages. FIGURE illustrates that individuals who exit VR with employment, on average, do not earn a living wage. While some individuals may have supplementary forms of income, data indicates that employment may not result in financial stability.

2.1.9 Wages

Individuals with a disability are generally more likely to have lower wage positions than individuals without a disability. Figure 10 illustrates that individuals with disabilities are 22.8% more likely to have an hourly paid job as opposed to a salaried position compared to the general population. This means their jobs and income are less secure, more likely to fluctuate, and less likely to come with an associated suite of benefits to help provide for critical costs like medical care.

Figure 10: Percentage of Individuals Working Hourly Paid Job by Disability Status (2020 CPS)

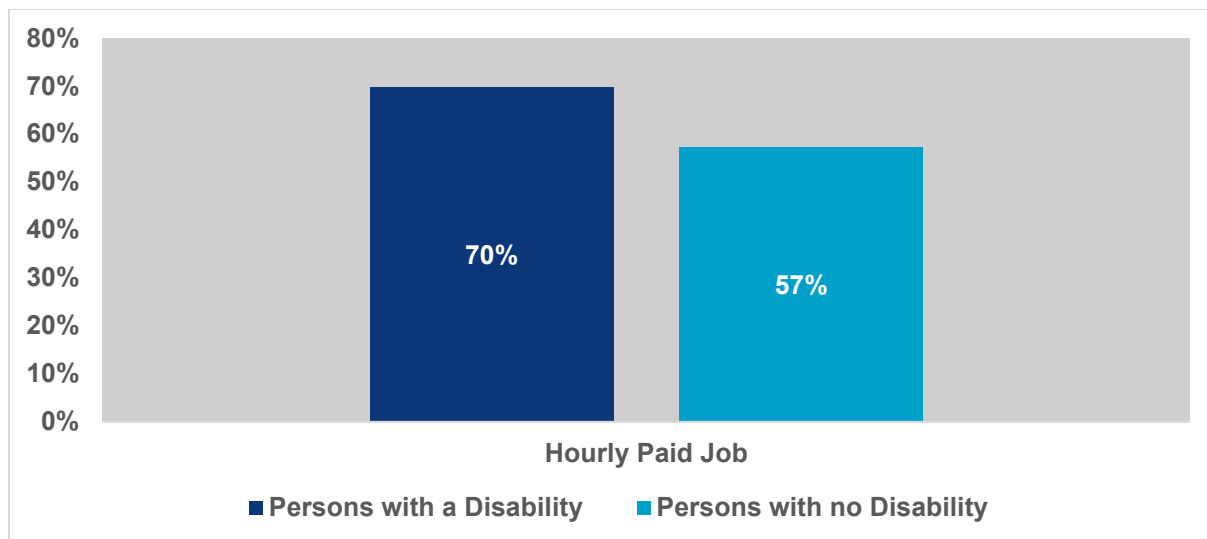
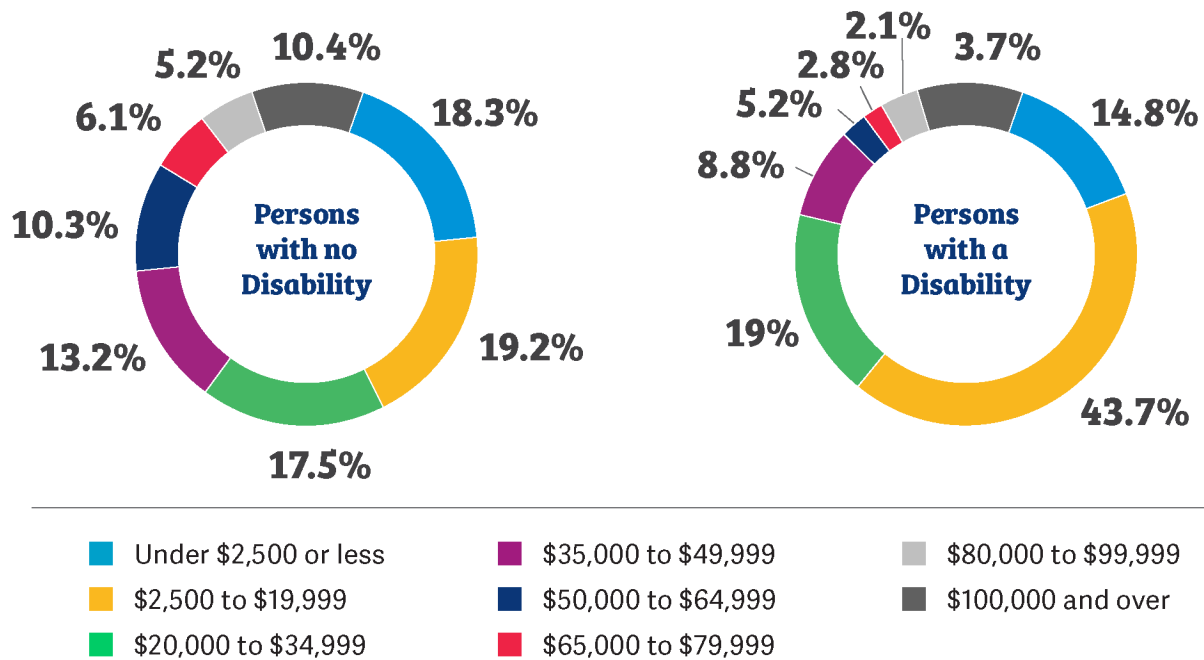


Figure 11 illustrates individuals in Oregon generally are almost 200 percent (181.1%) more likely to make over 100 thousand dollars a year compared to the disabled population. Individuals with disabilities are 56 percent more likely to make less than twenty thousand dollars a year compared to the general population.

Figure 11: Annual Wages by Disability Status (2020 CPS)



This reflects many of the barriers that other aspects of research found in this assessment such as surveys, focus groups, and interviews, and can build a cycle that discourages employment. Less secure jobs and lower incomes are both an effect and a cause of limited work experience and low job skills frequently reported in surveys.

Potential Service Population

The potential service population in Table 5 represents individuals with disabilities who could be served by VR but are not currently served. Individuals are considered part of the population service population if they are:

1. Currently unemployed (in the labor force, but do not have a job)
2. Not receiving VR services

To calculate the potential service population, those currently using VR are removed from the population of unemployed individuals with a disability. In other words, the following formula calculates the potential service population:

$$\text{Unemployed individuals with a disability} - \text{VR cases} = \text{potentially unserved individuals}$$

This calculation uses the 2019 ACS one-year estimates. VR currently has an open caseload of 4,885 while there are a total of 14,347 unemployed individuals with disabilities across the state of Oregon for a total of 9,462 potentially unserved individuals.

Table 5: POTENTIAL VR SERVICE POPULATION

Number of Unemployed Individuals with a Disability	Currently Open VR Caseload	Number of Potentially Unserved Individuals
14,347	4,885	9,462

Beyond describing the potential service population in numbers, it is also important to understand the diversity of needs faced by potentially served and unserved individuals. The following sections outline unique aspects of VR's potential service population.

2.1.10 Individuals Who are Members of Racial and Ethnic Minority Groups

Oregon is home to a wide array of minority groups. To support engagement with these populations, VR continues to hire and retain staff capable of communicating with diverse populations. Currently VR has 17 staff who have passed mandatory proficiency evaluations and have demonstrated they are bilingual in different languages. When staff are not proficient in languages, VR uses 11 contractors to provide translation services. Additionally, VR provides outreach and application materials in a number of languages. These materials, and languages, include ASL and accommodations for individuals who are blind. VR also facilitates a training unit to provide auxiliary supports.

VR reports that many providers offer services in a variety of languages. ODDS maintains a website where providers from across the state list the languages that they can serve clients with. VR's 2020-2023 State plan illustrates an example: Easter Seals Connecting Communities Program provides specialized outreach and services to native Spanish-speaking individuals, with a focus on Portland, Beaverton, Gresham, Clackamas, Salem, Woodburn and Eugene, which have large Latinx communities.

2.1.11 Individuals Who are Homeless

Many individuals who are homeless live in Oregon. Employment is one aspect of a solution in addressing homelessness. According to the U.S. Department of Housing and

Urban Development (March 2021)², Oregon has had the largest decline in the homeless population in one year compared to all other states. However, an estimated 14,655 individuals experience homelessness throughout the state. These numbers were prior to the COVID-19 pandemic. The pandemic has likely made the problem bigger. Based on the report, estimates of homelessness include: 11,995 individuals; 2,660 individuals in families with children; 1,314 unaccompanied homeless youth; 1,329 veterans, and 4,123 chronically homeless individuals. It should also be noted that the pandemic has reduced the financial stability of many Americans, putting many more individuals and families at risk of becoming homeless.

Prior to the pandemic, VR initiated collaboration with the Runaway and Homeless Youth Program to address homelessness through employment. Due to the pandemic, the collaboration work identified has not begun. Although there may be some pockets of collaboration happening at the local level, there are no larger scale initiatives yet.

2.1.12 *Employment First*

In 2008, Oregon adopted an Employment First policy, supporting work in the community as an option for all individuals with intellectual and developmental disabilities (I/DD). In 2013, Executive Order 13-04 mandated the Oregon Integrated Employment Plan. This plan led to statewide strategic thinking, development, and implementation of the Employment First policy.³ In 2015, Executive Order 15-01 enhanced previous policies to improve Oregon's systems of designing and delivering employment services to those with I/DD. This Executive Order established partnerships between the State and VR, the Office of Developmental Disability Services, the Oregon Department of Education, and the Oregon Council on Developmental Disabilities to ensure employment services are evidence-based and individualized, based on an individual's capabilities, choices, and strengths.⁴

²U.S. Department of Housing and Urban Development, Office of Policy Development and Research. <https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>

³<https://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Pages/about.aspx>

⁴<https://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Documents/Executive%20Order%2015-01.pdf>

Lane v. Brown Settlement Agreement

In September 2015, the U.S. Department of Justice and State of Oregon entered into a settlement agreement to resolve alleged violations of the Americans with Disabilities Act (ADA). As a result of the settlement agreement, the State of Oregon agreed to transform its system over the following seven years, impacting approximately 7,000 individuals. Due to the settlement, Oregon must provide and support the following activities:⁵

- 1. Individuals with I/DD that Receive(d) Sheltered Workshop Services:** Oregon will provide supported employment services to 1,115 working age-individuals that currently have or have received sheltered workshop services in obtaining competitive integrated employment. The supported services will be individualized, evidence-based, flexible, offered in an integrated employment setting, and based on an individual's capabilities, choices and strengths.
- 2. Youth At-Risk of Entering Sheltered Workshops:** As of July 1, 2015, Oregon no longer purchases, or funds sheltered workshop placements for transition-aged youth. Instead, Oregon will ensure that at least 4,900 youth ages 14 to 24 years of age are provided employment services necessary for them to prepare for, choose, get and keep integrated employment.
- 3. Enhancing Employment Outcomes:** Oregon Department of Human Services (ODHS) will enhance employment outcomes by: issuing guidance regarding the recommended standard that employment opportunities include at least 20 hours of work per week; developing and seeking approval from the Centers of Medicare and Medicaid Services for reimbursement rates for supported employment services for outcome payments and incentives for providers; offering one-time performance-based payments to providers who employ individuals with I/DD for at least 20 hours a week; and, collecting and reporting bi-annually the percentage of individuals with I/DD who receive supported employment services who are working in integrated employment settings at least 20 hours per week.
- 4. Career Development Planning:** All individuals in the target populations will receive a career development plan.
- 5. Transition Planning for Youth:** The state will develop a broad-based professional plan for transition services that includes targeted technical assistance and will facilitate engagement with Oregon school districts to continue to expand evidence-based transition practices.

⁵ https://www.ada.gov/olmstead/documents/lane_fact_sheet.pdf

6. **Training:** Through June 30, 2019, the State provided technical assistance regarding competency-based training, ongoing assistance, and support to agencies which provide supported employment services.
7. **Provider Capacity:** Through at least June 30, 2019, Oregon maintained grants for the transformation of existing and new employment service providers.
8. **Data Collection Monitoring:** The state will collect and report on a variety of data points pertaining to the settlement agreement.

Engagement in these activities to support improved services and opportunities to individuals with intellectual and developmental disabilities has come with increased participation in Vocational Rehabilitation services. As described later in the report, individuals with intellectual and developmental disabilities were the largest population served by VR in 2019.

In 2015, just over 570 individuals with intellectual and developmental disabilities worked in supported employment. Today, more than 1,575 people are working in supported employment in Oregon⁶. September 2020 marked the end of ODDS-funded sheltered workshop services in Oregon. This notable accomplishment is the culmination of tremendous efforts by self-advocates, families, providers, case management entities, among others.

COVID-19

The COVID-19 pandemic triggered unprecedented disruptions in business formation, business sustainability, and worker capacity. This may both be a barrier and an opportunity for VR. Retail and hospitality industries, which employ many individuals with disabilities, are disproportionately impacted by COVID-19. Likewise, many local and state governments continue to experience resource deficits and an unpredictable future. However, these shortfalls may precisely be the opportunity for VR to evaluate more creative models for service delivery and consumer support.

Over the course of the pandemic, VR took a number of actions to adapt service delivery methods and communicate with individuals and stakeholders. Highlights of these activities include:

⁶ <https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Documents/EF-Outcomes-2020.pdf>

- transparently communicating through a dedicated webpage on COVID-19;⁷
- issuing guidance on virtual and phone service delivery;
- providing virtual intake and orientation;
- extending eligibility timelines if dates could not be met;
- temporarily increasing funding for job placement;
- enhancing communication for transition-aged youth and their families; and
- development of a policy to address gathering electronic signatures to facilitate services.

Of course, the pandemic impacted service delivery; for example, Oregon's Youth Transition Program did not offer summer services in 2020, however Pre-ETS provided virtual services to students. Despite challenging conditions, VR looked for opportunities for innovation and adaptation to continue delivering services which support positive employment outcomes. As VR looks toward the future, there may be opportunities to leverage successful practices that may reduce barriers to service delivery.

3 Methodology

This section explains how PCG used multiple data sources to develop the analysis and recommendations. PCG incorporated information from various data sources, including existing case management data, VR consumer survey data, and focus group and interview data from individuals who support VR consumers. PCG also collected and analyzed qualitative data, which included individuals' personal experiences and stories engaging with VR.

Secondary Data Sources

PCG relied on publicly available data sources to make population level estimates and statements about the population of Oregon and the population of individuals with disabilities. The main source of this secondary data was the American Community Survey (ACS). The ACS is the largest on-going data collection performed by the US Census Bureau and constitutes the most up-to-date and complete data on US residents. It is widely used by private and public entities to understand the population. Additionally, the

⁷ <https://www.oregon.gov/dhs/EMPLOYMENT/VR/Pages/COVID-19.aspx>

Rehabilitation Services Administration suggests the ACS as a resource for agencies to rely on for the CSNA process.

This assessment uses two forms of the ACS: 1-year and 5-year estimates. The 1-year estimates report on the results of a single year of ACS surveys, with data weighted to reflect the population at that point in time. The data are accurate and useful for measuring and understanding large groups within states. The 5-year estimates combine data from the prior five years of data collection, allowing more detail about smaller population groups. However, data is combined across five years. This means data can be out of date and has difficulty capturing rapid changes.

PCG also used the Bureau of Labor Statistics (BLS) 2020 Current Population Survey (CPS). The Current Population Survey (CPS) is a monthly survey of households conducted by the U.S. Census Bureau. The questions are mostly about employment. In addition to serving as the primary source of employment data, the CPS is used to collect data for other studies of the economic and social well-being. The Census Bureau adjusts the CPS controls each year to include the latest information about population change and to incorporate any improvements in methodology.

PCG also used the United States Department of Agriculture (USDA) Rural-Urban Continuum Categories (RUCC). These categories place all US counties in a continuum based on their rurality- defined by population, commuting trips, and proximity to metro areas. PCG used these categories to decide if individuals lived and received services in places that are more or less urban.

3.1.1 A Note on Significance Testing

Tests of significance are an important and useful tool to understand complex populations and data. However, there are limited uses for tests of significance in this assessment. PCG describes these reasons below.

Significance tests determine if a difference is greater than what could be expected due to sampling error. For many sections of these results, particularly the Demographic Data, Service Utilization and Expense, Employment, and Potential Service Population sections, PCG knows the entire population. Without any sampling error present, significance tests lose meaning. Every measurement is significant. In other words, significance does not tell us if something is important.

The federal data sources that VR's program data is compared to are extremely large. The ACS and CPS are some of the largest data collection efforts in the United States, making them among the largest in the world. The level of error associated with these measures is extremely small and almost any difference will be determined to be significant.

Likewise, tests of significance are never appropriate to use on qualitative data, which appears throughout this section.

Tests of significance are appropriate for survey data. However, even in this data PCG has tried to deemphasize use of significance testing. While significance can be useful for determining meaning, it is too often used as the only measure of importance. PCG has tried to emphasize trends, size of differences, and multiple sources of information over relying on significance.

Surveys

PCG disseminated surveys to numerous stakeholder groups to illicit feedback on their experiences engages with VR. Figure 12 provides a list of the stakeholder groups who received requests for survey participation.

Figure 12: Stakeholder Organizations who Received Survey Requests



3.1.2 Consumer Survey

PCG collaborated with VR to develop and implement the VR Consumer Survey. The 48-question survey was designed to collect:

- basic demographic characteristics;
- individuals' experiences working with VR;
- program successes and challenges;
- barriers faced when seeking employment;
- services they used or required; and,

- other groups they partnered with in the community while seeking a job.

Questions varied depending on a respondents' specific answer patterns. Most questions featured multiple choice responses. Many questions also included open-ended text fields for respondents' additional thoughts. On average, the survey took about fifteen minutes to complete. This estimate excludes individuals who took longer than 120 minutes to complete the survey, as those individuals most likely engaged with the survey in multiple parts or did not fully close the browser window.

PCG hosted the survey on Qualtrics survey software. VR and PCG staff rigorously tested several draft survey iterations so the final version ensured functionality and question logic. PCG also tested and revised the survey to achieve the highest degree of accessibility for individuals who used assistive technology to complete the survey.

PCG sent the survey through individualized links to individuals for whom VR could provide an e-mail address. This included:

- currently enrolled Vocational Rehabilitation (VR) consumers/participants;
- individuals with closed VR cases;
- individuals for whom VR had an e-mail address, but no finding of eligibility was ever made/services received; and,
- youth receiving in pre-employment transition services (Pre-ETS).

Individuals were also allowed proxy responses. In other words, a parent, spouse, or caretaker familiar with the targeted individual's situation and concerns could complete the survey on the individual's behalf.

PCG invited 16,025 individuals with valid e-mail addresses to participate in the survey. PCG received 1,014 surveys in which respondents answered five percent or more of the survey questions. The final survey response rate was 6.3%, including 400 current VR consumers and 614 individuals who did not have an active VR case.

The survey instrument is included in Appendix D. Participant Survey Protocols of this report.

3.1.3 Staff Survey

PCG collaborated with VR to develop and implement a survey of VR staff. This survey contained 42 questions. The survey collected information about:

- information on staff role within VR;
- service adequacy within their community;

- program successes and challenges;
- barriers faced by VR consumers; and,
- relationships with other community rehabilitation service providers.

On average, this survey took about twenty-three minutes to complete. This estimate excludes individuals who took longer than 120 minutes to complete the survey, as those individuals most likely engaged with the survey in multiple parts or did not fully close the browser window.

PCG hosted the survey on Qualtrics survey software. VR and PCG staff rigorously tested several draft survey iterations so that the final version ensured functionality and question logic. PCG also tested and revised the survey to achieve the highest degree of accessibility for individuals who used assistive technology to complete the survey.

PCG sent the survey through individualized links to all current VR staff.

PCG invited 319 individuals with valid e-mail addresses to participate in the survey. PCG received 117 surveys in which respondents answered five percent or more of the survey questions. The final survey response rate was 36.6%.

The survey instrument is included in Appendix E. Staff Survey Protocols of this report.

3.1.4 Community Partner Survey

PCG and VR developed a suite of surveys for individuals in the disability community who do not necessarily have direct ties to VR. These included community partners who take referrals from VR or work with similar consumer populations, businesses who work with VR, and individuals with disabilities who do not and never have worked with VR. Due to limitations in the sampling frame, PCG used respondent-driven sampling. Potential respondents received an anonymous link to the online survey instrument. PCG encouraged respondents to share the survey with other individuals in their organization or outside organizations that would meet the definition of a community partner. As the full extent of the potential sample is unknown, a response rate cannot be calculated for the community partners survey.

The survey instrument is included in Appendix F. Community Partner Survey Protocols of this report.

PCG also received the following completed surveys from the two groups outlined in Table 6 below:

Table 6: Respondent-Driven Surveys Completed by Audience

Audience	Number of Completed Surveys
Community Partners	19
Non-Participants	14

The survey instruments for both businesses and non-participants can be found in Appendix G. Business Survey Protocols and Appendix H. Non-Participant Survey Protocols, respectively.

In addition, demographic information for both consumer and staff survey participants can be found in Appendix I. Participant Survey Respondent Demographics and Appendix J. VR Staff Survey Respondent Demographics, respectively.

Key Informant Focus Groups & Interviews

PCG conducted a series of focus groups and interviews with a variety of audiences to learn more about individuals' experiences with VR, the services provided by VR, VR strengths, and potential service gaps. PCG conducted focus groups with service providers, individuals receiving VR services, youth who received Pre-ETS, educators, CRP staff and DHS staff. Table 7 identifies the focus group audiences, the number of focus groups conducted for each audience, and the total number of participants.

Individual VR consumers proved difficult to reach throughout this research effort. PCG made multiple outreach attempts and rescheduled groups to accommodate schedules. Despite these efforts, consumer participation was limited. In particular, participation with individuals with disabilities who do not receive services did not allow for any direct data to be gathered. These consumers are, by definition, those with the lowest levels of VR contact and frequently lack up-to-date contact information. PCG included these populations in the survey outreach effort as a work-around. This effort garnered more success. In addition, participation among youth in suburban and rural populations was limited. (See the Limitations section of this report for more detail.)

PCG and VR collaborated to find additional workarounds to augment consumer participation. PCG reached out to service providers and scheduled interviews and focus groups with these organizations around existing VR outreach efforts to maximize participation.

Table 7: Summary of Focus Groups Conducted

Audience	Number of Focus Group Participants	Number of Interviews	Total
Vocational Rehabilitation Consumers	5	—	5
VR Staff	7	—	7
Service Providers	5	3	8
Educators	9	—	9
Pre-ETS Providers	9	4	13
Youth	3	—	3
Employers	2	1	3
Coordinating State Agencies	—	5	5
Total	40	13	53

PCG used Zoom videoconferencing platform to conduct all focus groups. PCG chose Zoom because of the relatively high degree of familiarity and accessibility among audiences. In addition to taking notes, we recorded many of these sessions to ensure accuracy of reporting.

In addition to focus groups, PCG conducted one-on-one interviews with individuals who were unable to attend focus groups. We conducted these interviews over the platform preferred by the interviewee. The number of interviews done with each population is included in Table 7, above.

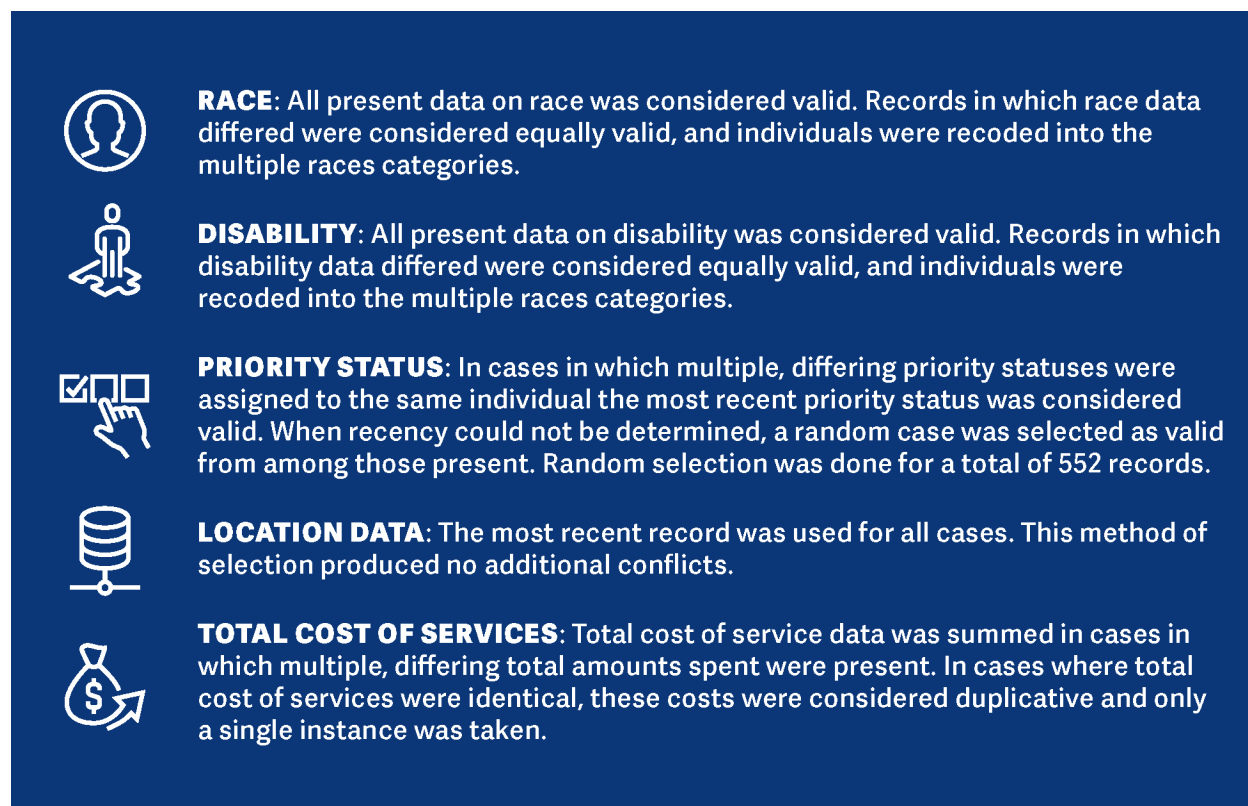
For a list of focus group and interview protocols see Appendix K. Consumer Focus Group Protocols through Appendix R. Key Interview Protocols.

Case Management Data

PCG analyzed case management data from VR's case management system for all cases open at any point between December 1, 2017 through February 1, 2021. Specifically, data elements included demographic characteristics and service use of consumers with a case open within this time frame. If an individual had multiple cases, PCG focused on the most recent case or support. This data is the source of demographic, service use, and service expenditure data. In all, this included 21,796 unique participants.

To use this data, PCG performed several data transformations as it was provided with individual data spread across several records that were collapsed into a single case record. The following transformations were run and are documented here:

Figure 13: Required Data Transformations and Definitions



RACE: All present data on race was considered valid. Records in which race data differed were considered equally valid, and individuals were recoded into the multiple races categories.

DISABILITY: All present data on disability was considered valid. Records in which disability data differed were considered equally valid, and individuals were recoded into the multiple races categories.

PRIORITY STATUS: In cases in which multiple, differing priority statuses were assigned to the same individual the most recent priority status was considered valid. When recency could not be determined, a random case was selected as valid from among those present. Random selection was done for a total of 552 records.

LOCATION DATA: The most recent record was used for all cases. This method of selection produced no additional conflicts.

TOTAL COST OF SERVICES: Total cost of service data was summed in cases in which multiple, differing total amounts spent were present. In cases where total cost of services were identical, these costs were considered duplicative and only a single instance was taken.

Additionally, groups were recategorized to summary groups to allow for reporting and consistency with ACS definitions. These recategorizations are presented in Appendix S. Major Categories Crosswalk through Appendix W. Service Categorization Crosswalk.

Qualitative Analysis

Qualitative data analysis is critical to understanding the needs and views of any group. Often, it is a first step in a new research process. Qualitative data analysis helps researchers identify and learn about previously unknown concerns. Perhaps most importantly, qualitative research encourages individuals to express their issues and concerns as they understand and experience them. Individuals use their own words, increasing the chances they will feel heard. Finally, qualitative data is less likely to be affected by any researchers or funding organization's unintentional filters or biases. PCG incorporated qualitative data from focus groups, interviews, and consumer surveys into this report. This information informs both broad themes and details.

PCG staff analyzed all qualitative research through grounded analysis. In this method, analysts review gathered data without preconceived ideas of what may be present. Rather than building upon themes identified in the quantitative research, then searching for links or supporting materials, the qualitative research is allowed to speak for itself.

Analysts identify themes that emerge naturally from the data and then link qualitative and quantitative research themes together.

PCG analysts read and reviewed all qualitative data and created summary documents that distilled a large body of qualitative data into important, high-level findings. Analysts reviewed notes and recordings of focus groups, interviews, and nearly 1,000 open-ended comments generated by the consumer survey. Synthesized materials informed our findings and recommendations.

Limitations

There are several limitations to the data and analysis available in this report which must be stated clearly. Much of the data presented by VR for analysis needed to be recoded or recategorized to be easily understood or compared to reliable sources of data such as the American Community Survey. These are documented in Appendix S. Major Categories Crosswalk through Appendix W. Service Categorization Crosswalk, but necessarily limits the detail of some of the data provided.

Additionally, while PCG reached out to a number of different populations for input, there was a limited amount of feedback provided from certain populations. Attempts were made to provide a survey to individuals with disabilities who had never received services from VR. While some surveys were completed by this population, minimum response sizes were not met on most survey items. A similar situation occurred with a survey designed to target businesses that VR has worked with. PCG had to rely on other sources of information to learn more about the services provided.

While the community partners survey did receive enough responses to provide usable data, the sample for this survey skewed heavily toward educational organizations and schools. Those organizations are overrepresented in the data, but they are important organizations. Education organizations and schools are critical partners to working with youth populations. While this overrepresentation is notable, it does not justify ignoring the data.

In addition to low respondent rates for certain survey populations, the same was true for focus groups and interviews. In particular, attempts were made to conduct outreach with individuals with disabilities who never received VR services but were unsuccessful. Also, while multiple attempts were made to schedule focus groups with youth and Pre-ETS recipients, response rates remained low. However, PCG was able to conduct one youth focus group and the information shared was fruitful. Lastly, efforts were made to engage employers for one-on-one interviews, but response rates were also low, but PCG was able to conduct one employer interview.

Definitions

This section provides descriptions of case closure status and significance of disability. These terms are used throughout this report.

3.1.5 Case Closure Status

Closed Successful cases are exclusively those cases closed with competitive, integrated employment.

Closed Unsuccessful are cases closed for all other reasons, including extended unemployment, falling out of contact with VR, or lack of interest in VR services. These include only cases in which a finding of eligibility was determined.

3.1.6 Significance of Disability⁸

An individual with a **significant disability** is an individual who has a severe physical, mental or sensory impairment or a combination of impairments that creates significant limitations in one or more functional capacities that prevents successful employment. They are expected to require multiple VR services that contribute to the achievement of competitive integrated employment over an extended period of time to complete.

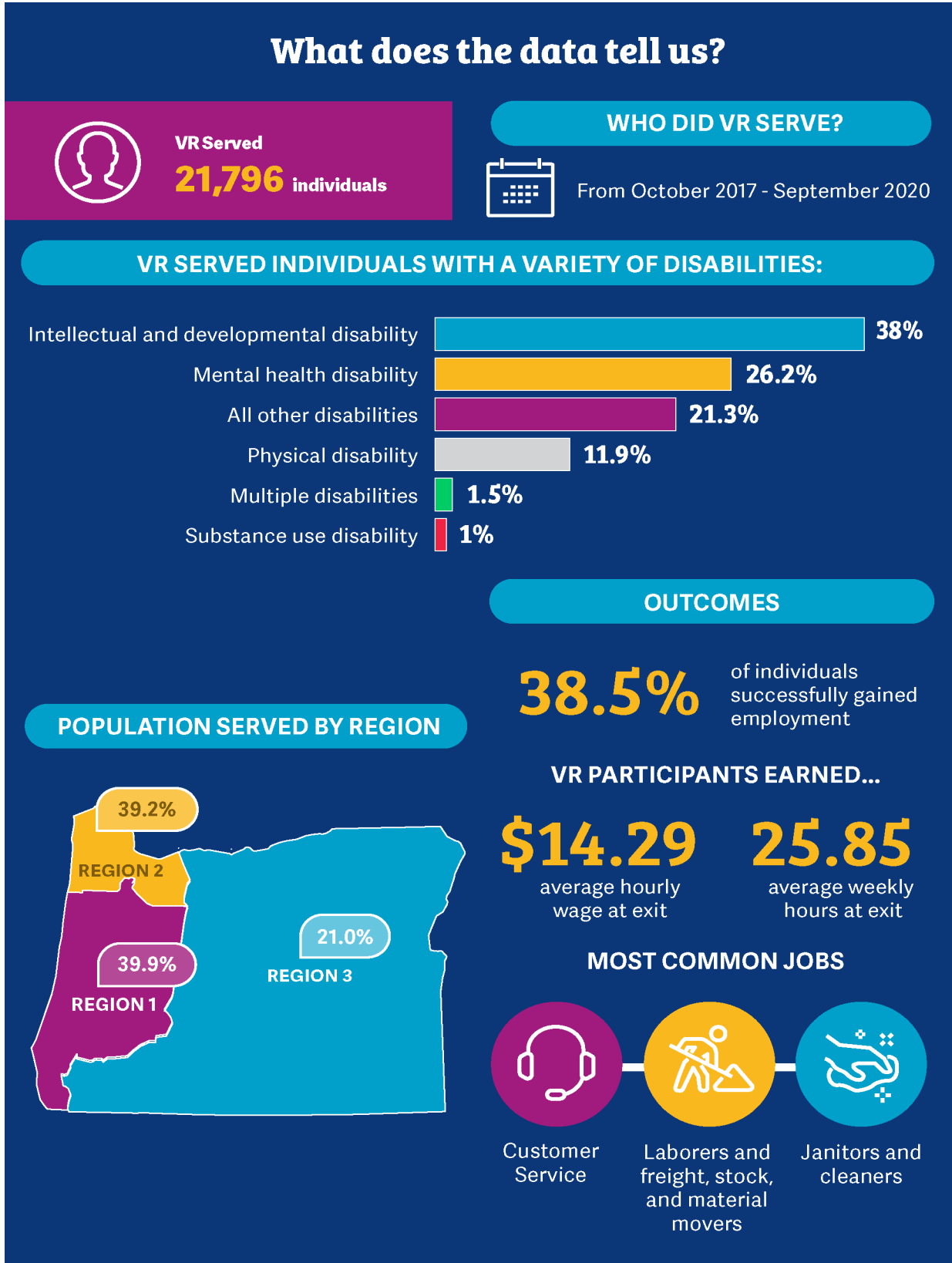
An individual with a **most significant disability** is an individual who has a severe physical, mental or sensory impairment or combination of impairments that creates significant limitations in two or more functional capacities that prevents successful employment. Their vocational rehabilitation requires two or more VR services that contribute to the achievement of competitive integrated employment; and these VR services may require six months or more from the date in which services are initiated to complete.

4 Results

The following section presents PCG's findings. More detail on how data was collected, categorized, and analyzed is available in the Methodology section. For further insight into these topics, see the Analysis section. This section highlights the most interesting and important results and does not include the results of every question or topic inquired about during PCG's research.

⁸ <https://www2.ed.gov/policy/speced/guid/rsa/tac-05-01.pdf>

Figure 14: Data Overview



Demographic Data

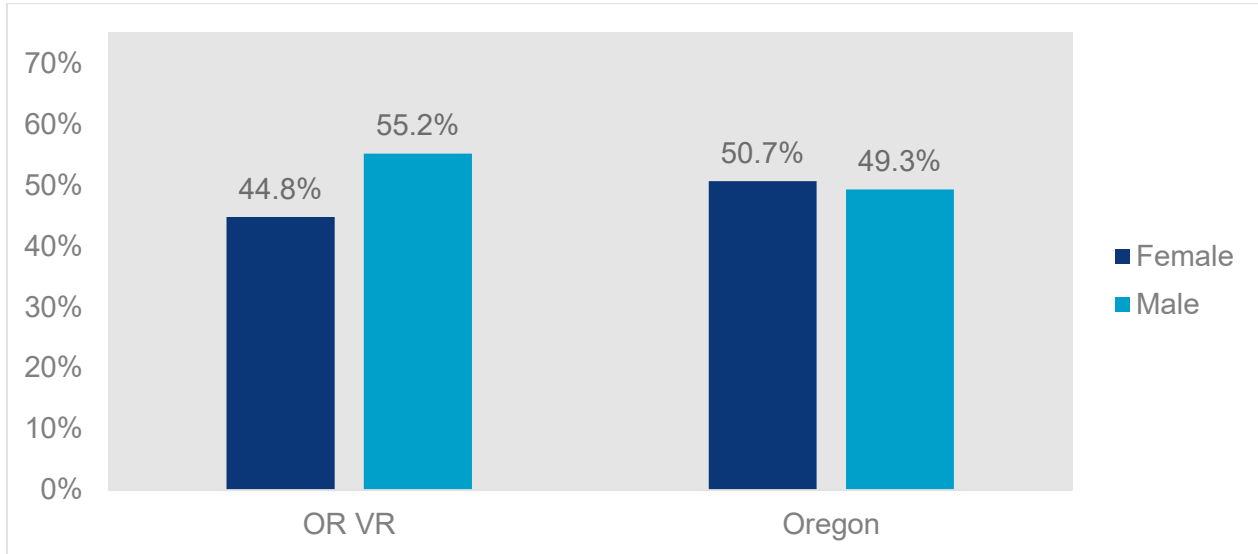
The following data is drawn from VR's internal data of cases in service within the prior three years, or currently active at the point of the data request (February 2021). Several variables, including disability, race, and ethnicity, had to be recoded and recategorized from the data provided by VR. See Appendix T. Disability Categories Crosswalk, Appendix U. Race Categories Crosswalk, and Appendix V. Ethnicity Categories Crosswalk for a complete listing of these transformations.

VR cases are spread across the spectrum of case status. However, notably, almost half (47.7%) of the case population are in a Closed-Other status, indicating that their cases were closed without a successful integrated, competitive employment outcome, or a rehabilitation outcome. At the time of the data request, VR had 3,454 cases in service status, and another 830 cases employed or receiving post-employment services (Table 8).

Table 8. Oregon Vocational Rehabilitation Most Current Case Statuses

Status	Count	Percent
Application	9	0.0%
Eligible	592	2.7%
Service	3,454	15.8%
Employed	548	2.5%
Post-Employment Services	282	1.3%
Closed-Rehab	6,504	29.8%
Closed-Other	10,407	47.7%
Total	21,796	100%

As seen in Figure 15, the service population of VR skews toward male participants. While female individuals make up a slight majority of the population in Oregon generally (50.7%), females represent only 44.8% of VR cases.

Figure 15. Oregon Vocational Rehabilitation Service Population by Gender

VR participants are more likely to be listed as possessing specific categories of disabilities. In particular, intellectual and developmental disabilities make up a large share of the participant population. VR's population records did not contain any individuals who exclusively had sensory disabilities, i.e. blindness or visual impairment, or deafness or hard-of-hearing individuals. All individuals with such disabilities were either categorized under multiple disabilities or the receive services from other organizations (Table 9).

Table 9. Oregon Vocational Rehabilitation Service Population Disability Status

Disability	Count of VR Population	Percent of VR Population
Intellectual and developmental disability	8,291	38.0%
Mental health disability	5,708	26.2%
All other disabilities	4,648	21.3%
Physical disability	2,604	11.9%
Multiple disabilities	336	1.5%
Substance use disability	209	1.0%
Total	21,796	100.0%

Geographically, the VR service population closely resembles the population distribution of individuals of working age who are disabled in Oregon. Understood by VR's

administrative regions, VR's participants are slightly less likely to live in Region 1 (the counties that comprise and surround the Portland metro-area) and slightly more likely to live in Region 2 (the coastal counties south of Portland to the boarder with California). Note that individuals listed residences outside the state of Oregon listed within VR data are not considered in Figure 16 and Table 9.

Figure 16: Map of Oregon Counties by VR Administrative Region

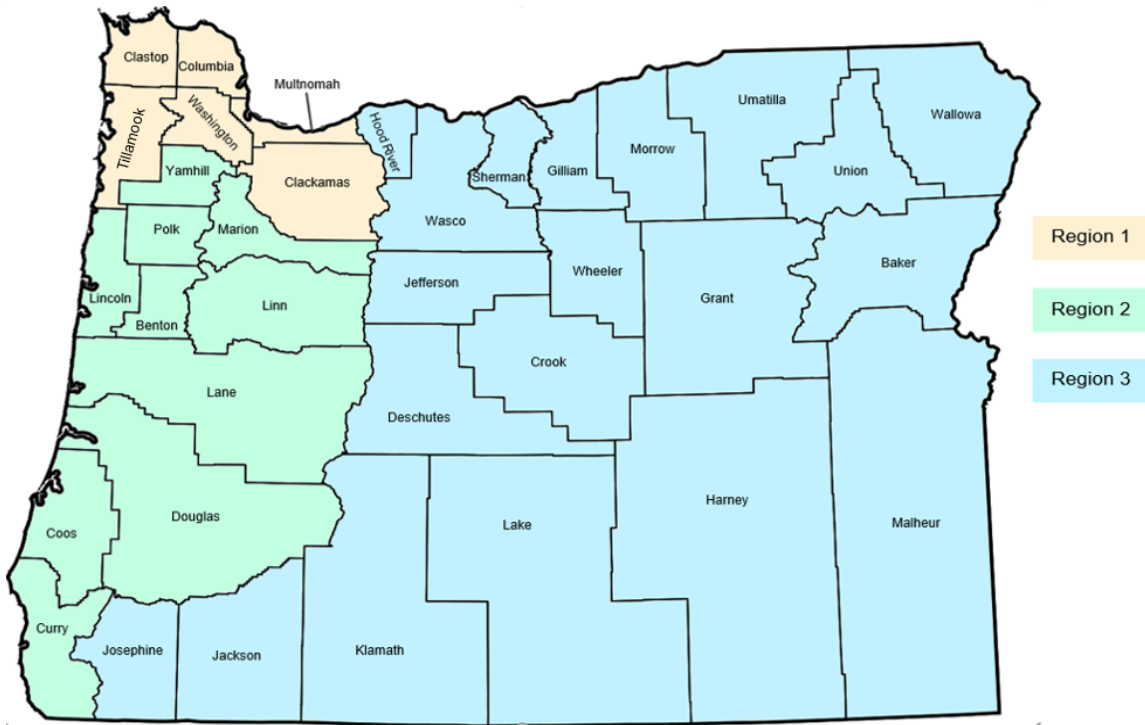


Table 10: VR Population by Administrative Region

VR Region	Count of VR Population	Percent of VR Population	Count of Oregon Service Age Population	Percent of Oregon Service Age Population
Region 1	8,663	39.9%	141,236	43.3%
Region 2	8,510	39.2%	114,018	35.0%
Region 3	4,557	21.0%	70,772	21.7%

Table 11 looks at VR participants by age and reveals one of the limitations to American Community Survey data. The VR participant population is notably younger than the population of individuals in Oregon with a disability. The largest group within VR participants is the 22 to 34-year-old age group (30.9% of participants). However, in the population, the largest group is those 65 and older (42.3%).

Table 11: VR Population Compared to ACS Population with a Disability by Age

Age	VR Caseload Count	VR % of Total	ACS Count - 2019	ACS % of Total - 2019
13 and younger	NA	NA	26,962	4.4%
14 to 21	1,967	9.0%	31,869	5.2%
22 to 34	6,737	30.9%	64,718	10.6%
35 to 44	3,769	17.3%	49,013	8.0%
45 to 54	3,956	18.2%	69,414	11.3%
55 to 64	3,867	17.7%	111,012	18.1%
65 and older	1,500	6.9%	258,941	42.3%
Total	21,796	100.0%	611,929	100.0%

VR counselors display a pattern in their case priority findings when the results of those findings are examined by participant age. Individuals over the age of 45 are less likely than younger individuals to be rated as having Priority 1 disabilities, and more likely to be rated as having Priority 3 disabilities; this is demonstrated in Table 12. Priority 3 disabilities are considered those which are the least significant, comparatively. Note the titles of case priority groups are derived from the data provided by VR.

Table 12: VR Population Significance of Disability by Age

		Age					
		14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Priority	Most Significantly Disabled - Priority 1	67.3%	76.8%	67.8%	61.3%	52.9%	37.0%
	Most Significantly Disabled - Priority 2	20.2%	14.5%	17.6%	21.6%	24.3%	29.1%
	Significantly Disabled - Priority 3	9.8%	6.6%	11.0%	13.9%	19.7%	31.8%
	Unknown	2.7%	2.1%	3.7%	3.2%	3.1%	2.1%

This difference in findings of case priority may be linked to a large difference in priority findings that exists between VR's administrative regions. Older individuals, particularly in Oregon, tend to be more rural. There is a large difference in the rate at which individuals in Oregon's more rural, eastern counties (Region 3) are found to have Priority 1 disabilities. While there is a difference in this rate between Region 1 and Region 2 in this area, it is 50 percent of the difference between Region 2 and Region 3. This is displayed in Table 13. Note that individuals outside of Oregon have findings like Region 3. Cases outside of Oregon have also seen the highest rate of cases which have not received the same level of Priority 1 diagnoses.

Table 13: VR Population Significance of Disability by Region

	Region 1	Region 2	Region 3
Most Significantly Disabled - Priority 1	69.8%	64.7%	54.5%
Most Significantly Disabled - Priority 2	17.0%	19.2%	25.0%
Significantly Disabled - Priority 3	10.9%	12.6%	17.9%
Unknown	2.2%	3.5%	2.5%

Individuals who are more impacted by their disability, labeled as Priority 1 cases tend to be open longer and are likely to have a less successful rehabilitation, no matter what outcomes they are seeking. The average length of services are shown in Table 14. This is to be expected, with individuals in Priority 1 cases most likely to have complex service needs and more difficulty finding a job in which their unique needs are receptive towards. Likewise, cases which close successfully (both rehabilitation and those that closed rehabilitated with PES outcomes) tend to be open as long or longer than cases in a similar priority category which are closed with some other outcome.

Table 14: VR Average Length of Days Service, Significance of Disability by Closure Reason

	Average length of service days		
	Closed-Other	Closed-Rehab	Total
Most Significantly Disabled - Priority 1	435	534	470
Most Significantly Disabled - Priority 2	408	398	403
Significantly Disabled - Priority 3	338	302	318
All Cases	420	458	435

Examining the VR participant population by race shows the population tracks close to the overall Oregon percent of population of individuals with a disability. VR is slightly more likely to serve individuals of multiple or other races and slightly less likely to serve Asian American and White individuals, but these differences are small and may be best accounted for as part of caseload turn over (

Table 15: VR Population compared to ACS Population with a Disability by Race

Race	VR Caseload Count	VR % of Total	ACS Count - 2019	ACS % of Total - 2019
White	18,842	86.4%	535,397	87.5%
Multiple Races/Other	1436	6.6%	38,053	6.2%
Black or African American	757	3.5%	12,378	2.0%

Race	VR Caseload Count	VR % of Total	ACS Count - 2019	ACS % of Total - 2019
American Indian or Alaskan Native	317	1.5%	9,860	1.6%
Asian	339	1.6%	15,024	2.5%
Native Hawaiian or Other Pacific Islander	105	0.5%	1217	0.2%
Total	21,796	100.0%	611,929	100.0%

Some of the minor differences between the population of VR participants and the population with a disability may be due to VR's predominance of younger individuals. Examining the racial background of VR participants by age shows that younger participants are more diverse than other participants. In particular, VR participants in the youngest age range (14 to 21 years) are more than 30% more likely to report a mixed racial heritage than individuals only slightly older (22 to 34), as seen in Table 16.

Table 16: VR Population Race by Age

		Age					
		14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Race	White	83.0%	85.3%	85.5%	87.6%	88.0%	91.4%
	Black or African American	3.1%	3.6%	3.7%	3.4%	3.6%	2.5%
	American Indian or Alaska Native	1.4%	1.4%	1.6%	1.3%	1.6%	1.3%
	Asian	1.7%	2.0%	1.6%	1.3%	1.1%	0.9%
	Native Hawaiian and Other Pacific Islander	0.6%	0.5%	0.5%	0.4%	0.4%	0.5%
	Some Other Race	0.1%	0.1%	0.2%	0.2%	0.2%	0.1%

		Age					
		14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
	Two or More Races	10.1%	6.9%	6.8%	5.6%	5.1%	3.2%

Though VR's participant population is racially similar to the population of Oregon with a disability, there is a large, meaningful difference when it comes to ethnicity. VR participants are much more likely to report being Hispanic or Latino/a than working aged people in Oregon with a disability. In fact, they are more than five times as likely to be Hispanic as one would predict if services were distributed completely randomly. These are detailed in Table 17.

Table 17: VR Population compared to ACS Population with a Disability by Hispanic Ethnicity

Ethnicity	VR Caseload Count	VR % of Total	ACS Count - 2019	ACS % of Total - 2019
Not Hispanic	19,587	89.9%	600,115	98.1%
Hispanic	2,209	10.1%	11,814	1.9%
Total	21,796	100.0%	611,929	100.0%

When comparing the length of cases by race and priority, there are few differences. Cases for Non-White individuals in the most significant priorities category take roughly the same amount of time to close as cases for White individuals. Cases with minority race individuals in the Priority 3 category tend to be open somewhat longer than cases with white individuals, as seen in

Table 18: VR Average Days of Service by Racial or Ethnic Minority Status and Priority

Significance of disability	Average days of Service		
	Non-White	White	% Difference
Most Significantly Disabled - Priority 1	458	474	96.6%
Most Significantly Disabled - Priority 2	399	404	98.8%

Significance of disability	Average days of Service		
	Non-White	White	% Difference
Significantly Disabled - Priority 3	363	308	117.9%
TOTAL	434	435	99.77%

Additionally, there is a noteworthy difference in assignment of priority between white and non-white individuals, depicted in Table 19. Non-White individuals are more likely to be found to have Priority 1 disabilities than White individuals, and less likely to be found to have all other priorities. This may be related to the difference in priority assignment by geography, cited in

Table 10 above. Non-White individuals tend to be clustered around urban areas in the United States, which in Oregon largely means Region 1 – the area most likely to have Priority 1 cases.

Table 19: VR Population Significance of Disability by Racial or Ethnic Minority

Significance of Disability	White	Non-White
Most Significantly Disabled - Priority 1	64.1%	66.4%
Most Significantly Disabled - Priority 2	19.8%	18.9%
Significantly Disabled - Priority 3	13.4%	11.6%
Unknown	2.7%	3.0%

Service Utilization and Expenses

VR provided a complete list of services that were provided to participants over the past three years, including those provided to participants currently enrolled, along with the cost of those services. This section of the report examines both the total cost of services received by participants and the number of services received to understand if there are any groups which appear to be underserved.

Examined by age, there are two groups that stand out as having meaningfully different service costs than others. Individuals aged 14 to 21 have a lower mean service cost than participants as a whole, and received the fewest VR services. This is potentially driven by the ability of these individuals to receive services similar or identical to VR services but which are funded by other sources. They are also more likely to be supported by family and through school, and may have fewer needs which it falls on VR to address. Counter to this, individuals aged 22 to 34 have spending costs which are roughly 123 percent of the average cost of services of VR cases. This group also receives a larger number of services-per-individual than any other age range (Table 20).

Table 20: VR Average Costs of Services by Age

Age	Count	Mean Total Cost of Services	Mean Number of Services
14 to 21	1,967	\$1,847.12	3.2
22 to 34	6,737	\$4,105.90	5.6

Age	Count	Mean Total Cost of Services	Mean Number of Services
35 to 44	3,769	\$3,323.62	5.0
45 to 54	3,956	\$3,117.77	4.8
55 to 64	3,867	\$3,043.82	4.7
65 and older	1,500	\$3,324.60	3.8
Total	21,796	\$3,345.24	4.9

Individuals in the Pre-ETS age range accounted for 4.9% of all VR service spending (\$3.6 million out of a total of \$72.9 million). However, this may not fully account for service spending on Pre-ETS individuals, as many individuals currently in the 22 to 24 age range were Pre-ETS aged within the prior three years. Grouping individuals aged 14 to 21 results in the average service spending per individual to increase (Table 21), with a total percent of spending of 12.4 percent.

Table 21: VR Average Costs of Services by Age (14-24 vs. Other Ages) , 2018-2020

Age	Count	Mean Total Cost of Services	Mean Number of Services
Pre-ETS any point in last 3 years (Age 14 to 24)	3,494	\$2,589.60	4.1
Not Pre-ETS at any point in the last 3 years	18,302	\$4,165.95	5.0
Total	21,796	\$3,345.24	4.9

The distribution of funds spent by VR related to case priority is as expected. Cases in Priority 1 receive the most spending per case and the greatest number of services. Table 22 shows cases with less significant disabilities receive fewer services and lower spending. However, there is an exception to this is found in Priority 3 cases. While these cases receive only 3.2 services per individual, they have the second highest average spending per case.

Table 22: VR Average Costs of Services by Significance of Disability

Significance of Disability	Count	Mean Total Cost of Services	Mean Number of Services
Most Significantly Disabled - Priority 1	14,073	\$3,598.23	5.6
Most Significantly Disabled - Priority 2	4,272	\$3,055.57	4.5
Significantly Disabled - Priority 3	2,840	\$3,075.31	3.2
Unsure	611	\$797.95	1.4
Total	21,796	\$3,345.24	4.9

VR spends notably less per case on individuals who are multiple races compared to individuals of other races, as seen in Table 23. This may be linked to the overrepresentation of multi-racial (two or more races) individuals within the youngest age category. Meanwhile, participants from Asian and Black or African American backgrounds have above average spending on services; these groups also tend to receive more services than other groups.

Table 23: VR Average Costs and Number of Services by Race

Race	Count	Mean Total Cost of Services	Mean Number of Services
White	18,842	\$3,350.67	4.9
Two or More Races	1,386	\$2,930.19	4.8
Black or African American	757	\$3,598.54	5.5
Asian	339	\$4,302.54	6.0
American Indian or Alaska Native	317	\$3,252.83	4.7
Native Hawaiian and Other Pacific Islander	105	\$3,255.54	4.8
Some Other Race	36	\$3,405.00	5.6
Unsure	14	\$2,851.43	4.5

Race	Count	Mean Total Cost of Services	Mean Number of Services
Total	21,796	\$3,345.24	4.9

While Hispanic and Latinx individuals account for a greater than average amount of VR services, there is a notable difference in spending amounts of services for Hispanic and Latinx individuals, which is depicted in Table 24. Hispanic/Latinx participants see only about 80 percent of the spending of an average VR case (\$2,667.66/\$3,345.24). While Hispanic participants are overall younger than non-Hispanic participants, this is unlikely to account for the full difference. Participants aged 14 to 21, who have low average costs, represent 16.8 percent of Hispanic participants, and only 8.1 percent of all other participants. However, Hispanic participants are also more likely to be members of the age group with the highest spending, 22 to 34 years old (36.4% vs 30.3%).

Table 24: VR Average Costs of Services by Hispanic Ethnicity

Ethnicity	Count	Mean Total Cost of Services	Mean Number of Services
Not Hispanic	19,587	\$3,421.65	5.0
Hispanic	2,209	\$2,667.66	4.4
Total	21,796	\$3,345.24	4.9

Examining services and expenses by type of disability shows a clear focus on individuals with intellectual and developmental disabilities, who receive more services and higher spending per case than any other group, except those with multiple disabilities. It may not be surprising that individuals categorized as have multiple disabilities have the highest spending and most services, to account for a potentially complex array of needs. Costs by disability are shown in full in Table 25.

Table 25: VR Average Costs of Services by Disability Diagnosis

Category of Disability	Count	Mean Total Cost of Services	Mean Number of Services
Intellectual and developmental	8,291	\$4,126.33	5.7
Mental health	5,708	\$2,355.48	4.9
All other disabilities	4,648	\$3,364.08	4.0

Category of Disability	Count	Mean Total Cost of Services	Mean Number of Services
Physical disability	2,604	\$2,745.23	4.1
Multiple disabilities	336	\$6,350.83	7.2
Substance use	209	\$1,615.09	4.3
Total	21,796	\$3,345.24	4.9

Table 26 shows the overall break down of services received by all VR participants across the prior three years. The Count column represents the number of instances of a service being received. Percent of Services shows the rate at which a given service appeared as a percentage of all services. Percent of Cases represents the rate at which cases had that service. For example, line three shows these statistics for Medical/psychologic – Records services. This service was listed 10,910 times, which accounted for 12.3 percent of all services reported. This service was provided to 60.6 percent of individuals receiving services across the prior three years.

As Table 26 shows, the most common services received by participants were job place services, medical or psychological records and evaluations, and clothing. Note that only services representing 2 percent or more of all services are included here. The complete list of services, along with the recategorization schema necessary to produce this table, are included in Appendix W. Service Categorization Crosswalk.

Table 26: Most Common Services Received for 2018-2020

Service	Number recieved	Percent of Services	Percent of Cases
Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 2	11,246	12.7%	62.5%
Medical/psychological - Records	10,910	12.3%	60.6%
Job Placement Services - CONTRACT - Referral (100)	7,097	8.0%	39.4%
Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 1	5,977	6.8%	33.2%
Job Placement Services - CONTRACT - Participant Portfolio	5,280	6.0%	29.3%
Clothing	5,259	5.9%	29.2%

Service	Number received	Percent of Services	Percent of Cases
Medical/psychological - Evaluation/Diagnostics	4,589	5.2%	25.5%
Other Goods and Services - Other Goods and Services	4,079	4.6%	22.7%
Job Placement Services - CONTRACT - Job Retention - Standard (1500)	3,587	4.1%	19.9%
Group assessment - Consultation	3,371	3.8%	18.7%
Employment Services - Job Coaching (Unspecified)	3,147	3.6%	17.5%
Vocational Exploration - Career Exploration	2,735	3.1%	15.2%
Group Services - Transportation - Public	2,431	2.8%	13.5%
Medical/psychological - Restoration/Treatment	2,313	2.6%	12.9%
Transportation - Mileage	2,104	2.4%	11.7%
Transportation - Public	1,838	2.1%	10.2%
Rehabilitation technology - Assistive technology devices	1,759	2.0%	9.8%
Training - Vocational or occupational	1,142	1.3%	6.3%
Vocational Exploration - Community Based Work Assessment	1,060	1.2%	5.9%
Training - Licensing and Certification	805	0.9%	4.5%
Job Placement Services - CONTRACT - Direct Placement Fee	630	0.7%	3.5%
Training - Disability related skills training	589	0.7%	3.3%
Medical/psychological - Consultation	517	0.6%	2.9%
Job Placement Services - CONTRACT - Direct Retention Fee	506	0.6%	2.8%
Training - Post-secondary education	485	0.5%	2.7%
Vocational Exploration - Targeted Vocational Assessment	479	0.5%	2.7%

Service	Number received	Percent of Services	Percent of Cases
Personal Assistance Services - Interpreter & translation services	438	0.5%	2.4%
Transportation - DMV Fees, parking, fees	402	0.5%	2.2%
Training - Textbooks and Related Materials	352	0.4%	2.0%

As shown in Table 27, Priority 3 cases are less likely than others to receive most forms of job placement and more likely to receive medical/psychological treatment services and assistive technology devices. The most common services provided to Priority 1 cases were job placement services, medical/psychological records and job placement referral services. The most common services provided to Priority 2 cases were medical/psychological records, track 1 job placement, and track 2 job placement. Priority 3 cases most often received medical/psychological records, track 1 job placement, and medical/psychological evaluations or diagnostics.

Table 27: Most Common Services Received by Significance of Disability

Service	Most Significantly Disabled - Priority 1	Most Significantly Disabled - Priority 2	Significantly Disabled - Priority 3
Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 2	84.6%	39.0%	9.6%
Medical/psychological - Records	62.8%	57.7%	51.7%
Job Placement Services - CONTRACT - Referral (100)	48.0%	33.0%	17.9%
Job Placement Services - CONTRACT - Participant Portfolio	35.8%	23.4%	14.9%
Clothing	33.7%	28.2%	16.4%
Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 1	32.0%	41.7%	32.6%

Service	Most Significantly Disabled - Priority 1	Most Significantly Disabled - Priority 2	Significantly Disabled - Priority 3
Medical/Psychological - Evaluation/Diagnostics	24.6%	27.9%	25.9%
Other Goods and Services - Other Goods and Services	24.5%	23.0%	16.7%
Job Placement Services - CONTRACT - Job Retention - Standard (1500)	24.5%	16.4%	8.4%
Employment Services - Job Coaching (Unspecified)	24.0%	9.6%	3.2%
Group assessment - Consultation	21.8%	14.8%	12.3%
Vocational Exploration - Career Exploration	18.6%	12.7%	6.1%
Group Services - Transportation - Public	16.2%	11.0%	7.5%
Transportation - Public	11.9%	8.8%	6.3%
Transportation - Mileage	11.3%	14.6%	11.4%
Medical/psychological - Restoration/Treatment	10.3%	17.2%	20.5%
Vocational Exploration - Community Based Work Assessment	7.9%	3.5%	1.5%
Training - Vocational or occupational	6.1%	8.7%	5.5%
Rehabilitation technology - Assistive technology devices	4.9%	15.2%	25.5%

Employment at Closure

The most common jobs engaged in by individuals with successful VR closures are presented in Table 28, along with the number of placements to those jobs from RSA 911 data provided by VR.

Table 28: Most Common Employment by Successful Placements and Standard Occupation Code Category

Title	SOC Code
Customer Service Representatives	434051
Laborers and Freight, Stock, and Material Movers, Hand	537062
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	372011
Stock Clerks - Stockroom, Warehouse Or Storage Yard	435081
Sales and Related Workers, All Other	419099
Office and Administrative Support Workers, All Other	439199
Salespersons, Retail	412031
Combined Food Preparation And Service Workers	353021
Food Preparation and Serving Related Workers, All Other	359099
Production Workers, All Other	519199

VR cases who exited the program with employment earned an average hourly wage was \$14.88 [overall average wage of all successful case closures is \$14.39, (Table 30)] per hour, working an average of 25.9 hours per week. Within the VR population, wages and hours worked at exit can vary. A full comparison against average and living wage estimates of the total population in Oregon can be found in the Wages section of this report.

Table 29: Average Wages and Hours at Exit by Age for Employed Closed Cases (2017 – 2019)

Age	Count	Hourly Wage at Exit	Weekly Hours at Exit
14 to 21	534	\$12.28	25.02
22 to 34	2,467	\$12.39	22.50
35 to 44	1,128	\$14.45	26.85
45 to 54	1,240	\$15.28	28.28
55 to 64	1,302	\$16.44	28.55
65 and older	711	\$17.48	27.29
Total	7,382	\$14.39	25.85

Non-Hispanic whites made, on average, \$14.60 per hour when closing their case with employment, compared to \$13.51 per hour for Hispanic Whites and non-White individuals, as shown in Table 30. Table 31 shows the same figures, but provides a more detailed breakdown of racial categories. Among non-white individuals, only individuals of Asian descent made above the average wage for OVR case closures as a whole, earning, on average, \$14.73 per hour, making them the most well paid per hour, though they were also the group that worked, on average, the fewest hours per week.

Table 30 Average Wages And Hours At Exit By Minority Status For Employed Closed Cases (2017-2019)

Racial or ethnic minority	Count	Hourly Wage at Exit	Weekly Hours at Exit
White, non-Hispanic	5,914	\$14.60	25.68
Non-white or White Hispanic	1,468	\$13.51	26.52
Total	7,382	\$14.39	25.85

Table 31: Average Wages And Hours At Exit By Minority Status For Employed Closed Cases (2017-2019; Detailed)

Detailed Race	Count	Hourly Wage at Exit	Weekly Hours at Exit
White, Non-Hispanic	5,914	\$14.60	25.68
Hispanic White	610	\$13.48	28.37
Two or more races	374	\$13.26	25.34
Black of African American	213	\$13.24	24.49
Asian	134	\$14.73	23.96
American Indian or Alaska Native	93	\$13.89	26.94
Native Hawaiian or Pacific Islander	31	\$12.61	28.81
Some other race	NR	NR	NR
Unknown	NR	NR	NR
Total	7,382	\$14.39	25.85

A clear pattern of wages and hours emerges when examined by significance of disability. Individuals with priority 1 disabilities are paid the least per hours, and work the fewest hours each week. Individuals with priority 3 disabilities make, on average, \$3.31 more per hour than their peers with most significant disabilities, and work almost 6 hours more per week. Priority 3 cases work almost full time, averaging 31.82 hours per week.

Table 32: Average Wages And Hours At Exit By Significance Of Disability For Employed Closed Cases (2017-2019)

Significance of Disability	Count	Hourly Wage at Exit	Weekly Hours at Exit
Most Significantly Disabled - Priority 1	4,369	\$12.92	22.80
Most Significantly Disabled - Priority 2	1,686	\$15.59	29.04
Significantly Disabled - Priority 3	1,325	\$17.70	31.82
Total	7,382	\$14.39	25.85

Cases with individuals who are most significantly disabled (priority 1 and 2) close successfully less frequently than those with priority 3 disabilities. Priority 3 cases are notably more likely to close with successful, integrated employment outcomes, especially when compared to Priority 1 cases.

Table 33: Case Closure By Significance Of Disability

Significance of Disability	Closed Successful	Closed Other
Most Significantly Disabled - Priority 1	39.7%	60.3%
Most Significantly Disabled - Priority 2	46.8%	53.2%
Significantly Disabled - Priority 3	53.1%	46.9%
Total	41.9%	58.1%

Unlike significance of disability, there is no clear pattern of case closures when examined by age. Individuals 65 and older are most likely to close successfully, followed by those age 22 to 34.

Table 34: Case Closure Reason by Age

Age	Closed Successful	Closed Other
14 to 21	44.9%	55.1%
22 to 34	45.2%	54.8%
35 to 44	37.1%	62.9%
45 to 54	38.0%	62.0%
55 to 64	39.2%	60.8%
65 and older	53.9%	46.1%
Total	41.9%	58.1%

Not only are individuals who are non-Hispanic Whites paid better than their minority peers, they are slightly more likely to exit with employment. While this difference is small, it does rise to the level of significance at the 95 percent confidence interval.

Table 35: Case Closure Reason by Minority Race or Ethnicity

Racial or ethnic minority	Closed Successful	Closed Other
White, non-Hispanic	42.5%	57.5%
Non-white or White Hispanic	39.7%	60.3%

Racial or ethnic minority	Closed Successful	Closed Other
Total	41.9%	58.1%

Primary Research Results

The following section presents the findings of the original research performed by PCG in partnership with VR. This includes the results of the surveys, focus groups, and interviews. For more detail on how this research was conducted, please refer to the Methodology section of this report. This section presents an overview of the responses and themes that were present throughout PCG's research, including responses to the surveys, focus groups, and interviews. This section details the findings and results in detail. For a broader perspective on the research findings, or for analysis of the meaning of these findings, please refer to the Recommendations section.

Throughout this section, responses to surveys, focus groups, and interviews are reported. These results are weaved into each other to allow readers to understand a topic fully. Unless a table or the text states otherwise, individuals who responded they were 'Unsure' about the answer to a question, or who left a question blank, are not reported. To make sure individual responses remained anonymous, PCG did not include responses from individuals with disabilities when there were not at least ten total respondents to a question within a group.

4.1.1 Services

The Participants survey asked a series of questions regarding access to and receipt of services to attempt to understand the participant experience more deeply. More than 75 percent of individuals responding to the VR Participants survey agreed with all of the statements about VR services, reporting that they were capable of getting the services they need without great difficulty.

The statement participants were least likely to agree with was their ability to access VR services via public transportation. This question also had a higher rate of individuals reporting they were "unsure" or the question did not apply to them (23.7% of all respondents). This is unsurprising as transportation was stated frequently as a barrier to services and employment.

Participants were also less likely to agree they were capable of getting the technology and equipment they needed (79.6% agree or strongly agree) or the testing or assessments they needed (78.1%). Though these are lower than the other services questions, these still represent over 75 percent of respondents.

Table 36: Results of Consumer Service Receipt Questions (N>=737)

	Strongly disagree	Disagree	Agree	Strongly agree
I receive VR services in a convenient place.	3.9%	7.9%	48.1%	40.1%
I can use public transportation to get to VR services.	9.4%	14.6%	43.3%	32.7%
I can get around easily in VR offices.	1.6%	4.9%	49.2%	44.3%
The VR office is open at times that works for me.	3.1%	6.8%	56.9%	33.2%
VR provided the accommodations I needed to receive	4.3%	5.5%	45.5%	44.8%
VR provided me with the technology or equipment I needed to receive services.	8.1%	12.2%	39.5%	40.2%
I received the testing or assessments I needed.	9.3%	12.6%	39.7%	38.4%
I helped develop my plan for IPE (Individual Plan for Employment).	6.0%	9.6%	42.1%	42.2%

VR staff were similarly positive about the service landscape. Their responses mirrored the participant versions of these questions across most areas. The only exception to this was the statement about testing. While only 78.1 percent of participants agreed they received the testing or assessments they needed, 96.1 percent of VR staff believed the clients they worked with received the testing or assessments they needed. This may represent a difference in understanding between a needed test or assessment and a desired test or assessment. Full staff results to these questions are presented in Table 37.

Table 37: Result of Staff Service Receipt Questions (N>=96)

	Strongly disagree	Disagree	Agree	Strongly agree
The clients I work with receive VR services in a convenient place.	4.8%	14.4%	61.5%	19.2%

	Strongly disagree	Disagree	Agree	Strongly agree
The clients I work with can get around easily in VR offices and other places we meet.	3.9%	17.6%	60.8%	17.6%
The VR office is open at times that work for my clients.	4.0%	9.9%	69.3%	16.8%
VR provided my clients with the accommodations needed for services	0.0%	1.9%	48.6%	49.5%
VR provided my clients with the technology or equipment needed to receive services.	3.1%	11.5%	50.0%	35.4%
Clients I work with receive the testing or assessments they need to be obtain and maintain successful employment.	1.0%	2.9%	68.6%	27.5%
Clients I work with help to develop their own Individual Plan for Employment (IPE).	0.0%	5.0%	45.5%	49.5%

While over half of participant survey respondents felt they received all the services they required through VR (65.2%), a little over a quarter of respondents did state there were services they required but did not receive (Table 38).

Table 38: Consumer Response to Additional Services Required by not Received (N=897)

Were there any services you needed from VR that were not provided to you? (N=897)	
No	65.2%
Yes	34.8%

Participant survey respondents noted in open ended survey questions that services they required but did not receive through VR included:

- screening services, for example, for processing disorders, mental health diagnoses, and skills assessments, etc.;
- consistent contact and timeliness of services;
- job training, one-on-one job coaching, vocational education, and certification;
- job application, employment, and career path assistance;
- higher level employment and entrepreneurial services;
- communication and self-advocacy skills;
- follow-up services;
- Pre-ETS' education planning services;
- assistive technology, accessibility resources and services (i.e. specialized hearing aids, text readers, adaptive equipment etc.);
- general technology resources (i.e. computer, Wi-Fi, cellphone, etc.);
- mobility resources (i.e. wheelchair, leg braces, etc.);
- transportation services;
- housing services;
- behavioral health services;
- medical and health insurance related services;
- monetary stipends to cover living expenses;
- assistance applying for federal services such as Medicaid, SSI, and ADA; and,
- language translation services.

“One thing that would really help people who have a desire to have a professional career is to provide more individualized planning for individuals in higher education because the services at the community college are primitive and had no help with mobility services – campus is on a hill and I’m in a wheelchair. We can only be our own advocate for so long before we get tired. I’m coming to the end of my time at the community college, so I have to deal with deadlines and also making sure my physical needs are being met. There are those of us that have goals and it would be nice if VR would help us meet those goals.”

- Focus Group Participant

Participants also expressed concerns regarding COVID-19 related challenges interfering with VR services and reducing job opportunities. A few respondents (7.6%) also stated

they experienced discrimination concerns related to counselors not being receptive to needs or understanding particular disabilities and workplace conditions.

Additionally, Oregon Department of Human Services (ODHS) staff noted services which were lacking for program participants included general technology resources such as computers, internet and Wi-Fi, and cellphones and transportation services needed for interviews and employment.

The most common services respondents stated they required but did not receive are show in Table 39 below. These barriers and challenges were also reiterated throughout focus groups and interviews with both VR participants as well as ODHS staff.

Table 39: Other Services Required but Not Received (N=269)

Services Required	% of Respondents
Job application, employment, and career path assistance	22.4%
Consistent contact and timeliness of services	19.5%
Job training, one-on-one job coaching, vocational education, and certification	18.2%
Screening services, for example, for processing disorders, mental health diagnoses, and skills assessments, etc.	7.3%

Most VR staff reported using services from an employment service provider. Of the VR staff who used services from an employment service provider, almost all of them believed that these providers helped clients get and keep jobs (Table 40).

Table 40: Staff Response to Employer-Related Questions

	Yes	No
Do you authorize your clients to use services from an employment service provider, for example job development? (n=105)	84.8%	15.2%
Do you feel that employment service providers help your clients get or keep a job? (n=75)	97.3%	2.7%

Most VR staff reported they found employment services in their area to be adequate some of the time or always. Staff were most likely to report that technical training (25.0%), tuition assistance (20.0%), and self-employment supports (34.6%) were rarely or never adequate in their community. These are demonstrated in Table 41.

Table 41: Staff Assessment of Quality of Specific Services (N>=78)

	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Vocational assessment	1.1%	6.7%	65.2%	27.0%
Vocational counseling	3.2%	3.2%	51.1%	42.6%
Technical training	6.0%	19.0%	58.3%	16.7%
Academic education	2.2%	11.0%	58.2%	28.6%
Vocational tuition assistance	4.7%	15.3%	55.3%	24.7%
Job placements	2.1%	5.3%	73.7%	18.9%
Job coaching	0%	11.5%	66.7%	21.9%
Self-employment supports	15.4%	19.2%	47.4%	17.9%
Post-employment services	1.2%	5.8%	54.7%	38.4%

Almost all staff found that technology services offered by VR were sometimes or always adequate to meet the needs of their clients. More than eight out of ten VR staff reported that all four technology-related services questions were sometimes or always adequate (Table 42).

Table 42: Staff Assessment of the Quality of Technology Services (N>=69)

	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Durable medical equipment	4.3%	8.7%	47.8%	39.1%
Orientation and mobility services	6.9%	8.3%	45.8%	38.9%
Technological aids and devices	3.4%	8.0%	48.9%	39.8%
Speech to text support or ASL interpreting	4.6%	6.9%	50.6%	37.9%

4.1.2 Adequacy of Services

Although most VR staff reported similar adequacy when asked about support services, there were some exceptions. For example, more than half (62.5%) of VR staff believed housing services were rarely or never adequate to meet the needs of the clients. This was reinforced this during focus groups and interviews, where the topic of housing affordability and the inability to find housing was frequently discussed. While housing is not a service provided by OVR, and housing affordability generally is well outside the program's scope, this issue was frequently discussed by VR staff. This may need to be considered as an area in which OVR seeks future partnerships, as stable housing is critical to finding and maintaining employment.

"Homelessness and housing instability are major issues we encounter with our clients. I would say 75 percent of the people who I've worked with have either dealt with homelessness or have had difficulty finding a place to live ... maybe they're not homeless yet but housing is constantly a stressor for them on top of figuring out how they're going to take care of their children. Housing affordability across the state is obscene and it's even more difficult for individuals with mobility disabilities or who require specialized housing accommodations because they just aren't available"

- VR Staff

Table 43: Staff Rating of Adequacy of Services (N>=64)

	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Referrals to community resources	1.1%	8.0%	70.1%	20.7%
Family and caregiver support	1.3%	12.8%	75.6%	10.3%
Group and peer support	1.4%	12.2%	70.3%	16.2%
Housing	15.0%	47.5%	30.0%	7.5%
Independent living skills training	5.4%	20.3%	63.5%	10.8%
Medical care	1.2%	12.2%	70.7%	15.9%
Social security benefits planning	3.5%	10.5%	48.8%	37.2%
Transition services from high school to adult services	0.0%	10.1%	58.2%	31.6%

	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Transition services from institution to community	5.9%	25.0%	52.9%	16.2%
Transportation	6.7%	28.9%	47.8%	16.7%

Table 44 shows that according to staff, the most commonly needed services are transportation (97%) and referrals to community resources (96.9%). Individuals were less likely to need services designed to help them transition from an institutional care setting to the community (48.9%). While VR staff reported housing was less likely to be needed than some other services, 73.9 percent of staff reported housing was needed by some or all of their clients and was noted by the majority of staff staff to be a service which is rarely or never adequate to meet needs.

Table 44: Staff Assessment of Frequency of Service Needs (N>=86)

	None	Few	Some	Most/All
Referrals to community resources	0.0%	3.1%	32.3%	64.6%
Family and caregiver support	2.2%	16.3%	57.6%	23.9%
Group and peer support	0.0%	19.4%	60.2%	20.4%
Housing	0.0%	26.1%	58.7%	15.2%
Independent living skills training	1.1%	18.3%	63.4%	17.2%
Medical care	0.0%	15.6%	36.7%	47.8%
Social security benefits planning	0.0%	10.4%	60.4%	29.2%
Transition services from high school to adult services	7.4%	26.6%	51.1%	14.9%
Transition services from institution to community	9.3%	41.9%	41.9%	7.0%
Transportation	0.0%	3.0%	45.5%	51.5%

Community partners who worked with VR were generally positive about the provision, availability and utility of services VR provided. They stated the most important services

VR offered were connections and referrals to other organizations – acting as a case manager and guide for those seeking services; other important services included developing individualized plans for employment (IPE) and determining realistic goals.

Community partners stated the services which could use improvement included staffing. Consistent staffing shortages lead to other problems, including spending inadequate time with participants, school districts feeling underserved, and individuals being unable to receive benefits counseling.

A majority of community partners completing the survey (80%) believed that the network of service providers in their area met the service needs of individuals with disabilities. Those who disagreed felt there were not enough providers, and available providers lacked the skills to offer high-quality services.

4.1.3 Experiences with Counselors

Feedback from individuals with disabilities about counselors was largely positive, both in survey results and in focus group results. VR participants are mostly pleased with the job

“They helped me with everything that I needed to find a job and build up some of my work abilities of the things that I can and cannot do. I kept a journal about my experience along the way of my process and took my time on the things that I am not familiar with, but I still had a lot to learn because I was nervous. It does take time to process but they can definitely help you with everything of what you need to know. That’s what they do – they help you.”

- Consumer Survey Respondent

performance and work ethic of counselors. Though there were some exceptions to this, the overall tone of feedback was positive.

Most VR participants reported the counselor performed important duties to help them through the VR process. Counselors were rated highly on their explanations of eligibility for services (agree 39% and 51% strongly agree) and respecting the client culture, background and identity (agree 35% and 56% strongly agree)

VR counselors were also less likely to be highly rated on talking about choices when developing an employment plan and considering the interests, strengths, abilities and needs of individuals when developing their plan. The task rated lowest by participants was help understanding how an individual’s disability could be important to the sorts of career they can get (73.4 percent of participants agreeing or strongly agreeing). While these are not the experiences of the majority of participants, these tasks relate to communication and input from individuals receiving VR services.

Table 45: Consumer Response to Experience with Counselor Questions (N>=859)

Experience with Counselors (N>=859)	Strongly disagree	Disagree	Agree	Strongly agree
My VR counselor explained why I was eligible or not eligible for VR services.	4.0%	6.3%	38.7%	51.1%
My VR counselor helped me understand how my disability could be important to the sorts of career I can get.	9.2%	17.5%	33.1%	40.3%
My VR counselor respects my culture, background, and identity.	5.2%	3.8%	34.6%	56.3%
My VR counselor talked to me about my choices when developing my plan for employment.	7.5%	9.8%	35.4%	47.3%
My VR counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan.	7.7%	10.8%	31.8%	49.8%

For full results of these questions, see Appendix X. Consumer Responses to Experience with Counselors

4.1.4 Pre-ETS

Services for youth transitioning from high school to a workplace or higher education setting and other young adults with disabilities are an important aspect of VR services, and a particular area of interest for the CSNA process. Because of this, PCG made a particular effort to reach out to youth service recipients. This included asking numerous survey questions designed to learn more about the areas of pre-employment transition services (Pre-ETS) identified in the Workforce Innovation and Opportunity Act (WIOA).

The majority of students with disabilities who reported receiving Pre-ETS stated they received the services they needed. The service Pre-ETS recipients (24.5%) state they were most likely to need but did not receive was training in self-advocacy, however about half of all Pre-ETS respondents (50.9%) reported receiving training in self-advocacy (Table 46).

Table 46: Students with Disabilities Response to Pre-ETS Questions (N>=50)

Question to Student with a disability	Yes	No, but I need this	No, I do not need this
Have you received training to get the skills you need to succeed at work?	78.2%	16.4%	5.5%
Have you received counseling to help you explore what kind of careers you might want to pursue?	65.4%	13.5%	21.2%
Have you learned more about careers by visiting workplaces or trying out different types of jobs?	63.6%	20.0%	16.4%
Have you received training in self-advocacy?	50.9%	24.5%	24.5%
Have you attended other classes or workshops for people interested in work?	44.0%	18.0%	38.0%
Have you received counseling on your choices for education after high school ends?	38.9%	14.8%	46.3%

VR staff assessed the quality of Pre-ETS in Oregon. More than 85 percent of responding staff found that all Pre-ETS questions were adequate some or all of the time. However, counselors were more likely to find services to be sometimes adequate in all cases than they were to declare that services were always adequate (Table 47). This may mean that staff perceive some service gaps but are usually adequate to meet the needs in their communities.

Table 47: Staff Assessment of Quality of Pre-ETS (N>=62)

Question to staff assessing Pre-ETS	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Job exploration counseling	1.6%	9.7%	48.4%	40.3%
Work-based learning experiences	1.6%	11.3%	54.8%	32.3%
Counseling on post-secondary education options	3.2%	11.1%	54.0%	31.7%

Question to staff assessing Pre-ETS	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Workplace readiness training	1.6%	12.5%	57.8%	28.1%
Instruction in self-advocacy	3.2%	11.3%	51.6%	33.9%
Pre-employment transition coordination	1.6%	8.1%	54.8%	35.5%

Community partners who responded to the survey were even more positive about Pre-ETS than VR staff. Less than ten percent of community partners felt any of the listed Pre-ETS were rarely adequate, and no community partner stated they felt services were never adequate (Table 48).

Table 48: Community Partner Assessment of Quality of Pre-ETS (N=11)

	Never adequate	Rarely adequate	Sometimes adequate	Always adequate
Job exploration counseling	-	9.1%	45.5%	45.5%
Work-based learning experiences	-	9.1%	63.6%	27.3%
Counseling on post-secondary education options	-	9.1%	27.3%	63.6%
Workplace readiness training	-	9.1%	36.4%	54.5%
Instruction in self-advocacy	-	-	45.5%	54.5%
Pre-ETS coordination	-	-	45.5%	54.5%

Community partners also mentioned several other services they felt Pre-ETS recipients need. Mainly, they suggested a wider array of individualized services, and helping individuals set and achieve realistic goals. This included a wide range of specific types of goals they felt were difficult for students to achieve. These included difficulty for individuals with intellectual or developmental disabilities to get skills to help them achieve a livable wage, and limited resources for students trying to pursue higher education. Community partners collectively agreed more tailoring of services might be necessary.

4.1.5 Barriers for Priority Populations

To identify potential unserved and underserved populations, surveys asked about what barriers individuals with disabilities faced while trying to find a job, keep a job, or advance

their careers. PCG also probed barriers and needs during interviews and focus groups. This section examines responses for those populations identified by the RSA's required priority populations. It also sought to identify other groups who appear to face disproportionate barriers to accessing services and pursuing their career goals.

In the participants' survey, barriers were broken up into four broad categories. These were barriers related to basic needs, legal needs, financial needs, and employment-related barriers.

Basic Needs

Table 49 illustrates Non-White or Hispanic participants were more likely to report facing barriers related to their basic needs in all categories specifically questioned. They were slightly less likely to report facing barriers related to 'other' needs (Table 52). This suggests that VR may need to be prepared to offer these individuals a higher level of general support.

Table 49: Consumer Basic Needs by Racial or Ethnic Minority

	White, Non-Hispanic	Non-White or Hispanic
Count	607	115
Some other basic need	52.1%	48.7%
Transportation	48.9%	55.7%
Clothing	35.7%	42.6%
Housing	31.8%	33.0%
Food	20.3%	26.1%
Childcare	4.9%	9.6%

Table 50 illustrates individuals with the most significant disabilities are not noticeably more likely to face barriers relating to their basic needs than individuals of other priorities, with the exception of transportation. Those with Most Significant Disabilities – Priority 1, are more likely to report transportation related barriers.

Table 50: Consumer Basic Needs by Priority Status

	Most Significantly Disabled - Priority 1	Most Significantly Disabled - Priority 2	Significantly Disabled - Priority 3
Count	441	161	106
Transportation	56.9%	41.0%	36.8%
Some other basic need	47.4%	56.5%	60.4%
Clothing	38.5%	36.6%	30.2%
Housing	32.0%	35.4%	26.4%
Food	22.4%	22.4%	14.2%
Childcare	5.7%	5.0%	5.7%

Individuals who are within the age range where they would qualify for Pre-ETS are notably less likely to face barriers related to their basic needs. Again, the only exception to this is transportation. Differences are potentially a result of having parents who provide for their basic needs, whereas individuals of other age groups may not have the same level of support. While parents and family can provide notable financial assistance, they cannot always provide the transportation an individual with a disability might need (Table 51).

Table 51: Consumer Basic Needs by Age

	14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Count	29	148	129	177	185	55
Transportation	69.0%	65.5%	52.7%	44.6%	45.4%	25.5%
Some other basic need	37.9%	41.2%	46.5%	54.2%	56.8%	70.9%
Clothing	17.2%	35.8%	39.5%	43.5%	35.7%	27.3%
Food	13.8%	18.2%	27.9%	26.6%	18.4%	9.1%
Housing	3.4%	28.4%	42.6%	32.8%	34.1%	21.8%
Childcare	0.0%	4.1%	12.4%	8.5%	2.2%	0.0%

Individuals also reported barriers for other basic needs (Table 52). The most common barriers included: a lack of job opportunities with needed accommodations; medical

conditions interfering with capacity to work; lack of job training, experience and support; lack of access to adaptive technology to conduct required work tasks; and, overall financial struggles.

Table 52: Other Basic Needs Reported by Consumers

	Percentage of Participants
Lack of job opportunities (with needed accommodations)	13.1%
Medical conditions	12.0%
Lack of training and job support	11.7%
Lack of access to adaptive technology	10.9%
Financial vouchers for basic living expenses	9.0%
Behavioral health condition (mental health + substance use) related concerns	7.4%
Disability related concerns	6.8%
Lack of access to general technology/equipment to support job	6.8%
Discrimination and age-related challenges	5.2%
Lack of mobility or physical limitations to work	4.9%
COVID related challenges	4.4%
Transportation barriers	3.8%
Education and funding for education	3.0%
Housing barriers	3.0%
SSI/ADA/Disability insurance difficulty	2.2%
Lack of higher-level employment/entrepreneurial/state licensing opportunities	1.4%
Lack of services for support animals	1.4%
Legal support	1.1%

Staff Reported Basic Needs for Consumers

Staff were most likely reported the individuals they work with faced transportation-related needs (85.9%), housing-related needs (74.7%) and clothing needs (62.6%). Of note, staff were more likely to identify these areas of needs than any group of individuals with disabilities, suggesting that these needs are likely widely dispersed through the VR client population (Table 53).

Table 53: Basic Needs Reported by Staff

What challenges with basic needs do your clients frequently face while trying to find a job, keep a job, or advance their careers?	Count	Percent of Staff
Transportation	85	85.9%
Housing	74	74.7%
Clothing	62	62.6%
Childcare	51	51.5%
Food	28	28.3%
Some other basic need	26	26.3%
Unsure	7	7.1%

Community Partner Reported Basic Needs for Consumers

In both surveys and focus groups, community partners cited barriers to transportation services as effecting their client's ability to access other services. The inability to access affordable housing was also a frequently cited barrier when speaking with community partners. While community partners stated other barriers, there were no barriers consistently mentioned for any specific population.

Legal Needs

VR participants reported legal needs as barriers more rarely than any other need. In fact, twice as many participants reported barriers in meeting basic needs. It is important to keep this relatively smaller population in mind when weighing the overall importance of VR's priorities. The percentages provided here are related to the percentage of individuals reporting a legal need and does not consider those who did not report legal needs.

Table 54 illustrates participants who are members of a minority racial and ethnic group are somewhat more likely to report experiencing a legal barrier within all the specific questions asked (Table 54). They are also more likely to report a legal need overall. Among White, non-Hispanic individuals, the rate at which legal needs were reported was

41.1 percent of basic needs (250 vs 607). However, among individuals who are members of a minority group, it is 48.6 percent (56 vs 115). However, this difference does not rise to a level of statistical significance.

Table 54: Consumer Legal Needs by Racial or Ethnic Minority Status

Legal Needs by Race	White, Non-Hispanic	Non-White or Hispanic
Count	250	56
Some other legal need	77.2%	73.2%
Criminal offenses	21.6%	28.6%
An ongoing discrimination case	10.0%	16.1%
Immigration status	1.6%	8.9%

Individuals with more significant disabilities are also more likely to have legal needs related to the specific questions asked – they are more likely to report having needs related to an ongoing criminal offense, and more likely to have an ongoing discrimination case. They are less likely than other groups to have ‘other’ legal needs and no more likely than other groups to have an immigration status related need (Table 55).

Table 55: Consumer Legal Needs by Significance of Disability

Legal Needs by Priority	Most Significantly Disabled - Priority 1	Most Significantly Disabled - Priority 2	Significantly Disabled - Priority 3
Count	177	69	52
Some other legal need	73.4%	79.7%	78.8%
Criminal offenses	26.6%	23.2%	13.5%
An ongoing discrimination case	14.1%	4.3%	11.5%
Immigration status	3.4%	1.4%	1.9%

Table 56 shows the relative rarity of legal needs becomes clearer when examining the reports of these need by age. Pre-ETS aged participants rarely report legal needs and there were not enough responses to reliably report on. Older individuals were more likely to report some other legal need, while younger individuals were more likely to face barriers related to their immigration status.

Table 56: Consumer Legal Needs by Age

Legal Needs by Age	14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Count	N/A	47	53	88	80	32
Some other legal need	N/A	66.0%	66.0%	78.4%	80.0%	93.8%
Criminal offenses	N/A	25.5%	35.8%	23.9%	21.3%	6.3%
Immigration status	N/A	10.6%	5.7%	0.0%	0.0%	0.0%
An ongoing discrimination case	N/A	8.5%	17.0%	10.2%	13.8%	0.0%

Most legal needs reported by participants were considered ‘some other legal need’. These needs included:

- loss of employment;
- license revocation;
- financial hardships and bankruptcy;
- wage withholding and unemployment insurance concerns;
- discrimination concerns not related to an ongoing case; and
- child custody, visitation, and support concerns.

VR staff were much more likely to report their clients frequently faced criminal offenses compared to any other legal need. In fact, 83.8 percent of staff said their clients frequently face barriers related to criminal offenses. Staff are much less likely to report their clients frequently face other legal needs compared to participants (Table 57).

Table 57: Staff Response to Legal Needs

	Count	Percent of Cases
Criminal offenses	83	83.8%
Immigration status	17	17.2%
An ongoing discrimination case	7	7.1%
Some other legal need	7	7.1%

	Count	Percent of Cases
Unsure	10	10.1%
None	4	4.0%

Table 58 illustrates consumer financial needs by ethnic minority status. VR participants were more likely to report barriers related to financial needs and challenges. These needs were items related to income, benefits, and other sources of financial support. Analyzing these by race shows that non-Hispanic White participants are somewhat more likely than non-White or Hispanic participants to express most of the presented financial needs. The only exception to this was funding for education or training, in which participants who were non-White, or Hispanic were 11.6% more likely to report facing a challenge.

Table 58: Consumer Financial Needs by Ethnic Minority Status

	White, Non-Hispanic	Non-White or Hispanic
Count	619	124
Educational or training funding	45.9%	56.5%
Resources for people with disabilities	43.6%	46.0%
More money	43.5%	37.9%
Potential loss of benefits	38.0%	30.6%
Additional benefits (medical coverage, dental coverage)	38.0%	30.6%
Benefits counseling	23.9%	24.2%
Some other financial need	22.5%	25.0%

Likewise, educational or training funding was most likely to be a barrier faced by individuals with the most significant disabilities. Those with most significant disabilities were also more likely than others to face a challenge related to resources for people with disabilities. While other barriers were reported, there was less of a need for them linked to an individual's case priority (Table 59).

Table 59: Consumer Financial Needs by Significance of Disability

	Most Significantly Disabled - Priority 1	Most Significantly Disabled - Priority 2	Significantly Disabled - Priority 3
Count	439	175	65
Educational or training funding	51.5%	47.4%	33.6%
Resources for people with disabilities	48.5%	40.0%	32.8%
More money	43.7%	44.6%	34.5%
Potential loss of benefits	38.7%	34.9%	31.9%
Additional benefits (medical coverage, dental coverage)	33.9%	41.1%	41.4%
Benefits counseling	25.7%	26.9%	12.9%
Some other financial need	19.6%	26.3%	25.9%

Financial needs look notably different when analyzed by age group. Younger individuals are more likely to report needing resources for people with disabilities than they are to report needing funding for education or training – which peaks in the 35 to 44 year old age group. In fact, most financial needs peak for that age group. Pre-ETS aged respondents are also much less likely than others to report needing additional money or income, and much less likely to report needing benefits counseling or additional benefits (Table 60).

Table 60: Consumer Financial Needs by Age

Financial Needs by Age	14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Count	20	141	141	187	197	58
Resources for people with disabilities	60.0%	52.5%	56.7%	36.9%	37.6%	31.0%
Educational or training funding	40.0%	46.1%	58.2%	53.5%	43.1%	25.9%
More money	25.0%	37.6%	49.6%	41.2%	44.7%	39.7%

Financial Needs by Age	14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Benefits counseling	15.0%	24.8%	32.6%	20.3%	23.9%	17.2%
Additional benefits (medical coverage, dental coverage)	10.0%	29.1%	48.2%	30.5%	43.7%	32.8%
Some other financial need	10.0%	17.0%	19.9%	23.5%	23.9%	43.1%
Potential loss of benefits	5.0%	36.9%	50.4%	35.3%	34.0%	27.6%

Other financial needs reported by responding participants are included in Table 61 below. The most common support individuals needed for overcoming financial barriers included financial assistance for housing, financial assistance for living expenses and bills, financial assistance for medical expenses, and financial assistance for adaptive technology and mobility devices.

Table 61: Other Reported Consumer Financial Needs

Other Financial Needs	Percentage of Respondents
Financial assistance for housing	14.8%
Financial assistance for living expenses/bills	13.6%
Financial assistance for medical insurance/medical expenses	12.3%
Financial assistance for adaptive technology/mobility devices (i.e. hearing aids, leg braces, etc.)	11.1%
Financial assistance for transportation	6.2%
Financial assistance for technology (i.e. cellphone, computer, Wi-Fi, etc.)	4.9%
Financial assistance to build savings	3.1%
Financial assistance for education	2.5%
Financial assistance for legal expenses	2.5%
Financial assistance to start a business	1.9%
Discrimination concerns	1.2%
Financial assistance for employment licensing	0.6%

Other Financial Needs	Percentage of Respondents
Financial assistance for behavioral health services	0.6%

VR staff are more likely than individual participants to see loss of benefits as a barrier frequently faced by the clients they work with. Education or training funding is also frequently encountered by the client's staff work with. The majority of staff (57.6%) report this as a barrier (Table 62).

Table 62: Staff Response to Consumer Financial Needs

	Count	Percent of Cases
Potential loss of benefits	75	75.8%
Educational or training funding	57	57.6%
Income opportunities	48	48.5%
Some other financial need	15	15.2%
Unsure	8	8.1%
None	1	1.0%

Employment-Related Needs

When asked about employment-related needs, non-White or Hispanic individuals were not notably more likely to respond they had faced any particular barrier more acutely than individuals who were White and non-Hispanic. Non-White and Hispanic individuals were somewhat more likely to report they had limited work experience, as seen in Table 63.

Table 63: Consumer Employment Related Barriers by Racial or Ethnic Minority Status

Barrier	White, Non-Hispanic	Non-White or Hispanic
Count	631	122
Poor job market	42.6%	44.3%
Limited relevant job skills	42.5%	41.8%
Employer attitudes toward people with disabilities	41.5%	40.2%

Barrier	White, Non-Hispanic	Non-White or Hispanic
Lack of opportunities to explore careers	39.6%	41.8%
Some other job-related need	34.2%	30.3%
Limited work experience	33.1%	39.3%

Table 64 illustrates individuals with the most significant disabilities reported experiencing employment-related barriers at starkly different rates across multiple categories. They were most likely to report having limited relevant job skills, and limited work experience. Both of these declined sharply as significance of disability diminished. Counter to that, employer discrimination toward individuals with disabilities did not decline as significance of disability did.

Table 64: Consumer Employment Related Barriers by Significance of Disability

Barrier	Most Significantly Disabled - Priority 1	Most Significantly Disabled - Priority 2	Significantly Disabled - Priority 3
Count	460	167	112
Limited relevant job skills	47.0%	40.7%	27.7%
Employer attitudes toward people with disabilities	44.1%	38.3%	35.7%
Poor job market	42.2%	46.7%	41.1%
Lack of opportunities to explore careers	42.2%	41.3%	28.6%
Limited work experience	39.6%	28.7%	20.5%
Some other job-related need	29.8%	36.5%	43.8%

Table 65 illustrates younger respondents were more likely to report limited work experience as being a barrier to their employment than anything else. Pre-ETS individuals were also more likely to cite limited job skills as being a barrier than other priority groups, but the experience of this barrier was most common among individuals aged 35 to 44. Pre-ETS aged individuals were less likely to report barriers related to employer attitudes and the overall condition of the job market than other age groups.

Table 65: Consumer Employment Related Barriers by Age

Barrier	14 to 21	22 to 34	35 to 44	45 to 54	55 to 64	65 and older
Count	31	158	144	183	185	53
Limited work experience	58.1%	46.8%	39.6%	30.6%	24.3%	13.2%
Limited relevant job skills	41.9%	47.5%	54.9%	37.2%	38.9%	22.6%
Employer attitudes toward people with disabilities	32.3%	48.1%	50.7%	35.0%	40.0%	28.3%
Poor job market	32.3%	46.2%	50.0%	38.8%	44.3%	28.3%
Lack of opportunities to explore careers	32.3%	45.6%	46.5%	40.4%	36.2%	20.8%
Some other job-related need	32.3%	23.4%	26.4%	35.5%	37.8%	62.3%

- The following summarizes the open-ended survey responses, individuals provided when asked about other employment related needs: lack of job availability in the area;
- lack of job skills (i.e. interview skills, communication skills, technology skills, etc.);
- lack of access to higher employment and upper-level certification training;
- lack of access to technology and software programs required for employment in field;
- job schedule and hours are not conducive to support disability concerns;
- fear of loss of benefits with gainful employment;
- lack of transportation to commute to place of employment;
- physical health and mobility challenges impeding ability to perform work; and,
- behavioral health challenges impeding ability to perform work.

Table 66 illustrates that VR staff are more likely to report a wide variety of employment-related barriers are frequently experienced by the clients they work with. In particular, a majority of responding staff reported limited work experience (79.0%), job skills (76.0%), and poor job markets (61.0%) as barriers frequently faced by their clients.

Table 66: Staff Report of Employment Related Needs

What job-related challenges do your clients frequently face while trying to find a job, keep a job, or advance their careers?	Count	Percent of Cases
Limited work experience	79	79.0%
Limited relevant job skills	76	76.0%
Poor job market or a lack of opportunities	61	61.0%
Employer attitudes toward people with disabilities	50	50.0%
Resources for people with disabilities	48	48.0%
Some other job-related need	19	19.0%
Unsure	10	10.0%

Community partners' views on employment-related barriers frequently aligned with those of VR staff. In surveys, they were most likely to cite limited work experience, lack of job skills, and a poor labor market as barriers the individuals they work with most often face.

4.1.6 Unserved and Underserved Groups

A series of survey questions asked staff to help VR identify groups of individuals who are potentially unserved or underserved.

VR staff saw a number of groups as likely to not get the VR services they need when asked about unserved or underserved racial and ethnic groups. This may be caused by more profound service needs than by disparate service receipt. Except Hispanic or Latino individuals, VR does not appear to have large difference in service expenses per individual. Racial and ethnic minority individuals are actually somewhat overrepresented within the service population. Staff recognized the barriers faced by these groups, and may note that they require additional resources.

A majority of responding staff (55.9%) identified African American or Black individuals as unserved or underserved. Almost half reported Hispanic or Latino (49.5%) and American

Indian individuals (47.3%) as potentially unserved or underserved. Full results are seen in Table 67.

Table 67: Staff Assessment of Unserved/Underserved Racial and Ethnic Minority Groups

What racial or ethnic groups are currently unserved or underserved by VR services?	Count	Percent of Cases
African American or Black	52	55.9%
Hispanic or Latino	46	49.5%
American Indian or Alaskan Native	44	47.3%
Asian	41	44.1%
Native Hawaiian or other Pacific Islander	34	36.6%
None	20	21.5%
Other	11	11.8%
White	3	3.2%

Staff identified several ways to improve services. Survey responses showed staff believe cultural competence and resources spent on better engaging with minority communities would be most helpful (Table 68). The most common response staff gave was to improve outreach on the availability of services (73.1%).

Table 68: Staff Assessment of Needs of Racial and Ethnic Minority Groups

	Count	Percent of Cases
Outreach on the availability of services	57	73.1%
More services focused on their communities	50	64.1%
Cultural awareness training for VR staff	47	60.3%
Language translators	37	47.4%
Greater access to VR offices in or near their communities	37	47.4%
Other	6	7.7%

	Count	Percent of Cases
Unsure	2	2.6%

VR staff were generally less likely to identify any specific diagnosis or disabilities as being unserved or underserved. No group was identified as being unserved or underserved by a majority of staff. The most common group staff identified as being unserved or underserved were individuals with a traumatic brain injury (TBI). In fact, the third most common response to the question was 'Unsure' (22.7%), representing staff who weren't able to specifically identify any of the presented groups as being unserved or underserved or who did not want to provide an answer to the question (Table 69). While this response is distinct from None (which received only 8.2% of responses) not being able to identify a specific group is telling. Staff may feel there are groups which are underserved, but feel they are not personally familiar enough with these groups to identify them.

Table 69: Staff Assessment of Unserved/Underserved Disabilities

Which specific diagnosis or disabilities are currently unserved or underserved by VR services?	Count	Percent of Cases
Individuals with traumatic brain injuries	41	42.3%
Individuals with mental health disabilities	32	33.0%
Unsure	22	22.7%
Individuals who are deaf or hard of hearing	21	21.6%
Individuals with autism	18	18.6%
Individuals who are blind or have a visual impairment	17	17.5%
Individuals with mobility or manipulation disabilities	14	14.4%
Individuals with intellectual and developmental disabilities	11	11.3%
Individuals with some other type of disability	8	8.2%
None	8	8.2%

Staff stated individuals in rural areas were the most common group to be potentially unserved or underserved. More than half of responding staff (54.2%) said they felt individuals in rural areas were unserved or underserved. This is discussed in more detail in the next section. Table 70 illustrates more than a third of staff felt individuals with the most significant disabilities were unserved or underserved (37.5%). A similar number felt those pursuing careers in which they needed advanced degrees were also unserved or underserved (36.5%).

“Service equity and provision of services is not consistent/reliable throughout an office, let alone state. I see this is because there is very little formal and consistent training and messaging to staff. Often times we don't get helpful answers or guidance, because people in places of power rely on “it depends” rather than helping us through situations at hand.”

- Staff Survey Respondent

Table 70: Staff Assessment of Other Unserved/Underserved Groups

Among those groups served by VR, who do you feel VR is currently not serving well enough?	Count	Percent of Cases
Individuals residing in rural areas	52	54.2%
Individuals with most significant disabilities	36	37.5%
Individuals with disabilities pursuing career paths with advanced degrees	35	36.5%
None	17	17.7%
LGBTQIA individuals	13	13.5%
Veterans	8	8.3%
Individuals transitioning from high school to the workforce	8	8.3%
Other	8	8.3%
Religious minorities	5	5.2%

Community partners had a slightly different view of underserved groups in their survey responses. These partners were more likely to say individuals with mental health disabilities and individuals who are homeless were most likely to be unserved or underserved. VR staff members also expressed in open-ended responses to the survey administered that individuals with mental health disabilities are underserved. Additionally, lack of services are compounded for individuals with co-occurring mental health and other

disabilities, especially for individuals who have a dual diagnosis of IDD and mental health concerns.

Almost all the presented means for improving services for potentially underserved populations were popular. Table 71 illustrates none of them garnered less than 50 percent of support from VR staff, including increasing training and providing new training for staff. However, the most popular options were increasing training for employment specialists and job coaches (72.0%), and increasing outreach on programming (70.7%).

Table 71: Staff Assessment of Needs of Unserved and Underserved Populations

Need	Count	Percent of Cases
Increased training for employment specialists or job coaches	59	72.0%
Increased outreach about available programs and services	58	70.7%
Improved transportation options	54	65.9%
Increased training VR staff	46	56.1%
Cultural awareness training for staff	43	52.4%
Ways to address language barriers	41	50.0%
Other	12	14.6%

4.1.7 Rural/Urban Divide

Throughout PCG's engagement with VR, a frequent topic of discussion was the difficulty of individuals in more rural areas receiving the services they needed. To investigate this further, PCG turned to the United States Department of Agriculture's (USDA) Rural-Urban Continuum Codes. These codes are published and updated by the USDA using data from the US Census Bureau. They categorize each county in the United States along a spectrum based on their population, commuting patterns, and their proximity to urban areas. PCG used these codes to examine the service distribution of VR participants by their rurality.

As seen in Table 72, individuals in more urban counties make up the majority of VR participants. They also receive more services and have higher average spending than individuals from more rural areas. The only exception to this is individuals in the most rural areas. While they receive fewer services than their more urban counterparts, these cases have a higher average spending. Table 72 is laid out from the most urban

designation to the most rural. Individuals located outside the state of Oregon are not included.

Table 72: Average Cost of Services by Rurality

	Count	Mean Total Cost of Services	Mean Number of Services
Metro - Counties in metro areas of 1 million population or more	8,397	\$3,635.97	5.3
Metro - Counties in metro areas of 250,000 to 1 million population	6,085	\$3,434.56	5.1
Metro - Counties in metro areas of fewer than 250,000 population	3,781	\$3,069.59	4.6
Nonmetro - Urban population of 20,000 or more, adjacent to a metro area	1,096	\$2,788.36	4.4
Nonmetro - Urban population of 20,000 or more, not adjacent to a metro area	945	\$3,014.43	4.1
Nonmetro - Urban population of 2,500 to 19,999, adjacent to a metro area	875	\$2,595.64	3.8
Nonmetro - Urban population of 2,500 to 19,999, not adjacent to a metro area	484	\$2,241.13	3.4
Nonmetro - Completely rural or less than 2,500 urban population, not adjacent to a metro area	67	\$4,080.03	3.8
Total	21,730	\$3,339.65	4.9

PCG grouped these into eight designations into three broader categories for clarity in assessing potential patterns. These categories were:

- (i) Metro areas
- (ii) Nonmetro areas with an urban population greater than 20,000 (called 'Nonmetro Urban')

(iii) Nonmetro areas with an urban population less than 20,000 (called 'Rural')

Figure 17 displays a cross walk of counties to these new designations and Table 73 displays average costs of service by rurality.

Figure 17: Map of Oregon by Rurality

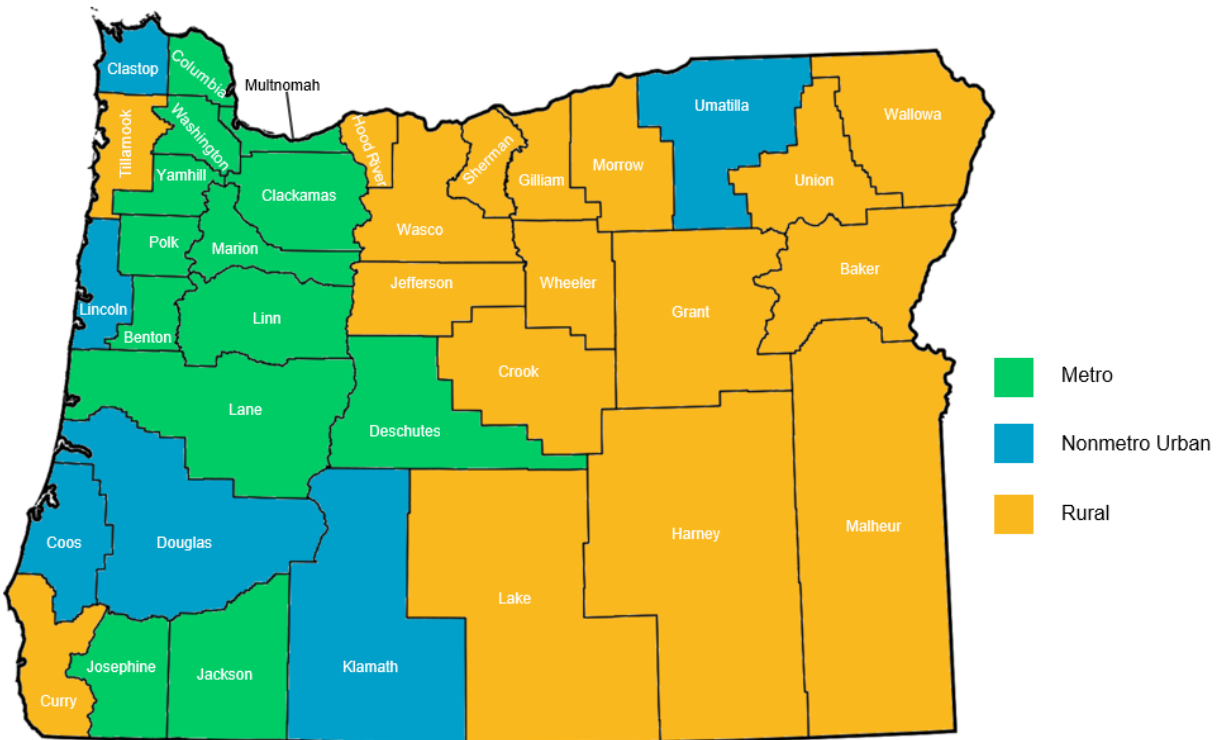


Table 73: Average Cost of Services by Rurality, Combined Categories

	Count	Mean Total Cost of Services	Mean Number of Services
Metro	18,263	\$3,451.61	5.1
Nonmetro Urban	2,041	\$2,893.03	4.3
Rural	1,426	\$2,545.06	3.0
Total	21,730	\$3,339.65	4.9

Spending and service differences becomes starker when using these classifications (Table 74). Importantly, this also shows that roughly the same proportion of individuals in each designation receive services (around 80%). While slightly lower in rural areas, a

difference of two percentage points is unlikely to drive such large differences between patterns of service receipt and spending. While metro consumers are slightly more likely to receive services than others, this is likely not the primary cause of spending differences as these difference are very small.

Table 74: Rate of Service Receipt by Rurality

	Percent
Metro	82.8%
Nonmetro Urban	82.0%
Rural	80.9%
Total	82.6%

Despite this difference in spending, rural participants responding to the survey were much less likely to report not receiving needed services. Table 75 illustrates only a fifth (20.5%) of rural consumers reported not receiving a needed service from VR, compared to a third of participants in metro and nonmetro urban areas.

Table 75: Services Needed by Not Provided by Rurality (N=891)

	Metro	Nonmetro Urban	Rural
Yes	35.7%	35.1%	20.5%
No	64.3%	64.9%	79.5%

Individuals in rural areas were also no more or less likely to report having barriers or needs related to finding a job, keeping a job, or advancing their career than participants in other geographic areas. Table 76 displays the percentage of individuals responding to the survey who reported having at least one barrier.

Table 76: Rate of Participants Reporting Any Need by Rurality

	Count	Metro areas	Nonmetro Urban	Rural
Basic need reported	719	71.3%	71.3%	71.8%
Legal need reported	306	29.5%	37.6%	33.3%
Financial need reported	739	73.4%	72.9%	71.4%

	Count	Metro areas	Nonmetro Urban	Rural
Employment-related need reported	748	74.0%	74.1%	78.6%

While a clear pattern of spending exists that appears to disadvantage more rural VR participants, this pattern has yet to be noticed by participants themselves. Participants in rural areas are equally satisfied with services based on their survey responses. Participants in rural areas do not report having greater unmet needs than other VR participants.

Focus Groups and Key Informant Interviews

In addition to surveys, PCG conducted 9 focus groups and 19 interviews with various stakeholder entities and recipients of VR services (for more information, please see Methodology section). Major themes emerged from interviews and focus groups, including:

1. Capacity of the VR and CRP workforces: Capacity, including number of staff and the knowledge staff have, should be enhanced
2. On the State level, VR has strong partnerships and leadership. There are opportunities to extend this to the local, service delivery level
3. Different areas are in different places with the culture shift to Employment First
4. Outreach and marketing must be user friendly, customized to the audience
5. High expectations of VR consumers
6. There is room to grow in increasing meaningful engagement with employers
7. Youth services, coordination, and collaboration are strong at the State level. At the service delivery level, there is room for additional capacity building in coordination and collaboration
8. The amount of time an individual must wait from referral to an appointment or services is often too long, especially for those who are struggling to meet basic needs
9. There are opportunities to continue using and advancing virtual or hybrid services that were necessary during the COVID-19 pandemic

Additional themes also emerged and will be discussed in more detail in the sections that follow.

4.1.8 Overall Strengths and Barriers

The feedback received from interviews and focus groups was mostly positive and participants provided structured suggestions for areas in which VR may wish to consider improving upon. For example, participants noted VR's adaptability in pivoting to virtual and hybrid model services in the wake of the COVID-19 pandemic to continue providing services to their consumers. ODHS staff stated it has been helpful to provide services to youth virtually, even noting some are more receptive to communicating through a virtual platform. In addition, Employment First groups have also been able to provide mock interviews to participants virtually.

"VR is an active voice of advocating for people with disabilities. That is a drum that needs to be beat on a regular basis - that's working."

-Collaborating State Agency Interviewee

Other major strengths of the VR system noted throughout focus groups and interviews were strong partnerships and collaborations between VR, community partners and employers. Many participants also stated they have seen positive changes with the new leadership which has emerged out of VR. In addition, recipients of services mentioned VR was helpful not just with providing employment related services but also non-employment related services such as screening services and behavioral health and advocacy support.

Major Barriers

While there was much positive feedback garnered from both focus groups and interviews, participants also noted some major barriers which can be improved upon. Most notably, barriers for VR participants included:

"We have been fortunate to have a VR counselor, who is the counselor for most of our students and having that continuity of relationship makes a really huge difference"

- Educator Focus Group Participant

- stigma and bias experienced from employers;
- lack of education around individuals with disabilities and what their strengths and limitations are;

- lack of funding for services;
- need for better collaboration with the VR system particularly information on consumer needs and employment opportunities available
- staff turnover or lack of staff available to provide services to a growing population leading to additional time spent reviewing case information and overworked staff;
- disconnects in data sharing between different entities involved in the VR process related to consumer needs and required supports;
- need for a more robust and organized referral system; and,

“We need a more holistic approach to serve our clients more effectively and this includes more collaboration around the medical and mental health providers, insurance, funding of services and programs that address the true needs of our client population, and leaders who are making these needs a priority.”

- ODHS Staff Focus Group Participant

- need for more training and professional development opportunities for VR counselors, especially around data and software.

Of specific note throughout most of the interviews and focus groups conducted, participants reported **timeliness** as one of the greatest barriers for VR participants. Participants noted there sometimes feels like there is a lack of urgency and individuals can wait six to eight months for an appointment causing families to become disheartened by the process and give up. VR staff suggested the intake process should be streamlined and the duplication of documentation and assessment should be removed to ensure individuals are linked to necessary services in an efficient and timely manner.

4.1.9 Transition-aged Youth and Pre-ETS

PCG conducted two focus groups with Pre-ETS youth, one focus group with pre-ETS youth providers, and one focus group with educators to garner a more well-rounded understanding of the services being provided to youth and how they may differ from the adult population.

Pre-ETS youth stated in focus groups they appreciated the services provided through VR. Services helped them feel more grown up and mature in making decisions, self-advocating and approaching the job market post schooling. In addition to providing job

training services and educating youth on how to navigate the job market, VR also provided volunteer opportunities to pre-ETS participants to develop skills and training they can apply to future employment opportunities.

Pre-ETS's youth providers noted it would have been beneficial to begin services at an earlier age. VR may wish to further explore the age range served on a regional basis to determine if there are opportunities for expansion.

Barriers with Pre-ETS

Pre-ETS youth have different barriers from adult VR participants. In particular, it was noted multiple times throughout focus groups that there needs to be better education around eligibility of Pre-ETS. Staff noted it 'becomes too late' for someone to be eligible and receive services before leaving high school. Youth focus group participants noted they would like more support in navigating the VR process and a more detailed understanding of what services are available to them. Additionally, Pre-ETS youth who receive services noted there needs to be better coordination related to continuing supports after Pre-ETS are ended. In certain instances, services do not continue after the individual completes their schooling when the individual consumers felt they were still necessary.

“One thing that would really help people who have a desire to have a professional career is to provide more individualized planning for individuals in higher education because the services at the community college are primitive and had no help with mobility services – campus is on a hill and I’m in a wheelchair. We can only be our own advocate for so long before we get tired. I’m coming to the end of my time at the community college, so I have to deal with deadlines and also making sure my physical needs are being met. There are those of us that have goals and it would be nice if VR would help us meet those goals”

- Youth Focus Group Participant

Some educators noted the level of turnover among VR staff can sometimes be a barrier, a factor that seems to vary by geographic location. Most notably educators stated they are sometimes confused as to who is supposed to be providing what services, such as YTP compared to Pre-ETS and sometimes the process can be complex and frustrating.

4.1.10 Underserved or Unserved Populations

Interview and focus group participants were asked if they felt there were any high-risk populations who were being underserved by VR. Responses from participants varied, with some stating VR provides services to anyone who walks through their doors and requires them and others stating there are groups which VR can do a better job of outreaching with.

Particular populations which were noted to be underserved by VR included individuals with:

- intellectual and developmental disabilities;
- traumatic brain injuries;
- serious physical health concerns;
- behavioral health concerns;
- individuals in rural areas (due to lack of resources and employment opportunities available);
- individuals who speak a language other than English;
- individuals with higher education experience looking for higher level employment;
- individuals who are a part of the LGBTQIA community; and,
- youth and adults who are homeless.

4.1.11 Coordination with WIOA Partners

One interviewee who works with youth noted a challenge around VR providing the majority of direct services, instead of contracting out more to Community-Based Organizations (CBOs). Staff noted that the State is diverse and requires a local approach to ensure the system is being responsive to the needs of the local area.

"I like working with VR. They are one of our most responsive partners. Their hearts are in the right place. Though bureaucratic, they try to remove real or perceived barriers."

- Community Provider Interviewee

Communication and Referrals

In interviews, staff from multiple agencies cited the need for more communication and better collaboration around coordinating employer relationship management, especially between OED and VR. The coordination between the two agencies has worked better in some of the larger, more populated areas such as Salem, where there are more staff. The coordination is more difficult in rural areas at the local level. There also seems to be gaps in communication about information shared around job postings, target sectors, and business relationships between staff at the leadership level, and what is communicated to frontline staff. Currently, there is not a process in place to do follow-up to see if VR referred talent to an employer, so OED does not always know if placement referrals have taken place. OED also does not currently access a list of VR talent. OED Staff noted that

if they could see the most current list of VR talent, they would be able to market those candidates to employers and target employers that would be a good fit. These services are within OED's scope of work.

OED has 39 WorkSource Career Centers where people with disabilities can come for services. WorkSource should be referring jobseekers with disabilities to VR staff for services, but this does not always happen according to WorkSource staff. In some geographic locations, VR staff are co-located with WorkSource staff and other job programs, resulting in higher rates of referral and stronger relationships.

Referrals for jobseekers with disabilities are almost always referred to VR, but staff wonder if it should also include other CBO and nonprofit providers. When it comes to service delivery, a lot of coordination is required for referrals. As one interviewee noted, "It should be more (coordination), but when it happens it's good." For referred participants, it's a collective effort to support the jobseeker to success. One interviewee noted that reverse referrals to VR are great. They are always welcoming and accommodating to work with and find the right staff who can help, which gives the referring agency more confidence participants will get the one-on-one support needed.

Data, Metrics, and Accountability

Several OED staff who were interviewed commented on issues related to use of VR data. They noted that VR has an outdated data system that is different from the system(s) used by other human services agencies. It is the responsibility of the Counselor to navigate all those programs. OED uses a labor management tool (qualityinfo.org) to pull all metrics with shared responsibility into the same space; however, OED is not sure if VR is active on the website.

Placing jobseekers with disabilities in jobs is an important metric for OED (along with veterans, SNAP recipients, and other special groups). The State Workforce Development Board staff noted that it may be beneficial to identify strategies for the system to hold itself accountable to serving the customer, as measured by WIOA goals and metrics.

Training and Technical Assistance

Staff from multiple agencies who were interviewed cited the need for more training and technical assistance on the services and supports offered by VR. OED staff commented that employers struggle with the paperwork to hire a jobseeker with a disability. If OED staff had training on what is required of businesses to hire populations with disabilities, they could help prepare the business and ease the process. OED cited the successful training offered in partnership by VR and the Oregon Commission for the Blind, and how it resulted in OED staff being able to more comfortably speak to resources available for visually impaired jobseekers and services available to employers. It also improved the

referral relationship between the two agencies. OED would like to see a similar training take place with VR.

Workforce Development Board staff at the local level confirmed staff among stakeholder organizations do not always understand the scope of roles and responsibilities, or services available to be able to make referrals to partner agencies. Local Workforce Development Board staff promote VR's orientation monthly to spotlight their services. It should be noted that while there is a training video available, not all VR offices have a monthly orientation, and it is not required to access VR services. Staff noted a need for "relationship building to get beyond placing jobseekers with disabilities in the same industries over and over." Using a "person first" perspective, staff described a vision of having a system of "super-navigators" for jobseekers with disabilities and designing an employment and career plan for various in-demand industries, beyond the typical industries where jobseekers with disabilities are typically placed (i.e. call centers).

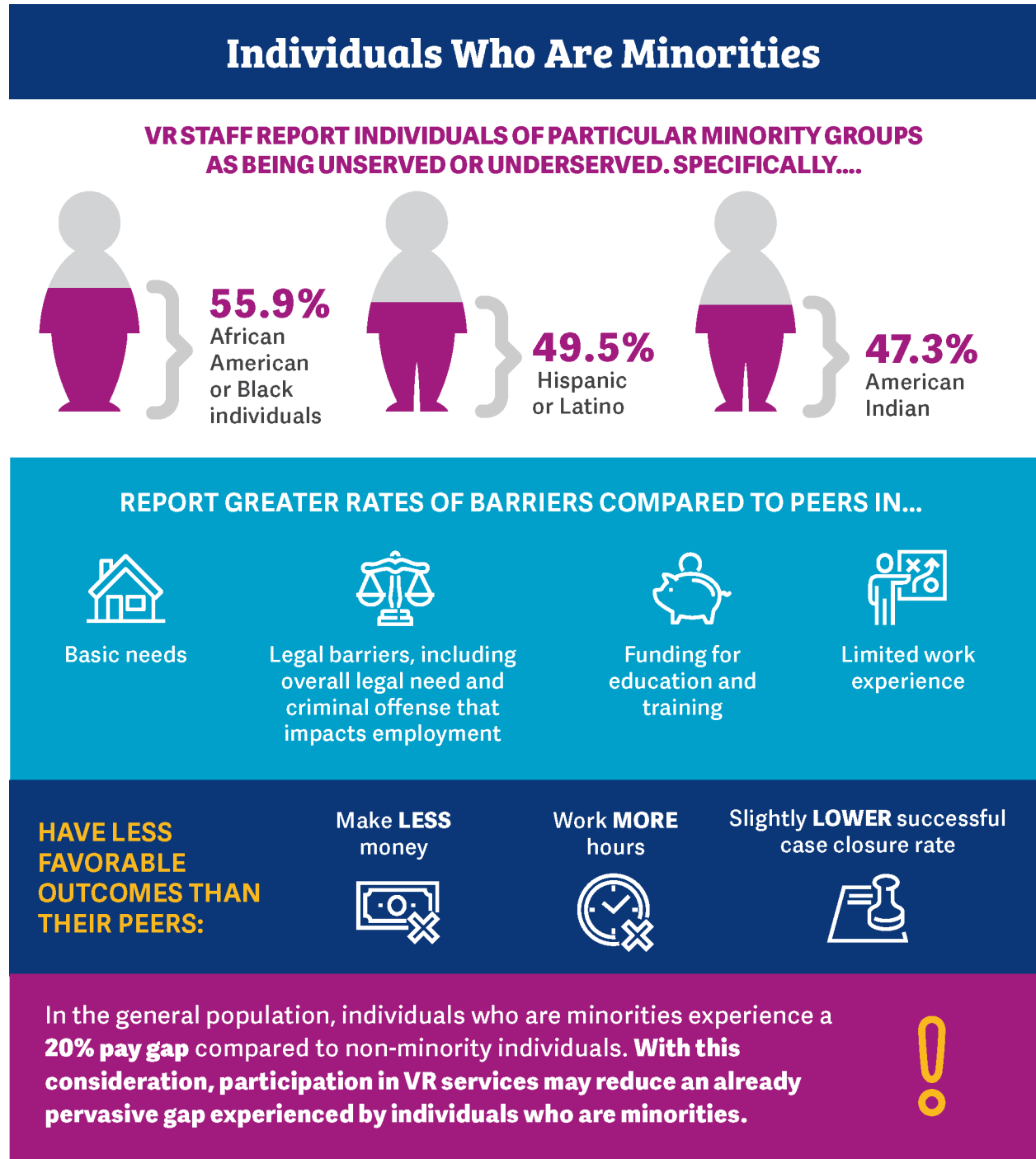
5 Analysis

PCG conducted analysis on the quantitative and qualitative results described above to meet the requirements of the CSNA process. Specifically, analysis describes the population VR serves and outcomes of services, especially for targeted populations. Following this analysis, provider capacity and vocational rehabilitation capacity are analyzed. Finally, PCG provides analysis on coordination with stakeholders. All of the analysis is combined to determine service gaps.

Population Statistics and Demographics

The dashboard below depicts the population of Oregonians served by VR over the analyzed time period. Figure 11 summarizes the analysis presented in this section.

Figure 18: Individuals Who Are Minorities



5.1.1 Geography and Outcomes

Several trends emerge when examining research findings by VR region. Region 1 supports a caseload of 70% of individuals who are eligible through Priority 1 - Most Significant Disability. In Region 3, the rate of individuals with a most significant disability

is considerably lower at 55%. Individuals in Region 3 are more likely to close with successful employment compared to their peers in Region 1. This aligns with data indicating overall, individuals with a Priority 1 designation have a lower successful case closure rate. Several factors may impact the number of individuals in each region who are eligible as Priority 1. First, Region 1 includes the Portland metro area, while Region 3 includes Oregon's more rural, eastern counties. It is possible that people who have most significant disabilities are more likely to live in a more urban areas that have more resources, such as transportation and specialized services in health and behavioral care. Additionally, individuals who are younger are more likely to live in metro areas. Individuals who are younger are more likely to be eligible for VR services through Priority 1 or 2. While confounding factors may impact the rate of individuals with most significant disabilities living in metro versus rural areas, an eligibility process review across regions may assist in confirming that differences in population affect the rate of individuals who are eligible through Priority 1.

5.1.2 Age and Outcomes

As identified in Table 11: VR Population Compared to ACS Population with a Disability by Age, VR supports a greater than expected number of youth and young adults, analysis of case management data supports that VR is fulfilling WIOA requirements. Individuals who are 14-21 receive less services than those at any other age. However, this group frequently receives Pre-ETS, which may include some of the 5 required components that supplements IDEA transition services to prepare the student for employment. Most frequently, these services are not as intense in frequency or depth as traditional VR services where an individual has exited school, and seeks employment. Individuals who are 22 to 34 receive the greatest number of services on average, at 5.6 services. This increased volume of services may indicate that VR is addressing a greater need as a greater number of services may be a result of the increased needs of individuals who are preparing and maintaining their first jobs.

The greater number of resources allocated to individuals 14-21 and 22-34 has translated to better outcomes. Individuals in these age groups experience higher successful case closure rates compared to peers in other age groups. Younger individuals may have benefited from enhanced services through interagency collaboration and additional services through Pre-ETS and other collaborative initiatives offered through Oregon, such as the YTP. There may be opportunities to learn from the success of such collaboration and intensive intervention to support better outcomes for other populations, such as individuals who are minorities.

5.1.3 Race, Ethnicity, and Outcomes

Overall, race and ethnicity reflect the general Oregon population. VR participants in the youngest age range (14 to 21 years) are more than 30 percent more likely to report a mixed racial heritage than individuals only slightly older (22 to 34). Individuals who identify

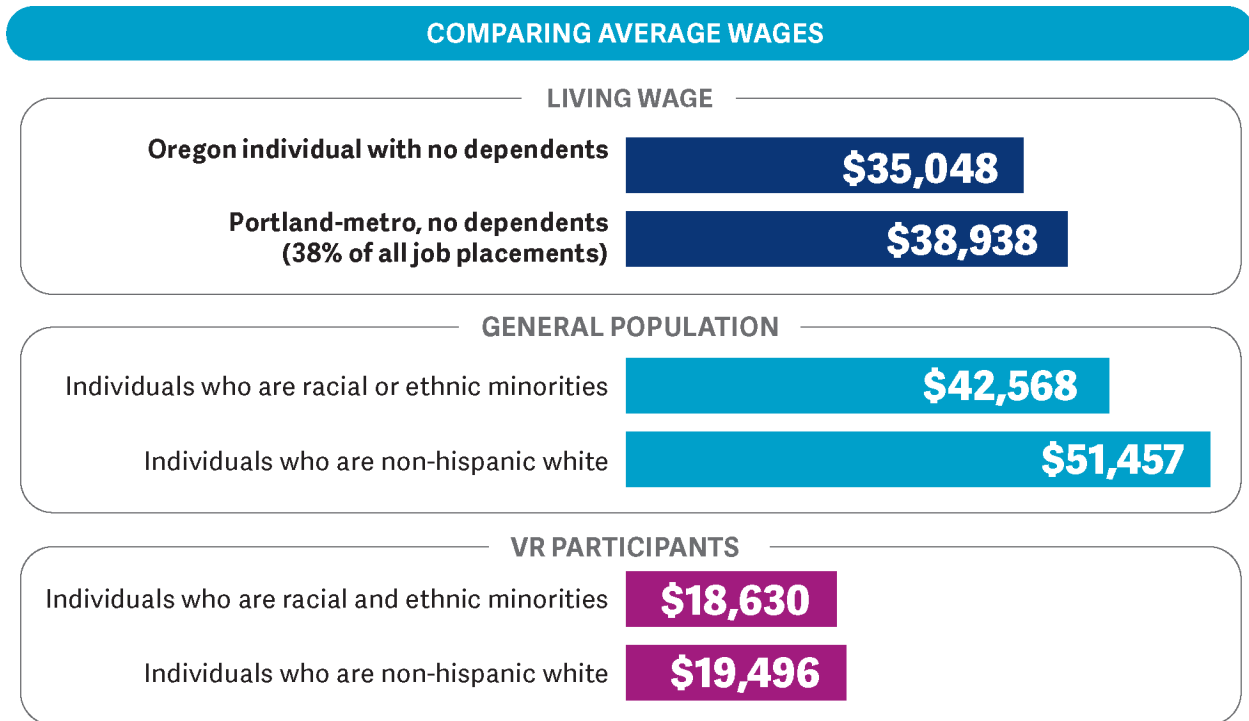
as Asian are served at about 1% less than expected in the Oregon population. Though racially VR's participant population is like the population of Oregon with a disability. VR participants are much more likely to report being Hispanic or Latino/a than working aged people in Oregon with a disability. Ten percent of VR caseloads are identified as Hispanic or Latino/a. Interestingly, Hispanic participants see only about 80% of the spending of an average VR case, despite seeing a similar number of services provided. Average cost of services is \$2,667 compared to \$3,421 who are not Hispanic.

According to 2019 ACS 1-year data, in the Oregon in the general population, racial and ethnic minority individuals make \$42,568/year (mean), whereas non-Hispanic whites make \$51,457. In other words, minority individuals make 82.7% of what non-Hispanic whites make.

Of those VR, minority individuals make \$18,630 [(Hourly wage*Weekly hours) *52], compared to \$19,496 for non-Hispanic whites. Individuals who are minorities make 95.6% of an individual who is non-Hispanic white. In other words, the gap is smaller within VR's population than within Oregon at large. Even if individuals who are minorities worked full time in their current positions, they would still experience a discrepancy of about \$10,000 to reach a living wage. This bar addresses the living wage of individuals who do not support another person. If an individual supports others in the household, this discrepancy increases.

Figure 19 depicts compares wages across populations. Individuals who are not white or white Hispanic make less money and work more hours than their peers.

Figure 19: Comparing Average Wages of General Population and VR Participants



5.1.4 Job Placements and Outcomes

For any individual seeking employment, field and job placement impacts financial trajectory, and subsequently stability of a person's life. Not only are individuals placed through VR services, on average, going into positions with hourly wages and less stability, but they are also going into positions that are likely to pay lower wages. When considering the cost of living in Oregon (\$35,048 statewide, and \$38,937.60 in Portland metro), the consideration of job placements may be a key component to assisting individuals in VR services moving beyond having a job, into a career that can sustain themselves and others they might support. On average, individuals who become successfully employed in VR services experience a large financial gap to reaching a livable wage to support themselves. Even if they expanded their hours in their current positions, on average individuals will continue to experience a sizable gap.

Additionally, when considering the long-term impacts of COVID-19, it may be important to consider how job placements for VR consumers might change over time. Related to long-term impacts of COVID-19 and identified barriers to effective transportation, the location of employment may also be considered in relation to job placements. Additionally, many individuals report a reduced bias from employers in traditional work environments because they are not in a traditional office environment or interview process. In fact, many in the disability community report higher job satisfaction and earnings than their traditionally employed peers.

Exploration and emphasis on job placements may impact the quality of outcomes, and the informed choice of individuals served through VR. VR has done considerable work in engaging individuals and supports a successful placement rate higher than the national average. Exploring the job placement process, and the counseling and guidance that both VR and CRPs provide to individuals receiving VR services may shed light on the common direction of job placement. This exploration could also contribute to greater informed choice on the part of the individual. Analysis and consideration for the future development and support of job seekers with disabilities, individuals, families, and state agencies may consider preparing and considering career paths as they would for individuals without disabilities. Developing lucrative skills that support higher wages and a mobile career path may be considered during school, counseling, and guidance.

5.1.5 Disability and Outcomes

This section analyzes the impact of disability on outcomes. Two facets of disability are considered, including the type of disability as well as the level of impact on a person's daily living.

Type of Disability

High participation rates of individuals with particular disability types may indicate strengths and successfully implemented practices. Individuals with intellectual and developmental disabilities represent 38% of the individuals served by VR over the last 3 years. Given the history of limited participation of individuals with intellectual and developmental disabilities, this participation rate is notable. Such a high participation rate may indicate that employment first, training, outreach, and other activities have effectively increased the participation of individuals with intellectual and developmental disabilities. The second largest group of individuals is individuals with mental health disabilities (26.2%). Such a large representation may be due to the high prevalence of mental health conditions across the population. Additionally, the large representation may be a result of the considerable coordination and efforts with the Oregon Health Authority Behavioral Health Services. Similar to opportunities to replicate the successful practices used in engaging individuals with intellectual and developmental disabilities, there may be opportunities to learn from this successful partnership and collaboration.

Further exploration may be needed to understand underrepresentation of disability types may reflect administrative processes. While individuals with visual impairments are not represented in the VR population, these individuals are likely served by the Oregon Commission for the Blind as required by law. Individuals who are deaf and hard of hearing are also not represented, but do not have a parallel vocational rehabilitation agency. It is possible that individuals receive services through WorkSource Oregon or receive services through VR under a different diagnosis. Similarly, there is limited information on individuals who use substances. Alcohol use is the only identified diagnosis captured that specifies a substance use challenge. While substance use is an issue affecting many

Oregonians,⁹ it is the lowest reported disability. Like individuals who are hard of hearing, this population may be primarily served by WorkSource Oregon, or served under a different primary diagnosis. Because data was not available on secondary diagnosis, it is unknown if either of these populations are included in other disability categories. Further exploration of the categorization and data collection processes may shed light on how VR can support individuals with these disabilities.

Significance of Disability

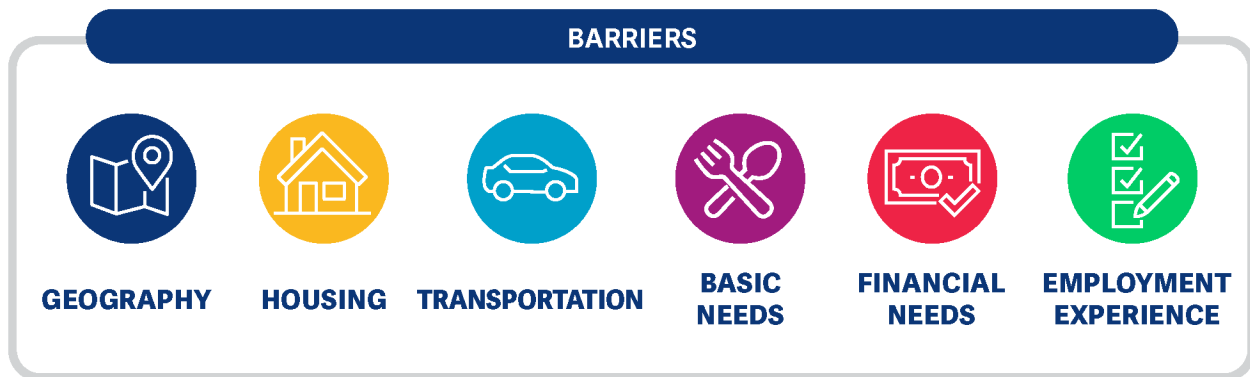
Most individuals who are eligible for VR services are eligible under Priority 1 – Most Significant Disability. Individuals with the Priority 1 designation receive the most services and use the most funds. These results indicate that individuals who are most impacted by their disability also receive the highest level of resources and supports. Additional analysis on the barriers experienced and resulting employment outcomes of this population are described below. As noted above, individuals living in Region 1 are more likely to be eligible in Priority 1 compared to the two other regions in Oregon. In general, the trend is downward from priority 1 to 3 in number of services and spending.

Barriers

As an individual strives to seek and maintain employment, meeting basic needs is critical to being able to effectively participate and focus on the job at hand. If a person is worrying about where they will sleep that evening, or where their next meal will come from, attending an interview or making it to work on time may come second. A considerable portion of individuals receiving VR services need to have their basic needs met, including housing, food, clothing, and other needs such as medical or behavioral health conditions. VR participants responding to the survey widely indicated these needs, with a greater proportion of individuals who are minorities and those with most significant disabilities priority 1 expressing these needs. VR counselors concur, and report greater levels of needs. Geography is about where you live in Oregon and level of services. Findings from the focus groups reported individuals living in Eastern and Southern parts of the State receive less services, primarily due to lack of staff.

⁹ Behavioral Health Barometer: Oregon, Volume 6, published by the Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer_Volume6.pdf

Figure 20: Barriers Faced



Quantitative and qualitative data collected throughout the CSNA process point to several critical barriers to individuals with disabilities successfully obtaining and maintaining employment. These barriers truly impact a person's ability to focus on the job seeking and job maintenance processes. It is notable that these barriers are not specific to people with disabilities. Identified barriers are comparable to barriers often faced by individuals, with or without disabilities, who experience shortages or lack of access to assets or resources.

Statewide and across communities, community partners and resources are available to assist individuals. VR may explore several facets of intervention and coordination to address these barriers. A focus on statewide and local collaboration and coordination with state agencies addressing identified barriers may increase connectivity to resources for individuals served through VR. For example, coordination and collaboration with Oregon's housing authority could create better coordination of referrals for affordable housing for people with disabilities. Subsequently, multi-pronged and enhanced training of VR counselors and CRPs on the importance and the use of available community resources may assist individuals overcoming these barriers.

In addition to enhanced coordination with community partners who meet the needs of individuals experiencing poverty, services authorized and provided to VR participants may also reduce these barriers. Benefits counseling and career counseling can be key in participants making an informed choice about the career and volume of work a person goes into.

Like other barriers identified, existing employment experience is a barrier that may have several causes, with several opportunities to address it. For individuals with disabilities, employment experience before exiting high school can increase the likelihood of

competitive integrated employment 4.5 times¹⁰. VR facilitates this opportunity across the state for students with disabilities to increase the likelihood of employment after school. This work correlates with higher successful case closure rates for younger individuals receiving VR services. VR could consider how to expand these opportunities to reach more youth, and potentially replicate services for other age groups. This expansion could be a coordinated effort with other public and private entities who support acquiring and advancing employment for individuals across Oregon.

Populations of Importance

The following sections provide analysis on populations of importance, as defined by the CSNA process.

5.1.6 Individuals with a Most Significant Disability

¹⁰ Simonsen, M. &. (2012). Transitioning youth with intellectual and other developmental disabilities. *Career Development and Transition for Exceptional Individuals*, 36(3), 188-198.

Figure 21: Most Significant Disability Data Highlights

	PRIORITY 1	PRIORITY 2
Number of individuals served	4,370	1,687
Successful case closure rate	39.5%	46.5%
Hourly wage at exit	\$12.92	\$15.59
Weekly hours at exit	22.80	29.04



Individuals in Priority 1 make less money than their peers in Priority 2.



Individuals with most significant disabilities (Priority 1 and 2 categories combined) are more likely to face barriers in transportation.

Individuals with a most significant disability are one of the primary populations examined in the CSNA process. In Oregon, most significant disabilities are divided into two categories: Priority 1 and 2. Together, these two cases represent 82% of the individuals served by VR in the analyzed time period. Together, these two groups represented 82.2% of survey responses. As a priority population, these individuals equitably represented in the research and analysis of this report.

While these two priority categories share the label 'most significant disability', there is a contrast in these two populations. In particular, individuals in Priority 1 have an hourly wage at exit of \$12.92 and weekly hours of 22.8. This contrasts considerably with individuals in priority 2 who have an hourly wage of \$15.59 and work an average of 29.04 hours. Individuals in priority 2 have outcomes that align more closely with Priority 3. Individuals in Priority 1 are also less likely than those in

Priority 2 to have a successful case closure (39.5% versus 46.5%). While individuals categorized in Priority 1 inherently have a higher impact of disability on daily living, there may still be opportunities to learn from successful practices to reduce these barriers and increase the number and quality of successful outcomes for individuals in Priority 1. Exploration, identification, and capacity building of successful practices in supporting individuals in Priority 1 and 2 could be a part of this solution.

Individuals with most significant disabilities (priority 1 and 2 categories combined) are not notably more likely to face barriers relating to their basic needs than individuals of other priorities, with the exception of transportation. This may indicate that VR counselors and CRPs provide comparable connections to resources as they would for any other disability category. However, individuals with Most Significant Disabilities – Priority 1 are notably more likely to report transportation related barriers. As noted earlier, individuals in priority 1 experience a greater impact of disability on daily living, which may include transportation skills, the resources to afford transportation, and natural supports to assist. Further exploration of this barrier for individuals in priority 1 may lead to further clarification on the cause, and subsequently solution, to addressing this need.

5.1.7 Individuals with disabilities who are Minorities

Another key population in the CSNA analysis is individuals who are minorities. This research and report express the perspectives, needs, services, and outcomes of individuals who are minorities.

Pervasively and across the country, individuals who are minorities experience several barriers and challenges compared to their peers who are not minorities. Results and analysis indicate that VR participants who are minorities also experience these challenges. RSA and VR acknowledge that this is a priority population. Asked about unserved or underserved racial and ethnic groups, VR staff saw a number of groups as likely to not get the VR services they need. This may be caused by more profound service needs than by disparate service receipt. Highlights and analysis are provided here. Below, potentially unserved and underserved populations are described.

Outreach

Racial and ethnic minority individuals are somewhat overrepresented within the service population. Staff may, therefore, be recognizing the barriers faced by these groups as requiring additional resources. The majority of responding staff (55.9%) identify African American or Black individuals as unserved or underserved. Almost half reported Hispanic or Latino (49.5%) and American Indian individuals (47.3%) as potentially unserved or underserved.

Staff identified several ways to improve services and better serve minority communities. Survey responses showed that staff believe resources spent on better engaging with minority communities would be most helpful. The most common response staff gave was to improve outreach on the availability of services (73.1%). Staff also felt that more services focus on their communities and cultural awareness training (60.3%) for VR staff are important components to addressing needs.

When considering that individuals who are minorities are well represented in the VR service population, but attain less favorable outcomes, individuals who are minorities may benefit from a different approach to service delivery. Staff identified several ways to improve services. For example, Better engagement with minority communities could be addressed by focusing services on their communities (64.1%) and ensuring greater access to VR offices in or near their communities (47.4%).

Focus groups and key informant interviews believe outreach to minority communities must be user friendly and customized to the audience. Informational documents disseminated should be accessible and reflect the respective language. Partnering with cultural organizations and community leaders may assist in both outreach and service delivery.

Barriers to Employment

Likely comparable to their peers without disabilities, VR participants who are members of a minority racial and ethnic group report greater levels of barriers compared to participants who are white. These needs are also supported by feedback from other groups, including VR staff. The greater impact of barriers span across critical needs including:

- Basic needs
- Legal barriers, including overall legal need and criminal offense that impacts employment
- Funding for education and training
- Limited work experience

While VR is unable to control the barriers members of a minority and ethnic group face, there may be opportunities to improve access and delivery of services to address these barriers. For example, identified barriers may address through refined outreach and communication paired with enhanced relationships organizations that are embedded within communities. Additionally, training, resources, and coordination for both VR staff and CRPs in cultural competency and serving individuals with unique needs may address other barriers. Further exploration and assessment may support targeted efforts in understanding and addressing these barriers.

Outcomes

Research indicates that overall, individuals who are minorities are represented in the VR service population but have less favorable outcomes than their peers who are not minorities. Individuals who are not white or white Hispanic make less money and work more hours than their peers. Individuals who are not white have a slightly lower successful case closure rate (39.7% vs. 42.5%). Together, these results may translate into reliance on public benefits, lower socioeconomic status, and less stability on a long-term basis. While these may not be favorable results, they align with more pervasive challenges. Individuals who are minorities without disabilities experience a pay gap of 20%. With this consideration, participation in VR services may reduce an already pervasive gap experienced by individuals who are minorities. However, specifically addressing the discrepancy in quantity and quality of outcomes of individuals who are minorities would further benefit this population.

5.1.8 Potentially Unserved and Underserved Individuals

Results and analysis identify several potentially underserved populations. Greater exploration may clarify and better define the needs, and potential solutions to address gaps.

Individuals with legal needs

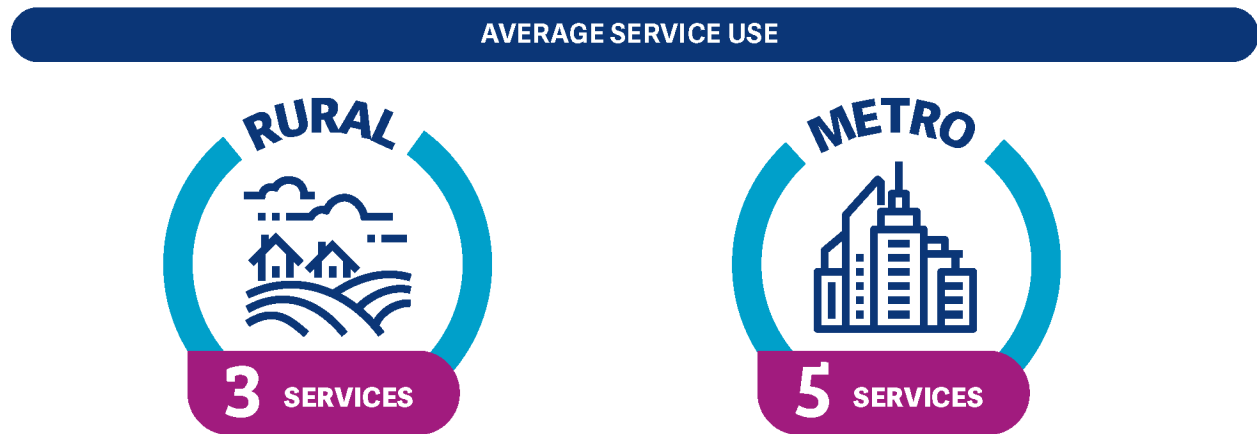
Survey results indicate that VR participants have legal needs. Participants who are a part of VR's priority populations were more likely to identify legal needs compared to others. Individuals who are in priority 1 or 2 categories are more likely to experience legal needs, as are individuals who are minorities. Within survey results, most legal needs reported by participants were considered 'some other legal need'. There was a considerable theme across open responses: participants reported needs related to employment including loss of employment, financial hardships, and wage withholding. These needs align with those described in other sections of this report. Additionally, VR staff were much more likely to report their clients frequently facing criminal offenses than any other legal need. In fact, 83.8% of staff said their clients frequently face barriers related to criminal offenses. Staff are much less likely to report their clients frequently face other legal needs than participants.

Further exploration may be needed to determine if this population is underserved. While legal needs are beyond the scope of VR, they may impact an individual's ability to gain and maintain employment. Further understanding into what's working, and potential gaps could span coordination with state and local resources that support individuals with these needs. Additionally, VR may assess the knowledge and resources of VR counselors and employment providers to address these barriers throughout the employment process may be helpful in supporting this population.

Individuals living in rural areas

Results indicate individuals living in rural areas may be underserved. Throughout PCG's engagement with VR, during conversations with staff, individuals, and key informants, a frequent topic of discussion was the difficulty of individuals in more rural areas receiving the services they needed. Additionally, this was carried through the staff survey results and focus groups. This difference is clear when comparing the cost and mean number of services in a metro area compared to a rural area. On average, individuals who live in metro areas receive 2 more services than their peers in rural areas. Additional services correspond to additional funds being spent on individuals living in rural areas. While metro consumers are slightly more likely to receive services than others, this is likely not the primary cause of spending differences as these differences are very small.

Figure 22: Average Service Use



VR staff and VR participants report conflicting views in adequacy of services. VR staff reports indicate that individuals living in rural areas are underserved, participants responding to the survey did not indicate that they were missing services, or that they had any greater barriers than individuals living in other areas. However, individuals living in rural areas may be unaware of what services are available, or what their counterparts living in different areas receive.

To further determine the extent of these challenges, as well as solutions to addressing challenges, VR could consider several paths. As with other areas, examining outreach and communication of available services may be helpful. Additionally, examining the relationships and resources that counselors and providers have at the local level may also assist in individuals in rural areas getting appropriate and relevant supports.

Specific Disabilities

Staff most frequently identified individuals with traumatic brain injuries (42%) as being underserved, followed by individuals with mental health disabilities (33%). Focus group participants and key informant interviews also identified individuals with traumatic brain injuries and mental health disabilities as underserved groups. Twenty-three percent (23%) of staff respondents indicated they were unsure of any particular type of disability that is unserved or underserved.

Individuals with specialized training or education looking for corresponding employment

Individuals with specialized training or education looking for corresponding employment may be another underserved group. While a similar process, these individuals are likely seeking employment in positions that are not typical to the employment provider or VR counselor. Having the job seeker, VR counselor, and any supporting providers on the same page is important to supporting informed choice, career advancement, and

individualized services for individuals. It's an important component to ensuring that investment leads to outcomes.

More than one third of VR staff respondents (36.5%) identified individuals with disabilities pursuing career paths that require an advance degree as another unserved or underserved group. Seeking higher level employment can mean different things during a person's career: an individual may be seeking career advancement after a combination of experience in the field and going back to get additional credentials. The individual might be a young adult who completed postsecondary education, but lacks the experience needed to obtain a position. Alternatively, the individual might need support in job placement. Further evaluation may delineate and clarify these needs.

5.1.9 Youth (Age 14-21)

VR has invested in youth through collaboration with Oregon Department of Education by co-funding eight regional Transition Network Facilitators and four regional support staff. VR employs a full-time Youth Transition Program (YTP) to lead and coordinate with over 120 local school districts operating YTPs. VR Pre-ETS Team, which includes 4 Pre-ETS Coordinators, a Pre-ETS Program Coordinator, a Pre-ETS Data Coordinator, oversee the service-delivery throughout the state. This investment in youth has resulted in youth having the third highest successful case closure rate compared to individuals in other age ranges.

All respondents (e.g., VR counselors, youth, and community partners) supported Pre-ETS, but identified areas for continued improvement. Most often, VR counselors rated the quality of Pre-ETS as 'sometimes adequate', indicating there may be opportunities to improve the quality of Pre-ETS services. This contrasts with community partners: most of these respondents rated Pre-ETS as always adequate.

Youth responding to the participant survey were asked to identify if they had received the Pre-ETS service, or if they had not received the service, was it something they needed. One in five respondents had not received but needed to learn more about careers by visiting workplaces or trying out different types of jobs. One in four respondents had not received but needed training in self-advocacy. Forty-six percent of respondents indicated they had not received and did not need counseling on choices for education after high school ends.

Across all Pre-ETS services additional exploration may help identify the needs of youth that can inform choice and allow individuals to understand all of their options. Community partners also spoke to other perceived needs. The themes included: a wider array of services more tailored to individuals and helping them set and achieve realistic goals. This included a wide range of specific types of goals they felt were difficult for students to achieve; some saw it as difficult for individuals with intellectual or developmental disabilities to get skills that would help them achieve a livable wage; while others saw

limited resources for students trying to pursue higher education. Community partners were united that more tailoring of services might be necessary.

Youth needs identified included transportation (70%), some other basic need (38%) and food (17%). While the needs of youth are lower compared to individuals in other age ranges, consideration should be provided to invest in youth to help them prepare for other basic needs as they get older. By being proactive and intervening early, VR may be able to support a reduction in needs across a person's lifespan.

Provider Capacity

The CSNA process requires the evaluation of Community Rehabilitation Providers. PCG also provides analysis of Pre-ETS providers, who serve another critical population. The analysis for both types of providers can be found below.

5.1.10 Community Rehabilitation Providers (CRPs)

When considering the capacity of CRP's, we are charged with evaluating if there are enough skilled providers in a given area to deliver needed services in a timely fashion. This section analyzes research to evaluate the capacity of CRPs. Feedback from VR staff and community partners provides mixed results in the capacity of CRPs to provide skilled services in a timely way.

- Of VR staff responding to the survey, 85% indicated that they authorize services from employment service providers. The vast majority of VR staff responding through the survey felt that employment services were sometimes adequate, indicating there is a majority who perceive that employment services could be stronger or more effective. The second largest percent was often always adequate.
- A majority of community partners completing the survey (80%) believed that the network of services providers in their area met the service needs of individuals with disabilities. Those who disagreed universally (100%) felt that there were not enough providers, and those providers that did exist lacked the skills to offer high-quality services. Like other types of service provision, it is likely that communities experience different needs and supports depending on the community. There are likely greater levels of expertise in some areas compared to others, and different levels of staffing to meet needs quickly.

Considering the findings from other sections of this report, it is also important to consider how the training, resources, and experience of CRPs impact individual outcomes. Outcome data indicates that individuals regularly enter lower paying jobs that may not reflect high expectations for employment outcomes. It is possible that providers influence

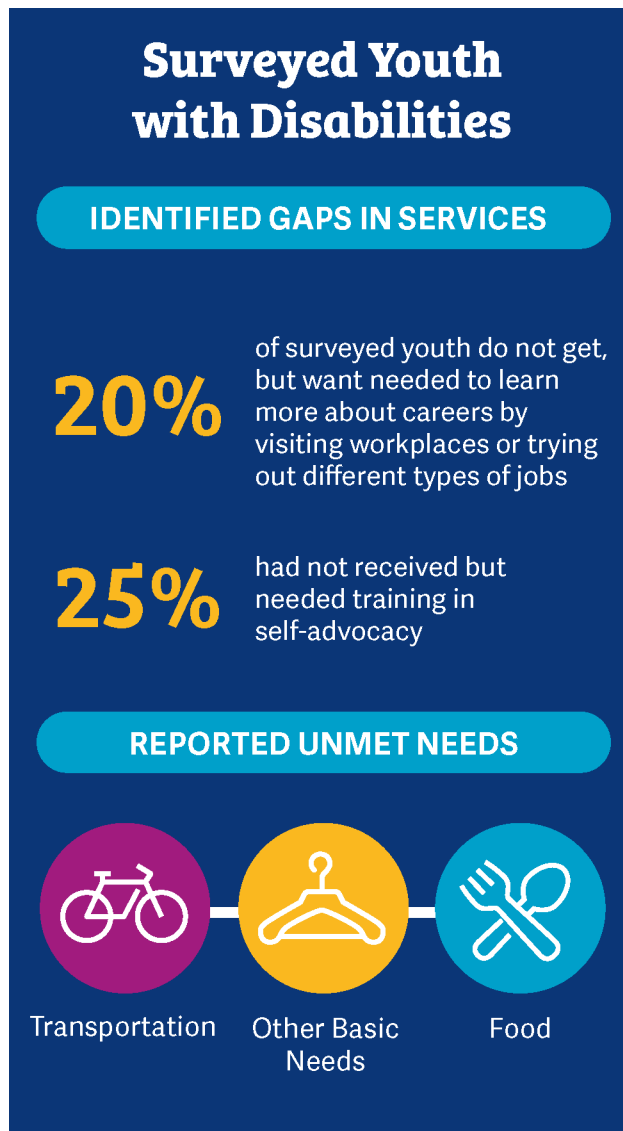
Improvement in quality of outcomes may reflect a natural progression in culture shift and progress that Oregon has embraced

where placements are made: providers may guide job placement based on their established relationships and resources in

their local community. Ensuring that job seekers are making an informed choice about the field and position they are entering requires that CRP and VR staff have the resources and knowledge to support a wide array of activities and information to support quality outcomes. This becomes especially true for individuals with little or no work experiences, such as youth or those leaving a sheltered workshop. The need is even greater for individuals to have a wide variety of experiences and exposure to jobs to help make an informed decision.

Over the course of the last 3 years, CRPs have been a critical partner in the shift to employment as the first option for individuals with disabilities. Throughout this time, policy and practices have shifted with VR. While progress has been made, study results indicate that there is room to grow to support better quality outcomes for individuals, with a focus on individuals with most significant disabilities. Improvement in quality of outcomes may reflect a natural progression in culture shift and progress that Oregon has embraced.

Figure 23: Youth with Disabilities Data Highlights



5.1.11 Pre-ETS Providers

The data collected from youth and VR staff provides an interesting picture of services provided by Pre-ETS providers. VR staff assessed the quality of Pre-ETS in Oregon. More than 85% of responding staff found that all Pre-ETS questions were adequate some or all of the time. It is notable, however, that counselors were more likely to find services to be ‘sometimes’ adequate in all cases than they were to declare that services were ‘always’ adequate. Most youth respondents indicated that they had received Pre-ETS, but a large percent often identified needing specified services such as self-advocacy training and work-based experience. When considered together, data may indicate that there are not large gaps in services. However, there may be opportunities to expand strengths and services to fully meet the needs of youth. Additionally, identifying quality indicators of Pre-ETS may assist both VR counselors and providers in a common understanding of quality services to enhance transition outcomes.

Vocational Rehabilitation Capacity and Services

The below analysis describes the capacity of VR and the services that they are able to provide.

5.1.12 Strengths

Throughout survey data as well as focus groups and interviews, study participants expressed positive perceptions of VR as an agency, the services provided, and the counselors employed. Notably, the strengths identified around VR center on strong relationships and positive collaboration. These components can be critical and be leveraged to extend and expand opportunities for individuals with disabilities across the state.

VR Counselors and Services

VR participants are, by and large, pleased with the job performance and work ethic of counselors. Though there are some exceptions to this, the overall tenor of feedback was positive. This was supported by both quantitative and qualitative data analysis.

More than three-quarters of individuals responding to the VR Participants survey agreed with all of the statements about VR services, reporting that they were capable of getting the services they need without large barriers. The largest areas of respondent disagreement included using public transportation to get to VR services (24% disagreed or strongly disagreed) and 20% of respondents did not feel they got the testing or assessments that they needed. This incongruence in responses may be caused by several factors:

- public transportation would apply to those respondents who had access to it, therefore rural respondents would be less likely to agree or were unsure;
- technology or equipment needed to receive services can be either assistive technology devices (e.g., adaptive equipment, specialized hearing aids) or general resources such as computer, cellphone or Wi-Fi.

Overall, these results indicate that the majority of individuals are satisfied with their experience at VR. While there are opportunities for growth (described below), the high marks garnered from program participants are notable.

Leadership

Numerous informants described how VR leadership leverages relationship to help build capacity. VR has numerous proven and solid partnerships (e.g., ODE ODDS). Multiple informants expressed how State leaders seem to know what needs to be done to keep state-level collaborations are strong. One example included the shared positions between state agencies. This model of leadership and collaborative relationships may be leveraged to expand supports and services to unserved and underserved populations described above. State leaders may want to consider intentionally growing partnerships at the service delivery level to ensure policy to practice, strong collaboration and best practices in interagency collaboration is occurring.

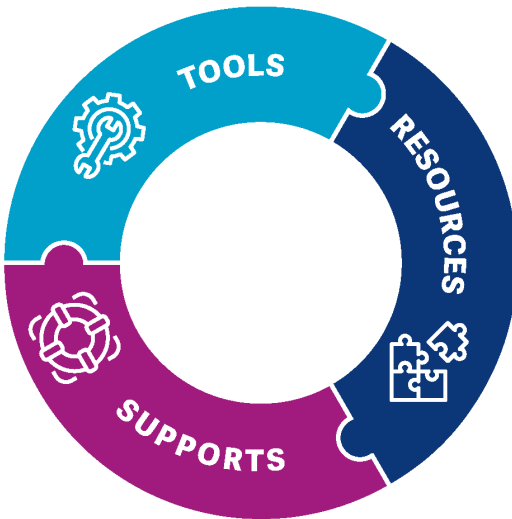
5.1.13 Identified Areas for Growth

VR has the great opportunity to build on what is working well across the state to extend and expand positive outcomes and services. The below section describes opportunities for growth.

Capacity of VR Counselors

Participants identified several areas for further exploration and potential growth. Almost 30% of participant survey respondents either strongly disagreed or disagreed that their VR counselor helped them understand how their disability could impact career choices. Regardless of disability, counselors may benefit from training a person-centered thinking approach which would allow the counselor to see the person and how their disability (e.g., autism, mental health) impacts their daily life, including employment.

Figure 24: VR Counselor Job Components



Counselors have a multi-faceted job requiring many skills. Focus groups and key informant interviews described the need to ensure counselors have the tools (e.g., technology, databases, and processes), resources (e.g., who to call for assistance, where to go for additional expertise for a specific issues), and support to carry out their duties. Aligning with this information, almost 20% of participant respondents did not feel that their VR counselor considered their interests, strengths, abilities, and needs when developing their rehabilitation plan. These data may have several implications.

First, the VR may benefit from an evaluation of

current staff's training and self-assessment of knowledge, resources, and skills to determine opportunities for improvement. Second, results align with the need to support a continued culture shift to support counselors having high expectations in outcomes for the individuals they support. Again, this continued growth can support the continued movement in employment first.

Overall, counselor capacity can be impacted by the training and resources the counselor has available to them. Assessment and implementation of a strategic training and ongoing professional development for staff emerged from numerous sources and across a variety of topics. Some of the major topics included:

- Supporting individuals who need different levels of support
- High expectations for all individuals
- Customer service: responsiveness to customers including returning emails and telephone calls,

- Cultural competency: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations¹¹
- Individual Placement and Support model (IPS for individuals with mental health),
- Legal needs,
- Disability-specific training (e.g., brain injury), and,
- Supporting job seekers in self-advocacy and self-determination skills
- Use of appropriate terminology to treat job seekers with dignity

To complement training, it can be helpful to have resources available to support more complex cases. Counselor self-assessment may assist in determining strengths across the community and could result in the identification of ‘specialized’ counselors and resources that can be relied upon.

Timeliness and Engagement

Throughout most of the interviews and focus groups conducted, participants suggested timeliness and responsiveness were two of the greatest barriers VR participants struggle with. Participants noted there sometimes feels like there is a lack of urgency for services and job placement. Individuals can wait six to eight months from being referred to securing an intake appointment, causing individuals and families to become disheartened by the process and give up. VR staff suggested that the intake process should be streamlined, and the duplication of documentation and assessment should be removed to ensure individuals are linked to necessary services in an efficient and timely manner.

For some individuals, the need to obtain employment quickly is relates to other facets of life. An individual may be seeking employment urgently to meet the basic needs (housing, food) of themselves and their family members. Additionally, research tells us that rapid job search can be pivotal for individuals with a mental health diagnosis¹². While there is anecdotal information from multiple respondents, data was not available to quantitatively confirm. Investment in this measurement may identify opportunities for creating efficiency and more rapid service delivery.

¹¹ <https://npin.cdc.gov/pages/cultural-competence#what>

¹² Drake RE, Becker DR, Clark RE, Mueser KT. Research on the individual placement and support model of supported employment. *Psychiatr Q.* 1999 Winter;70(4):289-301. doi: 10.1023/a:1022086131916. PMID: 10587985.

Capacity to Deliver Services

Results indicate there is a disconnect between community and participant's perception of resources, and the resources that are available through VR. Approximately one third of participants indicated that there were services that needed but did not receive. In open responses, VR participants reported a wide variety of needs. Most commonly, survey respondents indicated that they required job application, employment, and career path assistance, job training, and screening services. In addition to these service needs, participants and stakeholders indicated consistent contact and timeliness of services as an area of growth. Almost 1 in every 5 participant survey respondents identified this as a need in open ended responses. Asked what services could be improved, community partners were most likely to respond that VR has consistent staffing shortages that lead to other problems - spending inadequate time with participants, school districts feeling underserved, and individuals being unable to receive benefits counseling. Available data does not provide insight into turnover rates. Further exploration into turnover in the state, and in particular regions, may provide additional insight and opportunities for change. Alternatively, there may be disconnects in communication and the way community partners perceive VR's local presence. Outreach and intentional communication to deepen relationships may assist in reducing this perceived gap. If turnover rates do not indicate a gap in staffing, VR may consider evaluating expectations in communication to support strengthening these relationships on a local level.

Coordination with Stakeholders

Strong coordination and collaboration at the state level has been described in Section I. Opportunities to emphasize that this strong coordination and collaboration is filtered down to the local service delivery level.

5.1.14 Coordination of Services under the Individuals with Disabilities Education Act (IDEA)

VR has an established, collaborative relationship with the Oregon Education Department. Through a number of programs, such as YTP and TNF positions, VR and ODE coordinate to extend and expand opportunities for students with disabilities. While the state coordination and relationship is strong, research results indicate there may be opportunity to extend this strength from the state level to the service provision level. Through the VR staff survey, 58% of respondents felt that transition services from high school to adult services these services were 'sometimes adequate'.

Process and Coordination



Pre-ETS youth services are presented with unique barriers which differ from traditional VR services. It was noted multiple times throughout focus groups that there needs to be better education around eligibility of Pre-ETS before it ‘becomes too late’ for someone to continue being eligible. Youth focus group participants noted they would like more support in navigating the VR process and a more detailed understanding of what services are and are not available to them. Additionally, Pre-ETS youth who receive services noted there needs to be better coordination related to long term support after services are closed out. In certain instances, services do not continue after the individual completes their schooling.

Through focus groups and key interview informants, some educators noted the level of turnover among VR staff can sometimes be a barrier, a factor that seems to vary by geographic location. One respondent stated “there is a lot of start-overs” due to turnover and hurts collaboration. Most notably educators stated they are sometimes confused as to who is supposed to be providing what services, such as YTP compared to Pre-ETS and sometimes the process can become overwhelming.

Educators also shared that VR Counselors don’t always utilize school transition assessments and information. For example, VR staff may start all over with a student, and not utilize the existing collateral available from the school. Given capacity and workloads, it would be in all parties best interest to identify the needed collateral information for efficiency and reducing duplication of efforts.

5.1.15 Coordination with Workforce Development

With the required partnership with VR and Workforce Development under WIOA, there is still room for improvement in implementing policies into practice and building a culture where VR is a full partner. In the interviews, staff from multiple agencies cited the need for more communication and better collaboration around coordinating employer relationship management, especially between OED and VR. Key informants report the coordination between the two agencies has worked better in some of the larger, more populated areas such as Salem and Klamath Falls, where there are more staff. The coordination is more difficult in rural areas at the local level. There also seems to be gaps in communication about information shared around job postings, target sectors, and business relationships between staff at the leadership level, and what trickles down to frontline staff. Currently, there is not a process in place to do follow-up to see if VR referred talent to an employer, so OED does not always know if placement referrals have taken place. OED also does not currently access a list of VR talent. Staff noted that if they could see the most current list of VR talent, they would be able to market those candidates to employers and target employers that would be a good fit. These services are within OED’s scope of work.

One area of notable successful collaboration between Local Workforce Development Boards and VR is through a regional group known as IDEA (Interstate Disability Employment Alliance). Key informants report that local Workforce Boards, including Clackamas Workforce Partnership, actively participate in this group and have seen great success. Additionally, VR is represented on all Oregon Workforce Development Boards at the local and state level. This helps facilitate regular conversations with higher level leadership across the workforce system (including VR, WorkSource, Self-Sufficiency, Colleges, Workforce Development Boards, etc.) to have candid conversations about what's working well and not working well. This collaboration supports stronger communication and a willingness to take risks and try new things. It also helps ensure there is an active voice advocating for people with disabilities - "that drum needs to be beat on regular basis - that's working." Another interviewee said, "I love working with the staff. They are tremendous advocates which you don't always see that in a large bureaucracy."

5.1.16 Other Community Partners: Meeting Basic Needs

Address basic needs

Most VR staff responding to the question (62.5%) believed that housing services were rarely or never adequate to meet the needs of the clients. This was reinforced during focus groups and interviews, where the topic of housing affordability and the inability to find housing was a major topic of conversation. While VR staff reported that housing was less likely to be needed by their clients than some other services (see Table 44), 73.9% of staff reporting housing was needed by some or all of their clients. It was the only service found to be rarely or never adequate to meet needs by a majority of staff. Finally, housing was identified as a barrier by VR participants, with a higher response rate from individuals who are minorities. With such pervasive and extensive responses, results indicate housing may be a priority when considering the barriers and needs of participants.

VR staff also found that services for transition from an institutional setting to a community setting (30.9%) and transportation services (35.6%) were often inadequate. Transportation services were also the category of service most likely to be needed by some or all clients (97%), just slightly more frequently than referrals to community resources (96.9%).

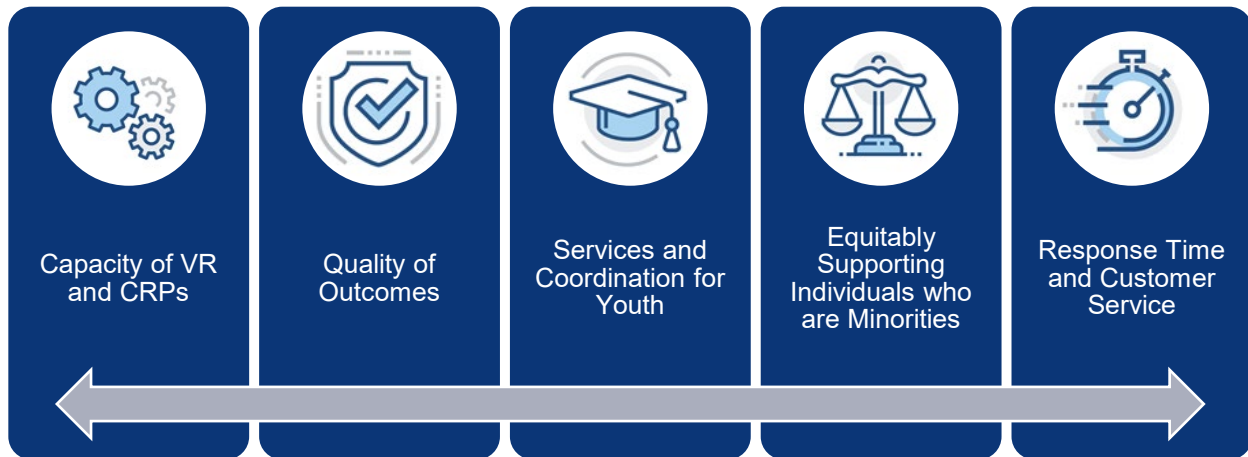
According to staff, the most needed services were referrals to community resources (96.9%). Clients were less likely to need services designed to help them transition from an institutional care setting to the community (48.9%).

6 Identification of Service Gaps

Several gaps have emerged through this assessment process. The identification of gaps is important to figure out how to provide better services moving forward. These gaps include:

- Capacity of VR and CRPs
- Quality of Outcomes
- Services and Coordination for Youth
- Equitably Supporting Individuals who are Minorities
- Response Time and Customer Service

Figure 25: Needs to be Addressed



Recommendations to address these gaps are described in the following sections.

7 Recommendations

VR made notable accomplishments in reaching targeted populations, advancing statewide coordination under WIOA, and supporting successful employment for job seekers with disabilities. Like all large systems, there are continued opportunities for improvement.

VR is charged through the Rehabilitation Act of 1973 as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA) 2014, to provide services to youth and adults with disabilities to reach their goals for competitive integrated employment and achieve self-sufficiency. VR partners with individuals seeking services, local agencies, healthcare providers, employers, and clients' relatives to provide services, including rehabilitation and social services and vocational assistance. The following recommendations seek to further VR services to help individuals with disabilities reach their goals for competitive integrated employment and achieve self-sufficiency. Recommendations build on the progress already made, and the strength of VR to continue to push the needle forward in advancing quality employment outcomes for Oregonians with disabilities. Additionally, a 'Call to Action' provides concrete next steps that Oregon can take to implement each recommendation. The recommendations are presented in the narrative below and fall across the following six themes:

1. Joint Training to Ensure Consistent and Quality Services
2. Coordinate with Community Partners to Meet Basic Needs
3. Advancing Quality Outcomes: Extending and Expanding the Cultural Shift of Employment First
4. Advancing Services and Coordination for Youth
5. Equitably Supporting Individuals who are Part of Underserved Groups
6. Response Time and Customer Service

Joint Training to Ensure Consistent and Quality Services

Throughout data collection, participants, stakeholders, and VR staff noted advancing the knowledge of those who support individuals with disabilities could improve services and outcomes. Results and analysis indicate opportunities for growth in solidifying a foundation of person-centered thinking and services, with high expectations in mind. More so, focusing more on person-centered thinking and approaches could assist in supporting individuals who may be underserved due to the unique nature of their case. Similarly, reframing expectations for outcomes may also lead to different career paths with opportunities for advancement and better quality of life. This approach is further described in the next recommendation.

This shift requires coordinated efforts of VR staff, CRPs, and stakeholders. While many of these relationships are well established, the development and implementation of a comprehensive training plan which targets learning, growth, and coordination, could improve the quality of services delivered. **PCG recommends the development and implementation of a coordinated training plan which supports consistent and quality services, with a foundation in person-centered planning strategies and high expectations in mind.**

Call to Action:

1. In partnership with CRPs, VR develops and facilitates a self-assessment to identify strengths and resources to help prioritize training.
2. Develop and implement a coordinated training plan for VR and CRPs with input from other community partners, including the State Rehabilitation Council and the Client Assistance Program.
3. Develop and implement quality measures to track, review, and monitor progress.

Coordinate with Community Partners to Meet Basic Needs

Another theme throughout this assessment is the barriers that basic needs pose to a large number of VR participants. Of course, meeting basic needs is not the charge of the VR agency. However, individuals having basic needs met is critical to successfully participating in the job development process and being able to focus on employment as a priority. Leveraging resources with other partners who address basic needs may have

a positive impact on the employment outcomes of VR clients. Strengthening partnerships and communicating the needs of job seekers with disabilities could reduce barriers experienced by Oregonians with disabilities seeking employment. Targeted barriers include:

Transportation. Not surprising, transportation continues to be one of the biggest, if not the biggest, barrier to employment. Based on the survey, transportation services were the category of service most likely to be needed by some or all of clients (97%). We know that transportation can be just a disability-issue, but is also a larger community-wide issue.

Housing. A key factor influencing employment is housing. We know shelter is a basic need. Employment can make an enormous difference in people's ability to pay for housing. One of the most effective strategies to support individuals to move out of homelessness and into permanent housing is increasing access to meaningful and sustainable job training and employment.

Access to Food. In addition to these basic needs, access to food is another critical barrier. Again, as a pervasive need across communities, this barrier extends far beyond VR. However, VR can support participants by ensuring that counselors and CRP staff are aware of this pervasive need and can provide referrals to other government agencies and community-based organizations who provide access to food.

PCG recommends that VR coordinates with agencies that support individuals getting basic needs to better support the needs of VR participants.

Call to Action:

1. Develop and/or strengthen relationships with partner agencies who meet basic needs.
2. Disseminate standardized resources that support job seekers getting needs met.

Advancing Quality Outcomes: Extending and Expanding the Cultural Shift of Employment First

Employment First has ignited a cultural shift in service delivery and collaboration throughout the State and within VR. This assessment identified considerable improvements in the number of individuals with intellectual and developmental disabilities: both in the number of individuals served and the rate individuals gain successful employment. Part of this culture shift that has occurred in the past was the shift and priority to serving individuals with intellectual and developmental disabilities. VR has the opportunity to expand the innovation and effective employment practices to improve employment outcomes of all individuals served by VR. At the State-level, leadership continues to move the needle with shifting the culture and mind-set of staff toward the Employment First philosophy. However, results indicate there are opportunities to extend

this culture shift to the service-delivery or counselor level. Focus groups and stakeholder interviews reflect a philosophical difference of who can and can't work. Individuals who have limited or no work experience, as well as individuals leaving sheltered workshops, have challenged counselors on how to serve these individuals. Other individuals may require further "system cohesion" with multiple agencies working together to address the multiple support needs of an individual (e.g., ODDS, Behavioral Health and VR). Oregon, and VR, have made substantial cultural shifts, resulting in improved outcomes. While VR's focus has been on expansion of services and employment for one population, the cultural shift and the practices that come with it, have implications across populations with disabilities. The successful practices and the work that VR has accomplished may be extended and applied to other underserved populations. VR can leverage successful practices to support *all* underserved populations reaching successful employment. **PCG recommends that VR operationalizes and expands successful practices of employment first to support unserved and underserved individuals with disabilities.**

Employment First focuses on meaningful employment, equitable wages, and career advancement. When considering the outcomes of VR participants, research results indicate there is opportunity to improve the quality of outcomes: on average, VR participants who become successfully employed do not earn a living wage to support themselves, or or a family. Target populations, such as individuals with most significant disabilities – priority 1, and individuals who are minorities, are impacted to a higher degree. VR can build on the success of Employment First to support quality outcomes for VR participants. Improving the quality of outcomes requires a continued culture shift of the field, including CRPs, VR staff, and community partners. **PCG recommends that VR coordinate efforts to improve the quality of outcomes for VR participants, with a focus on special populations.**

The overarching question of "how will VR know when a cultural shift has occurred?" requires clear indicators and benchmarks of quality outcomes, training for staff, and ongoing communication of the progress made toward the shift.

Call to Action:

1. Identify and operationalize the indicators of quality services that lead to quality outcomes.
2. VR staff and CRP staff complete self-assessments to identify opportunities for growth in advancing quality outcomes.
3. Operationalize VR and CRP successful practices.
4. VR invests in VR and CRP training and resources to extend the culture shift to higher expectations in the quality of outcomes.
5. Identify unserved and underserved individuals with disabilities or special populations that would benefit from expanding successful practices.

Advancing Services and Coordination for Youth

VR has an established and successful relationships in state-level collaboration and services for youth. As with most programs, there is always room for improvement with an ongoing effort to impact youth services and transition outcomes. The needs assessment resulted in four major areas of recommendations for youth services and working collaboratively. Each of these areas requires clear and consistent communication using a variety of accessible methods (e.g., video, fact sheets, documents) and of course, languages.

1. **Who is eligible for which program?** Educators shared their confusion about who is supposed to be providing what services (e.g., Youth Transition Programs and Pre-employment Transition Services) and noted the process is at times, overwhelming. Educators may benefit from simple documents with information about eligibility and whose needs are best met with each program, services, timelines, and information needed for referral to alleviate some of the confusion. Information should also include roles and responsibilities of each party. **PCG recommends that VR develop a systematic communication plan to facilitate clear communication that has purpose, function, and goals.**
2. **Extending successful State-level collaboration to the local-level.** State-level relationships and partnerships seem to be strong and valuable. Leveraging of resources, coordination, collaboration is evident by the Transition Network Facilitators, Youth Transition Programs and Pre-employment Transitions Services positions. Regularly meetings and participation on State and National-Level teams allow for shared information, ongoing communication and coordination. These strong partnerships and messages haven't consistently filtered to the local level where services are provided. VR and the state-level transition team may want to consider gathering input and solutions from the specific areas where turnover is higher, which impacts partnerships. **PCG recommends that a state-level transition team provide specific technical assistance to ensure local-level professionals are working smarter together and youth have access to services.**
3. **Youth and families navigating the system.** Through the focus groups and interview with key informants, a number of suggestions surfaced to assist youth and their families in navigating the VR system. The first step is to have VR counselors come to the school instead of requiring the student and their families to go to an office. Students (and families) are familiar with the school environment, have trusted adults near-by (e.g., teachers) for encouragement and information, and allows the VR counselor to see the student in a school environment. Second, the intake process can be and should be streamlined by utilizing current collateral documentation available in the schools to determine eligibility. For example, teachers conduct a number of transition assessments, work-related assessments

and other documentation that can inform eligibility. Students shouldn't be required to go through similar processes for VR (additional psychological testing, similar assessments) duplicating the service and delaying eligibility. **PCG recommends developing a clearer understanding of the available and needed collateral information to determine eligibility to streamline the process.**

4. **Understanding and working with youth.** To prepare youth to enter adulthood comes experiences, hopes and dreams. As with all individuals served by VR, requires a person-centered thinking approach and supporting self-determination skills to understand individual needs. Young adults often have limited, if any, work experiences and exposure to a variety of careers. Therefore, it is especially important the VR Counselor spend more time getting to know the individual, their needs, and provide those opportunities to ensure a truly informed choice is made about a career path. Youth and their families often don't know what questions to ask. **PCG recommends VR work with staff to identify and disseminate successful practices in understanding and working with youth.**

Across these 4 elements, youth and families may benefit from a refined and unique approach that is specialized for them across these 4 components. For example, youth (and now most adults), communicate through text messages. Texting could have several applications for the VR agency, such as confirming appointments, such as Semi-Autonomous Research Assistant (SARA). Exploration of technology solutions to expand communication to youth may assist in increasing the reach and breadth of services. Getting input from staff who support youth may be beneficial in identifying effective solutions.

PCG recommends clarifying and expanding communication to increase access to quality services for youth.

Call to Action:

1. Develop a communication plan for different audiences focusing on illustrating the different transition activities and services.
2. Develop a strategic plan for the transition activities, identifying roles and responsibilities for direction and coordination at the state and local levels.
3. VR invest in supporting local collaborations and partnerships.
4. Explore options to either change policy to allow for text messaging with youth and/or a system similar to SARA that will allow for confirming appointments and overall communication for all clients.

Equitably Supporting Individuals who are Part of Underserved Groups

Results indicate that there may be several underserved groups. First, individuals who are minorities reported employment barriers at a higher rate. Analysis of VR data revealed that individuals who are minorities have a lower successful case closure rate, earn lower hourly wages, and work more hours than their peers who are white. While individuals who are minorities are well represented in VR's caseload, clearly this group would benefit from enhanced services. In addition to individuals who are minorities, the assessment indicates that there are several additional groups who may be underserved, including individuals with:

- legal needs,
- brain injuries,
- mental health disabilities,
- higher education experience looking for higher level employment, and
- those living in rural areas.

Addressing the needs of individuals who are minorities, as well as the additional groups that may be underserved, requires coordination in training, resources, and communication. Many of these items are addressed in the recommendations above. However, with the brevity and importance of equitably serving these populations, PCG provides two overarching recommendations to address the needs of individuals who are part of minority communities.

PCG recommends that on the local level, VR offices work to learn from, understand, and work together with associations that support individuals who are minorities and underserved groups.

PCG recommends that VR develop and disseminate information about VR services with accessibility, reading level, language, and imagery reflecting diverse perspectives.

Call to Action:

5. Work with local offices to identify relevant populations to connect with on the local level.
6. Identify opportunities for partnership and communication, particularly with organizations that support individuals who are minorities and underserved groups.”.
7. Identify opportunities to systematically address equity, diversity, and inclusion training opportunities at the state and local levels.

8. 4. Identify unserved and underserved individuals with disabilities or special populations that would benefit from expanding successful practices

Response Time and Customer Service

Response time and customer service is another area of opportunity for increased engagement and communication. Numerous comments emerged from the surveys, focus groups and interviews regarding the “*wait time*” between referral and application, and responses to emails and phone calls. Stakeholders report a “lack of urgency” to get someone a job. Comments such as “waiting 6 to 8 months to get a meeting for application” or “weeks go by before I get a response about an application with a statement “we have 90 days.” These responses hint at a negative sentiment or perception regarding VR services. Stakeholders report that the slow process results in reduced engagement and in people dropping out.

While these negative perceptions and assumptions persist, there are several opportunities for intervention and improvement. Staff turnover impacts customer service. The many “starts and stops” in service delivery can be frustrating for participants and a deterrent to local collaboration. Alternatively, expectations in communication with customers, including participants and partners, can impact perceived presence and responsiveness. **PCG recommends further evaluation into the causes of participant wait time.**

Call to Action:

1. Data is needed to have a better understanding of the wait time from referral to first intake appointment; what are the factors that impact it?
2. Identify opportunities to engage people during this time-period between referral and eligibility determination.
3. Develop metrics to better understand the intake and application process in order to identify approaches to streamline it for all individuals.
4. Develop strategies to reduce delays from referral to intake.

8 Conclusion

The goal of the comprehensive statewide needs assessment process is to assess VR consumer needs to advise VR future policy and decision making so VR can best serve their consumers and meet their rehabilitation needs. To meet this goal, PCG collected and analyzed quantitative and qualitative data to assess the required areas of need. These results and analysis describe great successes and strengths that VR, along with other partners have worked to achieve. Results and analysis also indicate that there are opportunities to improve access and delivery of services to improve outcomes of Oregonians with disabilities. Key areas in opportunities for growth include enhanced and

coordinated training for VR staff and CRPs, advancing quality outcomes, and continuing to work for equitable services and outcomes for individuals who are part of underserved groups. Given VR's strengths and partnerships, the agency is well positioned to leverage strengths and continue growth and change to support optimal outcomes of Oregonians with disabilities seeking employment.

9 Appendices

Appendix A. Job Categories with the Largest Number of Openings, Oregon 2016 – 2026 (Bureau of Labor Statistics, 2020)

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
Total, All Occupations	12.4%	256,370	—	—	\$38,640.00	—
Retail Salespersons	10.6%	10,140	No formal education	None	\$ 24,200.00	Short-term on-the-job training
Cashiers	4.0%	8,840	No formal education	None	\$ 22,430.00	Short-term on-the-job training
Combined Food Preparation and Serving Workers, Including Fast Food	21.4%	7,830	No formal education	None	\$ 21,250.00	Short-term on-the-job training
Waiters and Waitresses	11.8%	6,990	No formal education	None	\$ 21,780.00	Short-term on-the-job training

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
Personal Care and Service Workers, All Other	16.8%	4,700	High school	None	\$26,180.00	Short-term on-the-job training
Office Clerks, General	3.3%	4,160	High school	None	\$32,730.00	Short-term on-the-job training
Customer Service Representatives	9.1%	3,840	High school	None	\$33,750.00	Short-term on-the-job training
Personal Care Aides	25.3%	3,820	High school	None	\$24,020.00	Short-term on-the-job training
Laborers and Freight, Stock, and Material Movers, Hand	16.9%	3,810	No formal education	None	\$28,260.00	Short-term on-the-job training
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	13.7%	3,790	No formal education	None	\$26,110.00	Short-term on-the-job training

Bureau of Labor Statistics, 2020

Appendix B. Job Categories with the Highest Rate of Openings, Oregon 2016 – 2026 (Bureau of Labor Statistics, 2020)

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
Total, All Occupations	12.4%	256,370	—	—	\$ 38,640.00	—
Physician Assistants	38.6%	130	Master's	None	\$108,610.00	None
Physical Therapist Aides	37.7%	110	High school	None	\$26,240.00	Short-term on-the-job training
Home Health Aides	35.4%	1,010	High school	None	\$24,200.00	Short-term on-the-job training
Physical Therapist Assistants	35.4%	110	Associate's	None	\$58,040.00	None
Nurse Practitioners	35.1%	160	Master's	None	\$107,030.00	None
Helpers--Brickmasons, Blockmasons, Stonemasons, and Tile and	34.0%	100	No formal education	None	\$33,380.00	Short-term on-the-job training

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
Marble Setters						
Operations Research Analysts	33.9%	110	Bachelor's	None	\$83,390.00	None
Glaziers	32.9%	130	High school	None	\$43,550.00	Apprenticeship
Software Developers, Applications	32.3%	1,350	Bachelor's	None	\$103,620.00	None
Roofers	30.9%	500	No formal education	None	\$39,970.00	Moderate-term on-the-job training

Bureau of Labor Statistics, 2020

Appendix C. Job Categories with the Highest Rate of Openings, No College Degree Required, Oregon 2016 – 2026 (Bureau of Labor Statistics, 2020)

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
Total, All Occupations	12.4%	256,370	—	—	\$38,640.00	—
Physical Therapist Aides	37.7%	110	High school diploma or equivalent	None	\$26,240.00	Short-term on-the-job training
Home Health Aides	35.4%	1,010	High school diploma or equivalent	None	\$24,200.00	Short-term on-the-job training
Helpers--Brickmasons, Blockmasons, Stonemasons, and Tile and Marble Setters	34%	100	No formal educational credential	None	\$33,380.00	Short-term on-the-job training
Glaziers	32.9%	130	High school diploma	None	\$43,550.00	Apprenticeship

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
			or equivalent			
Roofers	30.9%	500	No formal educational credential	None	\$39,970.00	Moderate-term on-the-job training
Cement Masons and Concrete Finishers	30.9%	370	No formal educational credential	None	\$43,000.00	Moderate-term on-the-job training
Structural Iron and Steel Workers	30.3%	100	High school diploma or equivalent	None	\$53,970.00	Apprenticeship
Veterinary Assistants and Laboratory Animal Caretakers	29.8%	310	High school diploma or equivalent	None	\$27,540.00	Short-term on-the-job training
Carpenters	27.1%	2,540	High school diploma or equivalent	None	\$46,590.00	Apprenticeship

Occupation Name	Percent Growth	Average Annual Openings	Typical Education Needed for Entry	Required Work Experience	Median Wage, 2018	On the Job Training to Achieve Competence
Painters, Construction and Maintenance	26.5%	890	No formal educational credential	None	\$38,940.00	Moderate-term on-the-job training

Bureau of Labor Statistics, 2020

Appendix D. Participant Survey Protocols

Introduction

Oregon Vocational Rehabilitation wants to learn more about the vocational rehabilitation experiences and needs of individuals with disabilities. This information will be used to improve services. Your answers are confidential. Your answers will be combined with other individuals who respond.

We want you to complete this survey because you received services from Oregon Vocational Rehabilitation last year. Your information, including your email, was provided to us by VR.

Public Consulting Group is conducting this survey. If you have questions about this survey or need accommodation or help completing this survey, please contact [CONTACT INFORMATION].

This survey will take about 20 minutes to complete.

You may skip any question you don't want to answer. If you have worked with VR many times, tell us know about your most recent time.

If you take this survey on behalf of someone else, please answer these questions as if you were them. We are most interested in the experiences and views of participants in VR. Please try to respond through their view as much as you can.

Demo08

Are you completing this survey yourself, or are you responding on behalf of [NAME]?

1 I am [NAME]; I am completing the survey independently

2 I am completing this survey on behalf of a person with disabilities who received services from Vocational Rehabilitation. My relationship to them is: [OPEN TEXT]

Services01

The following questions ask you about the vocational rehabilitation (VR) services you received. Please let us know how strongly you agree or disagree with each statement. You can also say you're unsure if you don't know, or if you feel the question doesn't apply to you.

I receive VR services in a convenient place.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Services02

I can use public transportation to get to VR services.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Services03

I can get around easily in VR offices.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Services04

The VR office is open at times that works for me.

- 1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services05

VR provided the accommodations I needed to receive services. For example, meetings scheduled at a time I could attend, large print, helped me fill out forms, or provided interpreters.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services06

VR provided me with the technology or equipment I needed to receive services. For example, talk-to-text software, a mobility device, or a communication device.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services09

I received the testing or assessments I needed.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services10

I helped develop my plan or IPE (Individual Plan for Employment).

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Service12

Were there any services you needed from VR that were not provided to you?

1 Yes (What were these services? [OPEN TEXT])

2 No

Service13

What else would you like to add about the services you received from VR?

1 [OPEN TEXT]

Vocational Rehabilitation Counselor

Next, we would like to know more about your experiences with your vocational rehabilitation counselor. Please let us know how strongly you agree or disagree with each statement. You can also say you're unsure if you don't know, or if you feel the question doesn't apply to you.

Experience01

My VR counselor explained why I was eligible or not eligible for vocational rehabilitation services.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Experience02

My VR counselor helped me understand how my disability could be important to the sorts of career I can get.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Experience03

My VR counselor respects my culture, background, and identity.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Experience04

My VR counselor talked to me about my choices when developing my plan for employment.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Experience05

My VR counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Experience06

What else would you like us to know about working with your VR counselor?

- 1 [OPEN TEXT]

Sheltered Workshops

Sometimes, people with disabilities get jobs where they only work with other people with disabilities. In these situations, people with disabilities are separate from the community. Your wage may have been less than the minimum wage. These are called sheltered workshops.

Shelter01

Are you now working, or have you ever worked in a place where you only worked with other people with disabilities?

- 1 Yes

2 No [GO TO BARRIER02a]

3 Unsure [GO TO BARRIER02a]

Shelter02

While you working in a sheltered workshop, did anyone from VR talk to you about other choices for work in your community?

1 Yes

2 No

3 Unsure

Shelter03

While you working in a sheltered workshop, did anyone from VR talk to you about your choices for services in your community?

1 Yes

2 No

3 Unsure

Shelter04

What happened after VR provided information to you about other options for work and support?

1 [OPEN TEXT]

Barriers to Employment

The next set of questions ask about barriers to employment you may have faced. Please let us know if any of the following are barriers you have faced.

Barrier02a

What challenges have you faced with your basic needs while trying to find a job, keep a job, or advance your career? Please select all that apply.

1 Housing

- 2 Transportation
- 3 Childcare
- 4 Food
- 5 Clothing
- 9 Some other basic need(s) (Please specify: [OPEN TEXT])

Barrier02b

What kinds of legal needs have you had while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Criminal offenses
- 2 Immigration status
- 3 An ongoing discrimination case
- 9 Some other legal need (Please specify: [OPEN TEXT])

Barrier02c

What kinds of financial needs have you had while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Potential loss of benefits
- 2 More money
- 3 Educational or training funding
- 4 Benefits counseling
- 5 Additional benefits (medical coverage, dental coverage)
- 6 Resources for people with disabilities
- 9 Some other financial need (Please specify: [OPEN TEXT])

Barrier02d

What job-related challenges have you had while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Employer attitudes toward people with disabilities
- 3 Poor job market or a lack of opportunities
- 4 Limited relevant job skills
- 5 Limited work experience
- 6 Lack of opportunities to explore careers
- 9 Some other job-related need (Please specify: [OPEN TEXT])

Barrier03

While you were working with VR, do you feel like staff treated you with respect regarding your culture, background, and identity?

- 1 Yes
- 2 No (Specify: Tell me more? [OPEN TEXT])
- 9 Unsure

Transition-Related Services

PreEts01

[ASK IF AGE <=21; ELSE EMPSER01]

Have you received any Pre-Employment Transition Services (Pre-ETS)?

- 1 Yes
- 2 No [GO TO EMPSER01]
- 3 Unsure [GO TO EMPSER01]

PreEts01a

The following questions ask about services that students are offered to help find a job, keep a job, or advance their career. For each question, please answer yes or no. If you answer no, please let us know if you do or do not need that service.

Have you received counseling to help you explore what kind of careers you might want to pursue?

- 1 Yes
- 2 No, but I need this
- 3 No, I do not need this
- 4 Unsure

PreEts01b

Have you learned more about careers by visiting workplaces or trying out different types of jobs? Examples include job shadowing, apprenticeships, internships, volunteering, or work experiences.

- 1 Yes
- 2 No, but I need this
- 3 No, I do not need this
- 4 Unsure

PreEts01c

Have you received counseling on your choices for education after high school ends?

- 1 Yes
- 2 No, but I need this
- 3 No, I do not need this
- 4 Unsure

PreEts01d

Have you received training to get the skills you need to succeed at work? This could include any skill you need to get and keep a job. This includes social skills like asking questions or work skills.

- 1 Yes
- 2 No, but I need this

3 No, I do not need this

4 Unsure

PreEts01e

Have you received training in self-advocacy?

1 Yes

2 No, but I need this

3 No, I do not need this

4 Unsure

PreEts01f

Have you attended other classes or workshops for people interested in work?

1 Yes (SPECIFY: What were these? [OPEN TEXT])

2 No, but I need this

3 No, I do not need this

4 Unsure

PreETS02

What else would you like us to know about Pre-ETS services? 1 [OPEN TEXT]

Employment Service Providers

EmpSer01

Vocational Rehabilitation sometimes works with job developers to help job seekers get the services and supports they need to get and keep a job. We are asking you questions about services you may have received from job developers.

Did you use services from a job developer?

1 Yes

2 No [GO TO Partner01]

3 Unsure [GO TO Partner01]

EmpSer02

Do you feel that job developers helped you to get or keep a job?

1 Yes

2 No

3 Unsure

EmpSer03

Were there gaps in service provided by the job developer services?

1 Takes a long time to get a job

2 Not enough staff

3 Not enough providers for a specific population

4 Not enough staff with the skills needed to support different needs

5 There are no service gaps

95 Other

EmpSer04

What else would you like us to know about job developer services?

1 [OPEN TEXT]

Community Service Partners

Partner01

VR often works with partners and groups in the community to make sure you have the support you need to go to work. The next questions ask about services you may have received from these groups. Questions also ask about how working together helped you.

Please let us know if you are receiving services from any of the following vocational rehabilitation partners. Please select all that apply.

10 Self sufficiency

- 11 Child welfare
- 12 Office of Developmental Disability Services (ODDS)
- 13 Aging and People with Disabilities (APD)
- 14 Community mental health programs
- 15 Community drug and alcohol programs
- 16 WorkSource Oregon
- 17 Tribal Vocational Rehabilitation
- 18 Oregon Commission for the Blind
- 19 Department of Education (K-12)
- 20 Charter Schools (K-12)
- 21 Post-secondary schools (community colleges, universities, or HECC)
- 22 Parole and Probation
- 23 Oregon Youth Authority
- 95 Someone else (Who was that?)
- 97 None of the above [SKIP TO SUPPORT01]
- 99 Unsure

Partner02a-I

How well did VR and the vocational rehabilitation partners you worked with coordinate services for you, in general?

- 1 Very well
- 2 Somewhat well
- 3 Not very well
- 4 Not at all well
- 9 Unsure

Partner03

When thinking of the community partners you worked with, what went well?

1 [OPEN TEXT]

Partner04

When thinking of the community partners you worked with, what do you think could be improved?

1 [OPEN TEXT]

Support Services**Support01**

Sometimes individuals need supports to be successful in work. VR may connect you with these services. Please let us know if VR has helped you get any of the services below. Select all that apply to you.

- 10 Community resources
- 11 Family and/or caregiver support
- 12 Group and peer support
- 13 Help with housing
- 14 Independent living skills training
- 15 Connections to medical care
- 16 Social security benefits counseling
- 17 Moving from a group home facility to independent living
- 18 Help with transportation
- 95 Something else (SPECIFY: What was that? [OPEN TEXT])
- 97 None of these [GO TO MHS01]
- 99 Unsure

Support02

What else would you like us to know about the support services VR helped to connect you with?

1 [OPEN TEXT]

1 [OPEN TEXT]

Final Questions

Final02

What about working with Oregon Vocational Rehabilitation has gone well?

1 [OPEN TEXT]

2 Nothing

9 Unsure

Final01

What is one thing you would change about working with Oregon Vocational Rehabilitation?

1 [OPEN TEXT]

2 Nothing

9 Unsure

Final03

Is there anything else you would like to add about Oregon Vocational Rehabilitation or its services?

1 [OPEN TEXT]

2 Nothing

9 Unsure

Tell Us About You

Demo01

What sex were you assigned at birth?

1 Male

2 Female

9 I'd prefer not to say

Demo01a

What gender do you currently identify as?

1 Male

2 Female

3 Other (What do you prefer? [OPEN TEXT])

9 I'd prefer not to say

Demo01b

Do you identify yourself as identify yourself as ...?

1 Straight

2 Gay

3 Lesbian

4 Bisexual

5 Other: [OPEN TEXT])

6 Not applicable

Demo03

Do you have a tribal affiliation?

1 Yes (Please specify: [OPEN TEXT])

2 No

9 I'd prefer not to say

Demo04

What language do you mostly speak at home?

- 10 English
- 11 Spanish
- 12 Chinese (including Mandarin and Cantonese)
- 13 Vietnamese
- 14 Russian
- 15 American Sign Language
- 95 Something else (Please specify: [OPEN TEXT])

Demo09

What are you currently doing? Please select all that apply to you.

- 10 Working full time
- 11 Working part time
- 12 Going to school or in training
- 13 Retired
- 95 Something else (Please specify: [OPEN TEXT])

Appendix E. Staff Survey Protocols

Introduction

Oregon Vocational Rehabilitation wants to learn more about the needs of individuals with disabilities and their experiences with vocational rehabilitation services. We are interested in your perspective on the challenges and needs the individuals you work with face.

This survey will take about 15 minutes to complete. You may also skip any question you do not wish to answer. Information provided during this survey will never be used as part of any evaluation of your performance as an employee of VR.

Your answers are confidential. Your answers will be combined with other employees who respond. This information will help us figure out what services look like and how services can improve.

Public Consulting Group is conducting this survey on behalf of Oregon Vocational Rehabilitation. If you have questions about this survey or need accommodation or help completing this survey, please contact vrcsna@pcgus.com or 1-888-314-0710.

Your Role and Experience at VR

VRole01

To begin, what is your current job title?

- 1 Branch Manager
- 2 Vocational Rehabilitation Counselor
- 3 Office Specialist/Human Services Assistant
- 4 Executive Management
- 5 Professional Staff – Vocational Rehabilitation Administration
- 6 Other (Please specify: _____)

VRole04

How long have you been working in the field of vocational rehabilitation?

- 1 Less than one year
- 2 One to five years
- 3 Six to ten years
- 4 More than 10 years

VRole05

What counties do you work in? Please select all that apply.

[LIST OF COUNTIES]

VRole06

Which of the following best describes the communities that you serve? Please select all that apply.

- 1 Urban
- 2 Suburban
- 3 Rural

Services01

The following questions ask you about the Vocational Rehabilitation (VR) services your clients received. Please let us know how strongly you agree or disagree with each statement. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

The clients I work with receive VR services in a convenient place.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Services03

The clients I work with can get around easily in VR offices and other places we meet.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Services04

The VR office is open at times that work for my clients.

- 1 Strongly agree
- 2 Agree
- 3 Disagree

4 Strongly disagree

9 Unsure

Services05

VR provided my clients with the accommodations needed for services. For example, additional time during testing, modified schedules, or interpreters.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services06

VR provided my clients with the technology or equipment needed to receive services. For example, talk to text software or a communication device.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services07

Clients I work with receive the testing or assessments they need to obtain and maintain successful employment.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

9 Unsure

Services08

Clients I work with help to develop their own IPE (Individual Plan for Employment).

1 Strongly agree

- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Unsure

Services09

Were there services that your clients needed from VR that were not provided?

- 1 Yes (What were these services?)
- 2 No

Services10

What else should VR know about the services provided to clients?

- 1 OPEN ENDED RESPONSE

Employment Service Providers

The following questions ask about services your clients may have received from CRP's contracted to provide employment services.

Services11

Do you authorize your clients to use services from an employment service provider, for example job development?

- 1 Yes
- 2 No [Go to EmpRel03]
- 3 Unsure

Services12

Do you feel that employment service providers help your clients get or keep a job?

- 1 Yes
- 2 No
- 3 Unsure

Services13

What were the gaps in services provided by the employment service provider?

- 1 Takes a long time to get a job

- 2 Not enough staff
- 3 Not enough providers for a specific population
- 4 Not enough staff with the skills needed to support different needs
- 5 There are no service gaps
- 95 Other (Please Specify: [OPEN TEXT])

Employment Related Supports

EmpRel03

Please rate the quality of the following services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of people with disabilities. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

How would you assess the quality of the following:

	Never adequate (1)	Rarely adequate (2)	Sometimes adequate (3)	Always adequate (4)	Unsure (9)
a. Vocational assessment					
b. Vocational counseling					
c. Technical training					
d. Academic education					
e. Vocational tuition assistance					

EmpRel04

How would you assess the quality of the following:

	Never adequate (1)	Rarely adequate (2)	Sometimes adequate (3)	Always adequate (4)	Unsure (9)
f. Job placements					
g. Job coaching					
h. Self-employment supports					
i. Post-employment services					

EmpRel05

[ASK OF THOSE RATING AT LEAST ONE SERVICE ≤ 3 IN EMPREL03/04]

You rated some of the employment-related support services in your community as inadequate. Why do you believe these services to be inadequate? [OPEN TEXT]

Assistive Technology

Tech03

Please rate the quality of the following services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of people with disabilities. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

How would you assess the adequacy of the following:

	Never adequate (1)	Rarely adequate (2)	Sometimes adequate (3)	Always adequate (4)	Unsure (9)
a. Durable medical equipment					
b. Orientation and mobility services					
c. Technological aids and devices					
d. Speech to text support or ASL interpreting					

Tech04

[ASK OF THOSE RATING AT LEAST ONE SERVICE ≤ 3 IN TECH03]

You rated some of the assistance technology services in your community as inadequate. Why do you believe these services to be inadequate? [OPEN TEXT]

Supportive Services

Support01

How many clients that you work with need the following services to achieve their goals? You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

	1 None	2 Few	3 Some	4 Most/All	9 Unsure

a. Referrals to community resources					
b. Family and caregiver support					
c. Group and peer support					
d. Housing					
e. Independent living skills training					

Support02

How many of the people with disabilities that you work with need the following services to achieve their goals? You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

	1 None	2 Few	3 Some	4 Most/All	9 Unsure
f. Medical care					
g. Social security benefits planning					
h. Transition services from high school to adult services					
i. Transition services from institution to community					
j. Transportation					

Support03

Please rate the quality of the following supportive services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of people with disabilities. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

	Never adequate (1)	Rarely adequate (2)	Sometimes adequate (3)	Always adequate (4)	Unsure (9)
a. Referrals to community resources					

b. Family and caregiver support					
c. Group and peer support					
d. Housing					
e. Independent living skills training					

Support04

Please rate the quality of the following supportive services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of people with disabilities. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

	Never adequate (1)	Rarely adequate (2)	Sometimes adequate (3)	Always adequate (4)	Unsure (9)
f. Medical care					
g. Social security benefits planning					
h. Transition services from high school to adult services					
i. Transition services from institution to community					
j. Transportation					

Support05

[ASK OF THOSE RATING AT LEAST ONE SERVICE ≤ 3 IN Support03/04]

You rated some of the support services in your community as inadequate. Why do you believe these services to be inadequate? [OPEN TEXT]

Pre-ETS Services

We are particularly interested in learning about pre-employment transition services (pre-ETS) for students (age 14-21) with disabilities.

PreETS01

Please rate the quality of the following pre-ETS services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of individuals with disabilities. [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Never adequate (1)	Rarely adequate (2)	Sometimes adequate (3)	Always adequate (4)	Unsure (9)
A. Job exploration counseling					
B. Work-based learning experiences					
C. Counseling on post-secondary education options					
D. Workplace readiness training					
E. Instruction in self-advocacy					
F. Pre-employment transition coordination					

PreETS02

[ASK OF THOSE RATING AT LEAST ONE SERVICE ≤ 3 IN PreETS01]

You rated some of the mental health services in your community as inadequate. Why do you believe these services to be inadequate? [OPEN TEXT]

PreETS03

What other services and/or supports are needed by students (age 14-21) disabilities to achieve their employment goals? If so, please describe.

[OPEN TEXT]

Barriers to Receiving Services

Barrier02a

What challenges with basic needs do your clients frequently face while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Housing
- 2 Transportation
- 3 Childcare
- 4 Food
- 5 Clothing
- 9 Some other basic need (Please specify: [OPEN TEXT])

Barrier02b

What legal challenges do your clients frequently face while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Criminal offenses
- 2 Immigration status
- 3 An ongoing discrimination case
- 9 Some other legal challenge (Please specify: [OPEN TEXT])

Barrier02c

What financial challenges do your clients frequently face while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Potential loss of benefits
- 2 Income opportunities
- 3 Educational or training funding
- 9 Some other financial challenge (Please specify: [OPEN TEXT])

Barrier02d

What job-related challenges do your clients frequently face while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Employer attitudes toward people with disabilities
- 2 Resources for people with disabilities
- 3 Poor job market or a lack of opportunities
- 4 Limited relevant job skills

5 Limited work experience

9 Some other job-related challenge (Please specify: [OPEN TEXT])

BarrierG01

What racial or ethnic groups are currently unserved or underserved by VR services? Please select all that apply.

1 African American/Black

2 American Indian or Alaskan Native

3 Asian

4 Whites

5 Hispanic or Latino

6 Native Hawaiian or other Pacific Islander

95 Other (Please Specify: [OPEN TEXT])

99 None [EXCLUSIVE]

BarrierG02

[ASK IF BARRIER02<>99; ask of each group identified]

What are the service needs for [GROUP]?

1 Language translators

2 Outreach on the availability of services

3 Cultural awareness training for VR staff

4 Greater access to VR offices in or near their communities

5 More services focused on their communities

95 Other (Please specify: [OPEN TEXT])

BarrierG03

Which specific diagnosis or disabilities are currently unserved or underserved by VR services? Please select any that apply.

10 Individuals with autism

11 Individuals with traumatic brain injuries

12 Individuals with mental health disabilities

13 Individuals with intellectual and developmental disabilities

- 14 Individuals who are deaf or hard of hearing
- 15 Individuals who are blind or have vision loss
- 16 Individuals with mobility or manipulation disabilities
- 95 Individuals with some other type of disability (Please specify: [OPEN TEXT])
- 99 None [EXCLUSIVE]

BarrierG04

Among those groups served by VR, who do you feel VR is currently not serving well enough?

Please select any that apply.

- 10 Individuals with the most significant disabilities
- 12 Individuals residing in rural areas
- 13 Individuals with disabilities pursuing career paths with advanced degrees
- 14 Individuals in the LGBTQIA community
- 15 Religious minorities
- 16 Veterans
- 17 Individuals transitioning from high school to the workforce
- 95 Other (Please specify: [OPEN TEXT])
- 99 None [EXCLUSIVE]

BarrierG05

[ASK IFBARRIER04<>99]

What is needed to improve services for underserved populations?

- 1 Cultural awareness training for staff
- 2 Improved transportation options
- 3 Increased outreach about available programs and services
- 4 Increased training for VR staff
- 5 Increased training for employment specialists or job coaches
- 6 Ways to address language barriers
- 95 Other (Please specify: [OPEN TEXT])

Final Questions

Final02

What about working with VR goes well for most of your clients? [OPEN TEXT]

Final01

What is one thing you would change about working with VR? [OPEN TEXT]

Final03

Is there anything else you'd like to add about Oregon Vocational Rehabilitation or its services? [OPEN TEXT]

Appendix F. Community Partner Survey Protocols

Oregon Vocation Rehabilitation (VR) is conducting a statewide, comprehensive assessment of the service needs of individuals with disabilities as part of the Comprehensive Statewide Needs Assessment (CSNA). As part of this, we are working to gather input from community partners that support individuals with disabilities. Your input will help better understand how well vocational rehabilitation services assist individuals with disabilities in achieving their employment goals and the ways in which statewide VR services can be improved.

We appreciate your participation in this survey. The survey should take about 15 minutes to complete. You may skip any question you don't want to answer, or you feel are not applicable to you.

Your answers are confidential. Your answers will be combined with other individuals who respond. This information will help us identify how services can improve.

Public Consulting Group LLC (PCG) is conducting this survey. If you have questions about this survey or need accommodation or help completing this survey, please contact vrcsna@pcgus.com or 1-888-314-0710.

Your Organization

Org01

What type of organization do you work for?

- 1 For-profit service provider agency
- 2 Non-profit service provider agency
- 3 Advocacy organization
- 4 Government organization
- 5 Independent consultant
- 7 Other (please specify: [OPEN TEXT])

Org02

What is your role in your organization? Please select the one that is most appropriate for you.

- 1 Administrative staff (Executive, manager)
- 2 Supervisory staff
- 3 Direct service worker (case manager)

- 4 Independent contractor
- 7 Other (please specify: [OPEN TEXT])

Org03

Which of the following groups of individuals with disabilities does your organization serve?
(Please select all that apply)

- 10 Blindness and visual disabilities
- 11 Deafness and hearing loss
- 12 Intellectual and/or developmental disabilities
- 13 Communication disabilities
- 14 Manipulation impairments
- 15 Mobility impairments
- 16 Respiratory disabilities
- 17 Brain injuries
- 18 Mental health disabilities
- 19 Substance use disorders
- 95 Other (please specify: [OPEN TEXT])
- 98 Unsure

Org04

What field does your organization work in? (Please select all that apply)

- 10 Benefits counseling services
- 11 Child welfare services
- 12 Education services
- 13 Employment services
- 14 Healthcare services
- 15 Housing services
- 16 Independent living services
- 17 Law enforcement services
- 18 Mental health services

- 20 Substance use services
- 21 Transportation services
- 22 Tribal services
- 95 Other (Please specify: [OPEN TEXT])
- 98 Unsure

Org05

Does your organization specialize in serving any of the following groups of people with disabilities? (Please select all that apply)

- 1 People with the most significant disabilities
- 2 People with disabilities from racial, cultural, or ethnic minority groups
- 3 Youth and students with disabilities transitioning to adulthood (e.g. age 14-21)
- 7 Other (please specify: [OPEN TEXT])
- 9 Our organization does not specialize in working with any of these groups of people

Org06

Which counties do you serve? Please select all that apply.

80. Entire State [EXCLUSIVE]	28. Lake County
10. Baker County	29. Lane County
11. Benton County	30. Lincoln County
12. Clackamas County	31. Linn County
13. Clatsop County	32. Malheur County
14. Columbia County	33. Marion County
15. Coos County	34. Morrow County
16. Crook County	35. Multnomah County
17. Curry County	36. Polk County
18. Deschutes County	37. Sherman County
19. Douglas County	38. Tillamook County

20. Gilliam County	39. Umatilla County
21. Grant County	40. Union County
22. Harney County	41. Wallowa County
23. Hood River County	42. Wasco County
24. Jackson County	43. Washington County
25. Jefferson County	44. Wheeler County
26. Josephine County	45. Yamhill County
27. Klamath County	

VR

VR01

Are you familiar with the vocational rehabilitation services offered by Oregon Vocational Rehabilitation (VR)?

1 Yes

2 No [GO TO COLLAB01]

VR02

The following questions ask you about the VR services individuals with disabilities you work with may receive. Please let us know how strongly you agree or disagree with each statement. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you. [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly disagree (1)	Unsure (8)
A. The individuals I work with receive VR services in a convenient place.					
B. VR provides the individuals I work with the accommodations needed for services. For example, meetings scheduled at a time I could attend, large print,					

helped me fill out forms, or provided interpreters.					
C. VR provides the individuals I work with the technology or equipment needed to receive services. For example, talk to text software or a communication device					
D. Individuals that I work with receive the testing or assessments they need.					
E. Individuals I work with help to develop their own IPE (Individual Plan for Employment).					

Collab01

Please indicate how much you agree with the following statement:

VR collaborates successfully with my organization to support people with visual impairments in achieving their employment goals.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Unsure

VR04

What are the most important services offered by VR? [OPEN TEXT]

VR05

What is the most important change that VR could make to help individuals with disabilities achieve their employment goals? [OPEN TEXT]

Capacity of Community Rehabilitation Providers

VR provides a number of services through organizations, which might be called vendors, providers, or community rehabilitation providers, to deliver required services to help

individuals get, keep, or maintain employment. Services are individualized and range from job placement to delivering a product that helps a person do their job. The following questions pertain to these providers who deliver services for VR.

Collab02

How strongly do you agree or disagree with the following statement: The network of vocational rehabilitation service providers (i.e., contractors, vendors, and other providers) in my area meets most of the vocational rehabilitation needs of individuals with disabilities my organization serves.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 9 Unsure

Collab03

[ASK IF COLLAB02 <=2]

What are the primary reasons that vocational rehabilitation service providers in your area are generally unable to meet the needs of individuals with disabilities? Please select all that apply.

- 1 Low quality of provider services
- 2 Not enough providers available in area
- 4 The VR contracting process is difficult for vendors
- 5 Providers lack staff with skillsets to work with individuals with specific disabilities
- 7 Other (please specify: [OPEN TEXT])
- 8 Unsure

Collab04

What other thoughts do you have about working with VR service providers? [OPEN TEXT]

Pre-ETS Services

We are particularly interested in learning about pre-employment transition services (Pre-ETS) for students (age 14-21) with disabilities.

Pre-ETS01

Does your organization work with students transitioning from education to the workforce?

1 Yes

2 No [GO TO EMPREL01]

PreETS02

Please rate the quality of the following Pre-ETS services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of individuals with disabilities. [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Always adequate (4)	Sometimes adequate (3)	Rarely adequate (2)	Never adequate (1)	Unsure (8)
A. Job exploration counseling					
B. Work- based learning experiences					
C. Counseling on post- secondary education options					
D. Workplace readiness training					
E. Instruction in self-advocacy					
F. Pre- employment transition coordination					

PreETS03

[ASK OF THOSE RATING AT LEAST ONE SERVICE <=2 IN PreETS02]

You rated some of the Pre-ETS services in your community as inadequate. Please share why you believe these services are inadequate. [OPEN TEXT]

PreETS04

What other services are needed by students with disabilities your organization works with to achieve their employment goals?

[OPEN TEXT]

Employment Related Supports

EmpRel01

Please rate the quality of the following employment related supports in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of individuals with disabilities. [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Always adequate (4)	Sometimes adequate (3)	Rarely adequate (2)	Never adequate (1)	Unsur e (8)
A. Vocational assessment					
B. Vocational counseling					
C. Technical training					
D. Academic education					
E. Vocational tuition assistance					
F. Job placements					
G. Job coaching					
H. Self-employment supports					
I. Post-employment services					

EmpRel02

[ASK OF THOSE RATING AT LEAST ONE SERVICE ≤ 2 IN EMPREL01]

You rated some of the employment-related support services in your community as inadequate. Please share why these services are inadequate. [OPEN TEXT]

EmpRel03

What other employment related services do you believe the individuals your organization works with need in order to find a job, keep a job, or advance their career? [OPEN TEXT]

Support Services

Support01

Please rate the quality of the following support services in your community. Please let us know if they are never adequate, rarely adequate, sometimes adequate, or are always adequate to address the needs of individuals with disabilities. [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Always adequate (4)	Sometimes adequate (3)	Rarely adequate (2)	Never adequate (1)	Unsure (8)
A. Referrals to community resources					
B. Family and caregiver support					
C. Group and peer support					
D. Housing					
E. Independent living skills training					
F. Medical care					
G. Social security benefit planning					
H. Transition services from institution to community					
I. Transportation					

Support02

[ASK OF THOSE RATING AT LEAST ONE SERVICE <=2 IN SUPPORT01]

You rated some of the support services in your community as inadequate. Please share why these services are inadequate. [OPEN TEXT]

Support03

What other supportive services do you believe the individuals your organization works with need in order to find a job, keep a job, or advance their career? [OPEN TEXT]

Group Needs

CSNAGroup01

[IF SERVE THE MOST SIGNIFICANTLY DISABLED IN ORG05]

Earlier, you indicated that your organization specializes in serving individuals with the most significant disabilities. What do you believe are the three most pressing needs in helping individuals with the most significant disabilities achieve their employment goals? [3 OPEN TEXT BOX]

CSNAGroup02

[IF SERVE MINORITY INDIVIDUALS IN ORG05]

Earlier, you indicated that your organization specializes in serving people with disabilities from racial, cultural, or ethnic minority groups. What do you believe are the three most pressing needs in helping individuals from racial, cultural or ethnic minority groups achieve their employment goals? [3 OPEN TEXT BOX]

CSNAGroup03

[IF SERVE YOUTH IN ORG05]

Earlier, you indicated that your organization specializes in serving students with disabilities who are transitioning to adulthood (i.e., age 14 to 21). What do you believe are the three most pressing needs in helping students transitioning to adulthood achieve their employment goals? [3 OPEN TEXT BOX]

Barriers to Achieving Employment Goals

Barrier01

What challenges do individuals with disabilities you work with frequently face regarding basic needs while trying to find a job, keep a job, or advance their careers? Please select all that apply.

1 Housing

- 2 Transportation
- 3 Childcare
- 4 Food
- 5 Clothing
- 7 Some other basic need(s) (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier02

What kinds of legal needs do individuals with disabilities you work with frequently face while trying to find a job, keep a job, or advance their career? Please select all that apply.

- 1 Criminal offenses
- 2 Immigration status
- 3 An ongoing discrimination case
- 7 Some other legal need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier03

What kinds of financial needs do individuals with disabilities you work with frequently have while trying to find a job, keep a job, or advance their careers? Please select all that apply.

- 1 Potential loss of benefits
- 2 Higher income
- 3 Educational or training funding
- 4 Benefits counseling
- 5 Additional benefits (IF SELECTED: What sorts of benefits? [OPEN TEXT])
- 6 Resources for people with disabilities
- 7 Some other financial need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier04

What job-related challenges do individuals you work with frequently have while trying to find a job, keep a job, or advance their careers? Please select all that apply.

- 1 Employer attitudes toward people with disabilities
- 3 Poor job market or a lack of opportunities
- 4 Limited relevant job skills
- 5 Limited work experience
- 6 Lack of opportunities to explore careers
- 7 Some other job-related need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier05

Do you feel the VR staff you've worked with treat individuals with disabilities with respect regarding their culture, background, and identity?

- 1 Yes
- 2 No (Specify: In what way? [OPEN TEXT])
- 8 Unsure

Barrier06

What other challenges do people with disabilities face to achieving their employment goals do you feel VR should work to address? [OPEN TEXT]

Barriers07

The "unserved" population includes people with disabilities who are not receiving vocational rehabilitation services from VR but are interested in working.

Which of the following groups of individuals with disabilities do you believe are most likely to be unserved or underserved? Please select all that apply.

- 10 People with intellectual disabilities
- 11 People with physical disabilities
- 12 People who are between the ages of 14 to 21
- 13 People who are racial or ethnic minorities
- 14 People with a mental health condition
- 15 People with substance use disorder
- 16 People who have criminal convictions

17 People who live in rural areas of the state

18 People who are LGBTQ+

19 People who are homeless

20 Veterans

21 People living in rural areas.

95 Other (please specify: [OPEN TEXT])

99 I believe all groups of individuals in Oregon are being adequately served by VR
[EXCLUSIVE]

Final Questions

Final01

How have VR services improved the ability of the individuals you work with to get a job, keep a job, find the right job and/or excel in their career? [OPEN TEXT]

Final02

Is there anything else you'd like to add about Oregon Vocational Rehabilitation or its services? [OPEN TEXT]

Thank you!

Thank you very much for completing this survey! The results will be summarized in the Comprehensive Statewide Needs Assessment. Your perspective as a vocational rehabilitation community partner is critical to that effort.

If there are other community partners who you think would be interested in completing this survey, please share the link below.

Appendix G. Business Survey Protocols

Survey to Businesses and Employers

Oregon Vocational Rehabilitation is committed to providing quality services to Oregon businesses and job seekers with disabilities. Oregon Vocational Rehabilitation supports qualified, skilled job seekers with disabilities meeting the diverse labor needs of Oregon businesses. We are seeking your input to better understand how we can best serve the business community.

Your feedback will be used to improve our services for businesses. It should take less than 5 minutes.

This survey is being conducted by the Public Consulting Group on behalf of Oregon Vocational Rehabilitation. If you have any questions or need help finishing this survey, please contact yrcsna@pcgus.com.

Thank you in advance for your valuable feedback.

1. Oregon Vocational Rehabilitation may educate and provide services to employers who have hired or are interested in hiring job seekers with disabilities.

Has your business worked with Oregon Vocational Rehabilitation (VR) in the last year?

Yes (1)

No (2) [GO TO NO QUESTIONS]

Unsure (9) [GO TO NO QUESTIONS]

YES

2. How did you learn about VR services for employers? (Check all that apply)

Contact with VR staff (1)

Recruiting or resource event (2)

Workforce Board referral (3)

Office of Federal Contract Compliance Program (4)

Other: [OPEN TEXT] (7)

3. Did VR work with your business to ... (Check all that apply)

Help a job seeker with disabilities participate in an internship (1)

Help a job seeker with disabilities participate in short-term employment (2)

- Help a job seeker with disabilities participate in an apprenticeship (3)
- Help a job seeker with disabilities participate in an educational fellowship (4)
- Engage with young adults or students with disabilities to gain work experience (5)
- Support an employee with a disability working in your organization (6)
- Train your staff about disability-related barriers in employment and solutions (7)
4. VR often works with businesses to help make the workplace or work activities more accessible to a person with a disability. Did VR consult or provide technical assistance and support to your business about ... (Check all that apply)
- Customized worksite accommodation solutions (1)
- Assistive technology, for example talk-to-text software or workspace modification (2)
- Facilities and workplace access (3)
- Financial support to hire individuals with disabilities, e.g. Workplace Opportunity Tax Credits or other tax incentives appropriate to your business (4)
- Some other workplaces or job modification (Please specify: [OPEN TEXT]) (7)
5. VR often helps businesses with recruiting or helps job seekers with disabilities find the jobs that are right for them. Did VR consult or provide technical assistance and support ... (Check all that apply)
- Recruiting qualified applicants with disabilities for positions in your business (1)
- Finding job matches between your business and qualified job seekers with disabilities (2)
- Retaining employees with disabilities (3)
- Assisting with recruitment of qualified applicants for positions in your business across States and nationally (4)
- Some other aspect of helping you fill positions at your company with individuals with disabilities (Please specify: [OPEN TEXT]) (7)
6. What other services did Oregon Vocational Rehabilitation provide to support your business goals?
- Disability etiquette and awareness training (1)
- Provide appropriate resources and referrals to best meet your employment needs (2)
- Invitations to recruiting events (3)

Some other service not previously discussed (Please specify: [OPEN TEXT]) (7)

7. Oregon Vocational Rehabilitation can work with businesses to match unmet business needs with job seekers to meet those needs. Sometimes positions are customized to best meet a business' needs. This is referred to as customized employment. Has your business, in the last year, worked with VR to create a customized employment opportunity for a job seeker with a disability?

Yes (1)

No (2) [SKIP TO Q8]

7a. How successful was customized employment for the employee who was employed?

Very successful (1)

Somewhat successful (2)

Not successful or unsuccessful (3)

Somewhat unsuccessful (4)

Very unsuccessful (5)

7b. How successful was customized employment for your business?

Very successful (1)

Somewhat successful (2)

Not successful or unsuccessful (3)

Somewhat unsuccessful (4)

Very unsuccessful (5)

7c. What do you feel worked best about customized employment for your business?

[OPEN TEXT]

8. Would you recommend Oregon Vocational Rehabilitation services to your colleagues?

Yes (1)

No (2)

Unsure (9) [SKIP TO Q9]

8a. What makes you say that? Why or why not? [OPEN TEXT]

9. What additional support can Oregon Vocational Rehabilitation provide to best support your business needs?

[OPEN TEXT]

10. How can Oregon Vocational Rehabilitation reach you? Please provide your:

Name: [first and last name]

Business location: [City]

Email: [email]

Phone: [area code – XXX-XXXX]

Thank you for participating.

No / Unsure

2. VR provides many services directly to businesses. Please let us know about your interest in VR working with you and your business to ... [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Very interested (3)	Somewhat interested (2)	Not very interested (1)	Need more information (8)
a) Help a person with disabilities participate in an internship				
b) Help a person with disabilities participate in short-term employment				
c) Help a person with disabilities participate in an apprenticeship				
d) Help a person with disabilities participate in an educational fellowship				
e) Engage with young adults or students with disabilities to gain work experience				

f) Support a person with a disability in your workplace				
g) Train your staff about disability-related barriers in employment and solutions?				

3. VR often works with businesses to help make the workplace or work tasks accessible to individuals with a disability. Please let us know your interest in VR consulting or providing technical assistance and support to your business about ... [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Very interested (3)	Somewhat interested (2)	Not very interested (1)	Need more information (8)
a) Customized worksite accommodation solutions for a person with a disability?				
b) Assistive technology, for example text-to-type software or workspace modification, for an employee with a disability?				
c) Facilities and workplace access for an employee with a disability				
d) Financial support to hire individuals with disabilities, e.g. WOTC or other tax incentives appropriate to your business				

4. VR often helps businesses recruit or helps job seekers with disabilities find the jobs that leverage their skills. Please let us know your interest in VR consulting or providing technical assistance and support to your business to ... [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Very interested	Somewhat interested	Not very interested	Need more information

	(3)	(2)	(1)	(8)
a) Recruiting qualified applicants with disabilities for positions in your business				
b) Job matches between your business and qualified individuals with disabilities				
c) Hire qualified individuals with disabilities for your business				
d) Retain employees with disabilities				
e) Assist with recruitment of qualified applicants for positions in your business across States and nationally				

5. Please let us know about your interest in other services Oregon Vocational Rehabilitation can provide to support your business goals. [RADIO BUTTONS, MUTUALLY EXCLUSIVE]

	Very interested (3)	Somewhat interested (2)	Not very interested (1)	Need more information (8)
a) Disability etiquette and awareness training				
b) Provide appropriate resource and referral to best meet your employment needs				
c) Invitations to recruiting events				

6. What would be the most important support Oregon Vocational Rehabilitation could provide to best support your business needs?

[OPEN TEXT]

7. What would be the most important support Oregon Vocational Rehabilitation could provide to best support your business needs?

[OPEN TEXT]

8. How can Oregon Vocational Rehabilitation reach you? Please provide your:

Name: [first and last name]

Business location: [City]

Email: [email]

Phone: [area code – XXX-XXXX]

Thank you for participating. If you know anyone else who may be interested in participating, please provide them this link: [LINK]

Appendix H. Non-Participant Survey Protocols

Introduction

Oregon Vocational Rehabilitation is conducting an assessment to learn about the vocational rehabilitation needs of individuals with disabilities across Oregon. We want to learn more about the needs of individuals with disabilities who have not used services from Vocational Rehabilitation.

We want you to complete this survey because you did not receive services from Vocational Rehabilitation. This survey will take about 15 minutes to complete. You may also skip any question you do not wish to answer.

Your answers are confidential. Your answers will be combined with other individuals who respond. This information will help us figure out how services can improve.

Public Consulting Group LLC (PCG) is conducting this survey. If you have questions about this survey or need accommodation or help completing this survey, please contact [CONTACT INFORMATION]

If you are taking this survey on behalf of someone else, please answer these questions as if you were them. We are most interested in the experiences and views of individuals with disabilities. Please try to respond through their view as much as you can.

Demo08 [REQUIRED]

Are you completing this survey yourself, or are you responding on behalf of a person who is disabled?

1 I have a disability; I am completing the survey myself

2 I am completing this survey on behalf of a person who has a disability. My relationship to them is: [OPEN TEXT]

Transition-Related Services

PreEts01

Are you currently a student in high school, college, or another kind of educational program?

1 Yes [ASK PREETS02]

2 No [GO TO SUPPORT01]

8 Unsure [GO TO SUPPORT01]

PreEts02

The following questions ask about services that students are offered to help find a job, keep a job, or advance their career. For each question, please answer yes or no. If you answer no, please let us know if you do or do not need that service.

	Yes (1)	No, but I need this (2)	No, I do not need this (3)	Unsure (8)
A. Have you received counseling to help you explore what kind of careers you might want to pursue?				
B. Have you learned more about careers by visiting workplaces or trying out different types of jobs, for example, job shadowing, apprenticeships, internships, volunteering, or work experiences?				
C. Have you received counseling on your choices for education after high school ends?				
D. Have you received training to get the skills you need to succeed at work?				
E. Have you received training in self-advocacy?				

PreETS03

What services could Vocational Rehabilitation provide that would help you move from school to the workplace? [OPEN TEXT]

Community Services

Sometimes we need help to be successful. The next set of questions ask about services you may have received, and how you got the support.

Support01

Please let us know if you have used any of the services below. Select all that apply to you.

10 Community resources

11 Family and/or caregiver support

- 12 Group and peer support
- 13 Help with housing
- 14 Independent living skills training
- 15 Connections to medical care
- 16 Social security benefits counseling
- 17 Moving from a group home facility to independent living
- 18 Help with transportation
- 95 Something else (SPECIFY: What was that? [OPEN TEXT])
- 97 None of these [GO TO MHS01]
- 98 Unsure

Partner01

Please let us know if you are receiving services from any of the following kinds of organizations. Please select all that apply.

- 10 Self-sufficiency (for example, Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), SNAP, or TANF)
- 11 Child welfare
- 12 Office of Developmental Disability Services (ODDS)
- 13 Aging and People with Disabilities (APD)
- 14 Community mental health programs
- 15 Community drug and alcohol programs
- 16 Education department
- 17 WorkSource Oregon
- 18 Parole and Probation
- 19 Tribal Vocational Rehabilitation
- 20 Oregon Youth Authority
- 95 Someone else (Who was that?)
- 97 None of the above [GO TO SERVICE01]
- 98 Unsure

Partner03

When thinking of the community groups you worked with, what went well? [OPEN TEXT]

Partner04

When thinking of the community groups you worked with, what do you think could be improved? [OPEN TEXT]

Sheltered Workshops

Sometimes, people with disabilities get jobs where they only work with other people with disabilities. In these situations, people with disabilities may feel separated from the general community. These are called sheltered workshops.

Shelter01

Do you now, or have you ever, worked in a place where you worked only with other people with disabilities?

- 1 Yes
- 2 No [Services01]
- 8 Unsure [GO TO Services01]

Shelter02

While you were working in a sheltered workshop, did anyone talk to you about your other choices for work in your community?

- 1 Yes
- 2 No
- 8 Unsure

Shelter03

While you were working in a sheltered workshop, did anyone talk to you about your choices for services in your community?

- 1 Yes
- 2 No
- 8 Unsure

Shelter04

[ASK IF SHELTER02=1 OR SHELTER03=1]

What happened after you were provided information to you about other options for work and support? [OPEN TEXT]

Vocational Rehabilitation Services

Services01

Sometimes individuals are interested in receiving services from Vocational Rehabilitation, but they may be difficult to receive. The next set of questions ask about your experience trying to work with VR providers. Please let us know how strongly you agree or disagree with each statement. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly disagree (1)	Unsure (8)
A. I could receive VR services in a convenient place					
B. Public transportation can help me get to VR services.					
C. I could get around easily in VR offices.					
D. The VR office is open at times that works for me.					
E. VR could provide me with the accommodations I need to receive services. For example, additional time during testing, modified schedules, or interpreters.					
F. VR could provide me with the technology or equipment I need to receive services. For example, talk-to-text software, mobility device, or a communication device.					
G. I could receive the testing or assessments I need.					

Services02

Were there any services you would like to receive from Vocational Rehabilitation?

1 Yes (What were these services? [OPEN TEXT])

2 Nothing else

Barriers to Employment

These questions ask about barriers to employment you may have faced. Please let us know if any of the following are barriers you have faced.

Barrier02a

What challenges have you faced with your basic needs while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Housing
- 2 Transportation
- 3 Childcare
- 4 Food
- 5 Clothing
- 7 Some other basic need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier02b

What challenges have you faced with your legal needs while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Criminal offenses
- 2 Immigration status
- 3 An ongoing discrimination case
- 7 Some other legal need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier02c

What challenges have you faced with your financial needs while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Potential loss of benefits
- 2 Income opportunities
- 3 Educational or training funding
- 7 Some other financial need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier02d

What challenges have you faced with your job-related needs while trying to find a job, keep a job, or advance your career? Please select all that apply.

- 1 Employer attitudes toward people with disabilities
- 2 Resources for people with disabilities
- 3 Poor job market or a lack of opportunities
- 4 Limited relevant job skills
- 5 Limited work experience
- 7 Some other job-related need (Please specify: [OPEN TEXT])
- 8 Unsure

Barrier02e

What challenges have you faced while previously trying to work with Vocational Rehabilitation? Please select any that apply

- 10 I was worried about losing benefits
- 11 I needed to focus on other things besides work
- 12 My counselor and I did not work well together
- 13 The process took too long
- 14 Paperwork was too long or too difficult
- 15 I was told I was not eligible for services
- 16 VR services aren't for people like me (Please specify: Why do you feel that way? [OPEN TEXT])
- 95 Other (Please specify: [OPEN TEXT])
- 98 Unsure
- 99 I have never tried to work with VR before

Barrier03

Do you feel, if you applied for services, VR staff would treat you with respect, regarding your culture, background, and identity?

- 1 Yes
- 2 No (Specify: Tell us more? [OPEN TEXT])
- 8 Unsure

Final Questions

Final02

In your own words, why aren't you getting services from VR? [OPEN TEXT]

Final03

What could VR do to make its services easier for you to get? [OPEN TEXT]

Final04

Is there anything else you would like to add about Vocational Rehabilitation or its services? [OPEN TEXT]

Tell Us About You

Finally, we need to know about you to help us better understand VR services in Oregon. The following questions will only be used to group responses. You can also say you're unsure if you don't know, or if you feel the question isn't relevant to you.

Demo01

What sex were you assigned at birth?

- 1 Male
- 2 Female
- 3 Some other sex (Please specify: [OPEN TEXT])
- 8 Unsure
- 9 I'd prefer not to say

Demo01a

What gender do you currently identify as?

- 1 Male
- 2 Female
- 3 Other (What do you prefer? [OPEN TEXT])
- 8 Unsure
- 9 I'd prefer not to say

Demo02

Do you identify yourself as ...?

- 1 Straight
- 2 Gay

- 3 Lesbian
- 4 Bisexual
- 5 Other: ([OPEN TEXT])
- 8 Unsure
- 9 I'd prefer not to say

Demo03

What is your race? Please select all that apply.

- 1 Asian
- 2 Black or African American
- 3 Native American
- 4 Native Hawaiian or Pacific Islander
- 5 White
- 7 Other (Please specify: [OPEN TEXT])
- 8 Unsure
- 9 I'd prefer not to say

Demo04

Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 8 Unsure
- 9 I'd prefer not to say

Demo05

What language do you mostly use at home?

- 10 English
- 11 Spanish
- 12 Chinese (including Mandarin and Cantonese)
- 13 Vietnamese
- 14 Russian

- 15 American Sign Language
- 95 Something else (Please specify: [OPEN TEXT])
- 98 Unsure
- 99 I'd prefer not to say

Demo06

What is the highest level of education you have attained?

- 10 Less than high school
- 11 A high school diploma, GED, or another equivalency degree
- 12 Some college but no degree
- 13 An associate's degree
- 14 A bachelor's degree
- 15 Graduate degree (Master's)
- 16 A doctorate (PhD, MD, JD)
- 98 Unsure
- 99 I'd prefer not to say

Demo07

Which of the following describes you? Please select all that apply.

- 10 I am deaf, or have serious difficulty hearing
- 11 I am blind or have serious difficulty seeing, even when wearing glasses
- 12 Because of a physical, mental or emotional problem, I have difficulty remembering, concentrating or making decisions
- 13 I have serious difficulty walking or climbing stairs
- 14 I have difficulty bathing and/or dressing
- 15 Because of a physical, mental or emotional problem, I have difficulty doing errands alone such as visiting a doctor's office or shopping
- 95 I have some other form of disability (Please specify: [OPEN TEXT])
- 98 Unsure
- 99 I'd prefer not to say

Demo08

What are you currently doing? Please select all that apply to you.

10 Working full time

11 Working part time

12 Going to school or in a vocational training program

13 Retired

95 Something else (Please specify: [OPEN TEXT])

98 Unsure

99 I'd prefer not to say

Thank you for completing this survey. If you know anyone who may be interested in taking this survey, please provide them with this link:

[SURVEY LINK]

Appendix I. Participant Survey Respondent Demographics

The VR Participants Survey was widely distributed; see the Methodology section of this report for more detail. This wide distribution allowed for responses from a diverse array of respondents. The following table document the population of respondents across demographic characters. These were determined by linking survey respondent data to individual service records through their email address and participant IDs.

	Count	Percent
14 to 21	42	4.1%
22 to 34	203	20.0%
35 to 44	189	18.6%
45 to 54	244	24.1%
55 to 64	249	24.6%
65 and older	87	8.6%

	Count	Percent
Most Significantly Disabled - Priority 1	607	59.9%
Most Significantly Disabled - Priority 2	226	22.3%
Significantly Disabled - Priority 3	90	8.9%
Disabled - Priority 4	75	7.4%
Unsure	16	1.6%

	Count	Percent
Metro areas	881	87.4%
Nonmetro Urban	85	8.4%
Rural	42	4.2%

	Count	Percent
White	900	88.8%
Black or African American	26	2.6%
American Indian or Alaska Native	13	1.3%
Asian	14	1.4%
Native Hawaiian and Other Pacific Islander	NR	NR
Some Other Race	NR	NR
Two or More Races	57	5.6%
Unsure	NR	NR

	Count	Percent
Not Hispanic	951	93.8%
Hispanic	63	6.2%

	Count	Percent
Intellectual and developmental	286	28.2%
Physical disability	155	15.3%
Mental health	293	28.9%
Substance use	NR	NR
All other disabilities	250	24.7%
Multiple disabilities	27	2.7%

Appendix J. VR Staff Survey Respondent Demographics

The following tables present the basic description of the job roles of the VR staff who responded to the VR Staff Survey. For more detail on this survey was conducted, please refer to the Methodology section.

	Count	Percent
Branch Manager	6	5.3%
Vocational Rehabilitation Counselor	64	56.1%
Office Specialist/Human Services Assistant	19	16.7%
Executive Management	7	6.1%
Professional Staff Vocational Rehabilitation Administration	8	7.0%
Other	10	8.8%

	Count	Percent
Less than one year	9	8.0%
One to five years	40	35.4%
Six to ten years	27	23.9%
More than 10 years	37	32.7%

	Count	Percent
Urban	55	52.4%
Suburban	50	47.6%
Rural	62	59.0%
Unsure	7	6.7%

Appendix K. Consumer Focus Group Protocols

Introduction Script

Welcome! Thank you for joining us today. My name is [NAME], and I am from [ORGANIZATION]. Today, I am working with the Oregon Vocational Rehabilitation to learn more your experiences working with vocational rehabilitation. We will talk about how services helped you with employment, and if things could have been better. I will be the facilitator today. [NAME] is here to record and summarize your responses.

There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences no matter what they are.

We would like to hear from everyone. It is important that we treat each other with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences too. It does not mean anyone is wrong if there are differences in opinions.

We are very interested in learning more about all of you and your experiences with VR. The information that you share will help us learn about what is working, what is not working, and what can be improved.

I would like you to know that we are recording this. This will allow us to have a more active discussion. Nothing you say here, positive or negative, will have an impact on services you receive. Your names will not be attached to anything you share.

Now, with all that out of the way, let us go around the room and introduce ourselves. Please share your first name and one thing about yourself that you think is important for us to know.

Help participants go around the room to introduce themselves.

Thank you, it is nice to meet everyone. Now, all of you have worked with Vocational Rehabilitation at some point, or is working with them now, right? Or you represent or support a person who has used Vocational Rehabilitation services?

Introduction to Services

Let's get started. Think about the kinds of services you received from Vocational Rehabilitation. By services, I mean anything that VR has helped you with. VR helps people get different kinds of service based on what they need. It could be things like helping you obtain training or education, help with finding a job, or help getting assistive technology that helps you do your job. What stands out in your memory about the services you have received?

Notes:

Strengths

What has been most helpful about the services you received when working with VR?

Notes:

Areas to Improve

When you received services from VR, what could have been better?

Notes:

Barriers

We have talked about things that can be better. When worked with VR, did you experience any challenges or problems?

Notes:

Solutions

What would make working with VR easier or better?

Notes:

Partners

We have been discussing Vocational Rehabilitation so far. Lots of people also receive services from other providers and community supports. Some examples are services from a CRP, housing, food, or medical assistance. Tell me more about other services you received that were important to you.

Notes:

Coordination

Think about some of the other services you have received. Can you remember if VR helped you get connected to the service? Or if they worked together?

Notes:

Recommendations

Would you recommend VR services to other individuals with disabilities?

Notes:

Final Question

Is there anything you else you would like to share about your experience with VR?

Notes:

END

That was our last question. Thank you very much for participating in the focus group today. Do you have any questions?

Appendix L. DHS Staff Focus Group Protocols

Welcome and Introduction

[BEGIN RECORDING]

Hello, and thank you for joining me today. My name is [NAME] and I work for Public Consulting Group. Today, I'm working with Oregon Vocational Rehabilitation to learn more about your work with individuals with visual impairments, helping them become competitively employed, and some of the needs of the individuals you work with. I'm also working with [NAME] who is here to record and summarize your responses.

First, let's get ourselves grounded. There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences and views no matter what they are. Everyone's experiences, opinions, and needs will help shape our report and recommendations.

I want to stress that we would like to hear from everyone, and I request that everyone treat others with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences as well. It does not mean anyone is wrong if there are differences in opinions or experiences.

I would like you to know that we are recording this. This will allow us to have a more active discussion, without having to take as many notes as possible. The recordings of this discussion will never be provided directly to anyone at VR. Nothing you say here, positive or negative, will have an impact on your employment. Your names will not be attached to anything said here.

Now, with all that out of the way, let us go around the room and introduce ourselves. Please share your first name, your role in VR, and one thing about yourself that you think is important for us to know.

Notes:

Success Factors

Thank you, it is nice to meet everyone. Now I'd like to get our discussion started by thinking a little. I'd like you each to open up an application that you can use to take notes or write down your thoughts- something like Notepad, Word, or Pages would all be fine. Once you have that done, I'd like you each to take a moment and write down the three traits or attributes you think are most common among individuals who you've worked with that achieve successful, competitive employment outcomes. Once everyone has those written down, we will go over your responses and have a conversation about them.

Notes:

Barriers and Challenges

Thanks so much for sharing your experience in what traits can lead to success of a job seeker. Through our research, we're also interested in learning about barriers, or things that cause challenges or hurdles for individuals to get or keep work. We are interested in identifying and learning about barriers in order to assist job seekers in overcoming them. Just like with the last question, please take a moment and think about two or three of the greatest barriers or challenges your clients face in successfully gaining and maintaining employment. Once everyone has those written down, we will go over your responses and have a conversation about them.

Notes:

Unserved and Underserved Populations

One of the goals of the research we're doing with VR is to identify those groups which VR has the most trouble working with. When I say 'trouble working with' I mean groups that VR either doesn't currently provide the best possible services to, or groups that don't come to VR for services at all. What groups do you think Oregon Vocational Rehabilitation could do a better job with, and why do you think they're currently not being served well?

Notes:

Underserved Solutions

Now, let's take a minute to look at these groups we've identified and the traits you associated with the most successful outcomes. Considering both of these, what could VR do in order to help those underserved groups better? What could be done to reach more of these people?

Notes:

Community Rehabilitation Providers

Another focus of our research is learning more about community rehabilitation providers within the state. One of our charges is to identify needs to establish, develop, or improve these programs. Please take a moment to think about your experience, and the experience of your clients who have participated in these programs. We're interested in learning about their experience, as it relates to if the programs met their needs. For example,

- if the staff had the skills to serve them,
- if there were enough staff, and
- if they were served in a timely fashion.

Tell us about your experience, and your clients' experience, with community rehabilitation providers.

Notes:

END

Thank you very much for participating today. We so appreciate you sharing your experience, and your commitment to improving the Oregon VR program. This is the end of the focus group. Do you have any questions?

Questions:

Appendix M. Provider Focus Group Protocols

Welcome and Introduction

[BEGIN RECORDING]

Hello, and thank you for joining me today. My name is [NAME] and I work for Public Consulting Group. Today, I'm working with Oregon Vocational Rehabilitation in order to learn more about your work with individuals with visual impairments, helping them become competitively employed, and some of the needs of the individuals you work with. I'm also working with [NAME] who is here to record and summarize your responses.

First, let's get ourselves grounded. There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences and views no matter what they are. Everyone's experiences, opinions, and needs will help shape our report and recommendations.

I want to stress that we would like to hear from everyone, and I request that everyone treat others with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences as well. It does not mean anyone is wrong if there are differences in opinions or experiences.

I would like you to know that we are recording this. This will allow us to have a more active discussion, without having to take as many notes as possible. The recordings of this discussion will never be provided directly to anyone at VR. Nothing you say here, positive or negative, will have an impact on your organization. Your names will not be attached to anything said here.

Now, with all that out of the way, let us go around the room and introduce ourselves. Please share your first name, your role at your organization, and one thing about yourself that you think is important for us to know.

Success Factors

Thank you, it is nice to meet everyone. Now I'd like to get our discussion started by thinking a little. I'd like you each to open up an application that you can use to take notes or write down your thoughts- something like Notepad, Word, or Pages would all be fine. Once you have that done, I'd like you each to take a moment and write down the three traits or attributes you think are most common among clients who you've worked with that achieve successful, competitive employment outcomes. Once everyone has those written down, we will go over your responses and have a conversation about them.

Notes:

Barriers and Challenges

Thanks so much for sharing your experience in what traits can lead to success of a job seeker. Through our research, we're also interested in learning about barriers, or things that cause challenges or hurdles for individuals to get or keep work. We are interested in identifying and learning about barriers in order to assist job seekers in overcoming them. Just like with the last question, please take a moment and think about two or three of the greatest barriers or challenges your clients face in successfully gaining and maintaining employment. Once everyone has those written down, we will go over your responses and have a conversation about them.

Notes:

Unserved and Underserved Populations

One of the goals of the research we're doing with Oregon VR is to identify groups that either don't get served by VR, or don't get enough services from VR. What groups do you think VR could do a better job with, and why do you think they're currently not being served well?

Notes:

Unserved and Underserved Solutions

Now, let's take a minute to look at these groups we've identified and the traits you associated with the most successful outcomes. What could VR do to either improve services, or reach more individuals?

Notes:

Community Rehabilitation Providers

Another focus of our research is learning more about community rehabilitation providers within the state. One of our charges is to identify needs to establish, develop, or improve these programs. We're interested in hearing what you think, in particular about:

- if the staff have the skills to serve client,
- if there are enough staff, and
- if clients are served in a timely fashion.

Tell us about your experience, and your clients' experience.

Notes:

END

Thank you very much for participating today. We so appreciate you sharing your experience, and your commitment to improving the Oregon Vocational Rehabilitation program. This is the end of the focus group. Do you have any questions?

Appendix N. Non-Consumer Focus Group Protocols

Welcome and Introduction

[BEGIN RECORDING]

Welcome! Thank you for joining us today. My name is [NAME], and I am from [ORGANIZATION]. Today, I am working with Oregon Vocational Rehabilitation. I will be the facilitator today. [NAME] is here to record and summarize your responses.

There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences no matter what they are.

We would like to hear from everyone. It is important that we treat each other with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences too. It does not mean anyone is wrong if there are differences in opinions.

We are very interested in learning more about all of you and your experiences related to employment and Vocational Rehabilitation. If you aren't working, or didn't try to access services from Vocational Rehabilitation, we want to learn about that too. The information that you share will help us learn about what is working, what is not working, and what can be improved.

I would like you to know that we are recording this. This will allow us to have a more active discussion. Nothing you say here, positive or negative, will have an impact on services you receive. Your names will not be attached to anything that is provided to VR.

Now, with all that out of the way, let us go around the Zoom room and introduce ourselves. Please share your first name and one thing about yourself that you think is important for us to know.

Thank you, it is nice to meet everyone. Now, everyone here did not receive services from Vocational Rehabilitation, right? Or you represent or support a person with a disability who did not receive services from Vocational Rehabilitation?

Great. You should all have a card and a marker in front of you. If you want, you can write down what you are thinking to help you remember.

Introduction

Let's get started. Many people work in the community. Some people work at a business in their community, and other people have their own business. Have you considered employment or working? Or perhaps you are working now?

Notes:

Vocational Rehabilitation

Sometimes people need help getting a job and keeping a job. Many times, people get help from Vocational Rehabilitation. Have you ever tried to get services from Vocational Rehabilitation?

Notes:

Community Resources

Have you received help from other community resources on getting or keeping a job? Examples might include other agencies that help get jobs, help with food, or help with housing.

Notes:

Barriers

Has something stopped you from working with Vocational Rehabilitation?

Notes:

Solutions

What would make working with Vocational Rehabilitation easier?

Notes:

Final Question

Is there anything you else you would like to share about your experience with Vocational Rehabilitation or employment?

Notes:

END

That was our last question. Thank you very much for participating in the focus group today. Do you have any questions?

Appendix O. Pre-ETS Providers Focus Group Protocols

Welcome and Introduction

[BEGIN RECORDING]

Hello, and thank you for joining me today. My name is [NAME] and I work for Public Consulting Group. Today, I'm working with Oregon Vocational Rehabilitation in order to learn more about your work with individuals with visual impairments, helping them become competitively employed, and some of the needs of the individuals you work with. I'm also working with [NAME] who is here to record and summarize your responses.

First, let's get ourselves grounded. There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences and views no matter what they are. Everyone's experiences, opinions, and needs will help shape our report and recommendations.

I want to stress that we would like to hear from everyone, and I request that everyone treat others with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences as well. It does not mean anyone is wrong if there are differences in opinions or experiences.

I would like you to know that we are recording this. This will allow us to have a more active discussion, without having to take as many notes as possible. The recordings of this discussion will never be provided directly to anyone at VR. Nothing you say here, positive or negative, will have an impact on your employment. Your names will not be attached to anything said here.

Now, with all that out of the way, let us go around the Zoom room and introduce ourselves. Please share your first name, your role at your organization, and one thing about yourself that you think is important for us to know.

Services Landscape

Thank you, it is nice to meet everyone. Now I'd like to get our discussion started by thinking a little. I'd like to learn a little bit about what Pre-ETS services look like for your organization. For example, the services you're offering, where they are offered, and what's going well.

Notes:

What's Working Well

I'd like you each to take a moment and write down the three traits or attributes you think are most common among students who you've worked with that benefit from Pre-ETS. Once everyone has those written down, we will go over your responses and have a conversation about them.

Notes:**Barriers and Challenges**

Thanks so much for sharing your experience in what traits can lead to beneficial Pre-ETS services. Through our research, we're also interested in learning about barriers, or things that cause challenges or hurdles for students successfully participating in and learning from Pre-ETS. We are interested in identifying and learning about barriers to figure out how to overcome them. Just like with the last question, please take a moment and think about two or three of the greatest barriers or challenges students face in receiving or benefiting from Pre-ETS. Once everyone has those written down, we will go over your responses and have a conversation about them.

Notes:**Unserved and Underserved Populations**

One of the goals of the research we're doing with VR is to identify groups that either don't get Pre-ETS, or don't get enough Pre-ETS. What groups do you think VR could do a better job with, and why do you think they're currently not being served well?

Notes:**Provider Capacity and Training**

Another focus of our research is learning more about the needs of Pre-ETS providers. One of our charges is to identify needs to establish, develop, or improve these programs. We're interested in hearing what you think. Sometimes providers need more staff, more training, or resources like technology. Do you feel like your program has the staff, training, and resources, to provide Pre-ETS as well as possible?

Notes:**Business/Community Engagement and Involvement**

When providing Pre-ETS, we know that having strong business partners who collaborate to develop meaningful opportunities for students is key. Tell us about what's working, and what could be better when it comes to working with businesses.

Notes:**Coordination**

Along with businesses, coordination with the student's school and special education services helps make Pre-ETS as productive as possible. Tell us about what's working, and what could be better when it comes to coordinating with schools.

Notes:

END

Thank you very much for participating today. We so appreciate you sharing your experience, and your commitment to improving the VR program. This is the end of the focus group. Do you have any questions?

Appendix P. Educator Focus Group Protocols

Welcome and Introduction

[BEGIN RECORDING]

Welcome! Thank you for joining us today. My name is [NAME], and I am from [ORGANIZATION]. Today, I am working with Oregon Vocational Rehabilitation to learn more your experiences with youth with disabilities and helping them prepare for life beyond school. I will be the facilitator today. [NAME] is here to record and summarize your responses.

There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences no matter what they are.

We would like to hear from everyone. It is important that we treat each other with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences too. It does not mean anyone is wrong if there are differences in opinions.

We are very interested in learning more about all of you, your students, and your experiences with Oregon VR. The information that you share will help us learn about what is working, what is not working, and what can be improved.

I would like you to know that we are recording this. This will allow us to have a more active discussion. Nothing you say here, positive, or negative, will have an impact on services you or your students receive. Your names will not be attached to anything that is provided to VR.

Now, with all that out of the way, I'm going to go around the Zoom room and have you introduced yourselves. Please share your first name, your position, and one other thing you think it is important for us to know.

Introduction

Let us get started. The first thing I'd like to know is what most of the students you work with plan to do after they finish high school for instance, do they plan to continue their education, go straight into the workforce, or do something else?

Notes:

Working with VR

Oregon Vocational Rehabilitation provides a lot of services, including funding for continued education. Do most of the students you work with also work with VR?

Notes:**Reasoning**

Of the students you work with who DON'T work with VR, do you know why they do not? What keeps them from engaging with VR's resources?

Notes:**Barriers**

What barriers do your students experience when trying to achieve their goals? What prevents them from accomplishing them?

Notes:**Community Rehabilitation Providers**

Students sometimes participate in different programs that help them prepare for life after school, or to address the barriers we have just discussed. These programs might be funded by your school, Vocational Rehabilitation, or other places. Have the students you work with heard about or participated in any of these programs?

END

Thank you very much for participating today. We so appreciate you sharing your experience, and your commitment to improving the Oregon Vocational Rehabilitation program. This is the end of the focus group. Do you have any questions?

Appendix Q. Youth Focus Group Protocols

Welcome and Introduction

[BEGIN RECORDING]

Welcome! Thank you for joining us today. My name is [NAME], and I am from [ORGANIZATION]. Today, I am working with Oregon Vocational Rehabilitation to learn more your experiences related to work and getting ready for work. I will be the facilitator today. [NAME] is here to record and summarize your responses.

There are no right or wrong answers, and you do not have to answer any questions that you do not feel comfortable with. We want to hear about your experiences no matter what they are.

We would like to hear from everyone. It is important that we treat each other with respect. Please let people finish speaking, and if you disagree with something someone says, remember that they are talking about their own experiences. You will have an opportunity to talk about your experiences too. It does not mean anyone is wrong if there are differences in opinions.

We are very interested in learning more about all of you and your experiences with VR. The information that you share will help us learn about what is working, what is not working, and what can be improved.

I would like you to know that we are recording this. This will allow us to have a more active discussion. Nothing you say here, positive or negative, will have an impact on services you receive. Your names will not be attached to anything that is provided to VR.

Now, with all that out of the way, let us go around the room and introduce ourselves. Please share your first name and one thing about yourself that you think is important for us to know.

Thank you, it is nice to meet everyone. Now, everyone here is between ages 14 or 24? Or you are representing a person in this age range?

Great. You should all have a card and a marker in front of you. If you want, you can write down what you are thinking to help you remember.

Introduction

Let's get started. Many people work in the community. Some people work at a business in their community, and other people have their own business. When you are in school, you learn lots of things that help prepare you for being an adult. Part of this is learning about what employment may look like for you.

Have you learned skills for working when you leave school? Raise your hand or let me know.

Notes:**Vocational Rehabilitation**

Vocational Rehabilitation, VR, is another source of support. Sometimes service from VR is provided through Pre-Employment Transition Services, or Pre-ETS. In Pre-ETS, there are lots of skills you might learn to help you figure out what to do after high school. You may learn self-advocacy, about your choices after high school, or skills you need to be successful at work. You might also get counseling on what kind of career you are interested in or get experience in a workplace. Who has heard of Pre-ETS? Raise your hand or let me know.

Has anyone received Pre-ETS services?

Notes:**Other Programs**

There are other programs that support students learning about work. One example is the Youth Transition Program, or YTP. Have you participated in this or other programs that help you learn about work?

Notes:**Coordination**

If you receive Pre-ETS, your school and Pre-ETS provider should work together to reach your goals. Do you know if your teachers worked with your Pre-ETS provider to reach your goals?

Notes:**Best Practices**

If you received Pre-ETS, what was helpful?

Notes:**Solutions**

If you receive Pre-ETS at your school, is there something that could be better?

Notes:**Open PRE-ETS**

Is there anything you else you would like to share about Pre-ETS services?

Notes:**Open Final Question**

Is there anything else you would like to share about other services that help you get ready for work after school?

Notes:

End

That was our last question. Thank you very much for participating in the focus group today. Do you have any questions?

Appendix R. Key Interview Protocols

Thanks so much for taking time to talk with me today. We very much appreciate your time, and your willingness to share your perspective and knowledge on individuals your organization supports. This information will be compiled with other interviews conducted, as well as other data sources, to provide a full picture into what employment-related services look like for individuals with disabilities. This will let us know what's going well, and how things can be improved.

I have a few questions, but this is really a conversation. There are no right or wrong answers, and if you wish to skip a question, just let me know. I would also like to record this conversation so that I can go back and refer to it later in case I miss something in my notes. Is this okay?

1. What is the name of your organization, and what is your position there?
2. What populations does your organization primarily serve?
3. Tell me about how your organization supports or interacts with individuals with disabilities.
4. We are trying to learn about what works, and how to improve employment-related services for individuals with disabilities. What barriers do you see to the individuals with disabilities with whom you work gaining or maintaining employment?
5. Does your organization ever interact with Oregon Vocational Rehabilitation? If so, tell me more. How frequently?
6. How could VR best work with your organization in order to overcome these barriers?
7. When your organization works with VR, what works well?
8. What could be better?
9. Finally, do you have any final thoughts about VR, working with individuals with disabilities, or ways that the employment-related services that you would like to share?
10. Are there any groups of individuals with disabilities in Oregon that you think are not getting the employment-related services they need? Tell me more about that.
11. How can VR better serve individuals in those groups?

Appendix S. Major Categories Crosswalk

Disability	
1	Blindness visual impairment
2	Deaf and Hard of hearing
3	Intellectual and developmental
4	Physical disability
5	Mental health
6	Substance use
7	All other disabilities
8	Multiple disabilities
Race	
1	White alone
2	Black or African American alone
3	American Indian or Alaska Native
4	Asian alone
5	Native Hawaiian and Other Pacific Islander alone
6	Some Other Race alone
7	Two or More Races
9	Unsure
Ethnicity	
0	Not Hispanic or Latino
1	Hispanic or Latino
9	Unsure

Appendix T. Disability Categories Crosswalk

Categories in Data	PCG Recategorization
Accident/injury	All other disabilities
Accident/injury (other than TBI or SCI)	All other disabilities
Alcohol abuse or dependence	Substance use
Amputations	Physical disability
Anxiety disorder	Mental health
Arthritis and Rheumatism	Physical disability
Asthma and other allergies	Physical disability
Attention-Deficit Hyperactive Disorder (ADHD)	Intellectual and developmental
Autism	Intellectual and developmental
Blood disorders	All other disabilities
Cancer	All other disabilities
Cardiac and circulatory system	Physical disability
Cause unknown	All other disabilities
Cerebral Palsy	Intellectual and developmental
Congenital condition/birth injury	Intellectual and developmental
Cystic fibrosis	Intellectual and developmental
Depressive and other Mood Disorders	Mental health
Diabetes mellitus	Physical disability
Digestive	Physical disability
Drug abuse or dependence	Substance use
Eating Disorders	Mental health
Epilepsy	Intellectual and developmental
Genitourinary System Disorders	Physical disability
HIV and AIDS	Physical disability
Immune Deficiencies excluding HIV/AIDS	Physical disability
Intellectual Disability	Intellectual and developmental
Mental Illness	Mental health
Multiple Sclerosis	Physical disability
Muscular Dystrophy	Intellectual and developmental
Parkinson's Disease/neurological	Physical disability
Personality disorders	Mental health
Physical disorders/conditions	Physical disability
Polio	Intellectual and developmental
Respiratory disorders	Physical disability
Schizophrenia/psychotic disorder	Mental health
Specific learning disabilities	Intellectual and developmental
Spinal Cord injury	Physical disability
Stroke	All other disabilities
Traumatic brain injury	All other disabilities

Appendix U. Race Categories Crosswalk

Categories in Data	PCG Recategorization
African	Black or African American alone
African American	Black or African American alone
Alaskan Native	American Indian or Alaska Native
American Indian	American Indian or Alaska Native
American Indian or Alaskan Native	American Indian or Alaska Native
Asian	Asian alone
Asian Indian	Asian alone
Black	Black or African American alone
Caribbean	Black or African American alone
Chinese	Asian alone
Eastern European	White alone
Filipino/a	Native Hawaiian and Other Pacific Islander alone
Hispanic Latino/a Central American	White alone
Hispanic Latino/a South American	White alone
Hispanic or Latino	White alone
Hispanic or Latino/a Mexican	White alone
Hmong	Native Hawaiian and Other Pacific Islander alone
Indigenous Mexican, Central American or South Amer	American Indian or Alaska Native
Middle Eastern	White alone
Native Hawaiian	Native Hawaiian and Other Pacific Islander alone
Native Hawaiian or Other Pacific Islander	Native Hawaiian and Other Pacific Islander alone
Other	Some Other Race alone
Other Asian	Asian alone
Other Black	Black or African American alone
Other Hispanic or Latino	White alone
Other Pacific Islander	Native Hawaiian and Other Pacific Islander alone
Other White	White alone
Samoan	Native Hawaiian and Other Pacific Islander alone
Slavic	White alone
South Asian	Asian alone
Unknown	Unsure
Vietnamese	Asian alone
Western European	White alone
White	White alone

Appendix V. Ethnicity Categories Crosswalk

Categories in Data	PCG Recategorization
African	Not Hispanic or Latino
African American	Not Hispanic or Latino
Alaskan Native	Not Hispanic or Latino
American Indian	Not Hispanic or Latino
American Indian or Alaskan Native	Not Hispanic or Latino
Asian	Not Hispanic or Latino
Asian Indian	Not Hispanic or Latino
Black	Not Hispanic or Latino
Caribbean	Not Hispanic or Latino
Chinese	Not Hispanic or Latino
Eastern European	Not Hispanic or Latino
Filipino/a	Not Hispanic or Latino
Hispanic Latino/a Central American	Hispanic or Latino
Hispanic Latino/a South American	Hispanic or Latino
Hispanic or Latino	Hispanic or Latino
Hispanic or Latino/a Mexican	Hispanic or Latino
Hmong	Not Hispanic or Latino
Indigenous Mexican, Central American or South Amer	Hispanic or Latino
Middle Eastern	Not Hispanic or Latino
Native Hawaiian	Not Hispanic or Latino
Native Hawaiian or Other Pacific Islander	Not Hispanic or Latino
Other	Not Hispanic or Latino
Other Asian	Not Hispanic or Latino
Other Black	Not Hispanic or Latino
Other Hispanic or Latino	Hispanic or Latino
Other Pacific Islander	Not Hispanic or Latino
Other White	Not Hispanic or Latino
Samoan	Not Hispanic or Latino
Slavic	Not Hispanic or Latino
South Asian	Not Hispanic or Latino
Unknown	Unsure
Vietnamese	Not Hispanic or Latino
Western European	Not Hispanic or Latino
White	Not Hispanic or Latino

Appendix W. Service Categorization Crosswalk

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Assessment	Evaluations/testing	1000	10	Assessment - Evaluations/testing	1010
Assessment	Medical or psychological records	1000	11	Assessment - Medical or psychological records	1011
Assessment	Extended evaluation	1000	12	Assessment - Extended evaluation	1012
Child Care	Child Care	1100	10	Child Care - Child Care	1110
Clothing	Clothing	1200	10	Clothing - Clothing	1210
Clothing	NULL	1200	10	Clothing - NULL	1210
Employment Services	Job Coaching	1300	10	Employment Services - Job Coaching	1310
Job Coaching	Job Coaching	1300	10	Job Coaching - Job Coaching	1310
Job Coaching	NULL	1300	10	Job Coaching - NULL	1310
Employment Services	Job Coaching - Standard	1300	11	Employment Services - Job Coaching - Standard	1311
Employment Services	Job Coaching - Supported/Customized	1300	12	Employment Services - Job Coaching - Supported/Customized	1312
Job Development	Job Development	1300	13	Job Development - Job Development	1313
Job Development	NULL	1300	13	Job Development - NULL	1313
Job Placement Assistance	Job Development	1300	13	Job Placement Assistance - Job Development	1313

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Employment Services	Job Preparation	1300	14	Employment Services - Job Preparation	1314
Job Preparation	Job Preparation	1300	14	Job Preparation - Job Preparation	1314
Job Preparation	NULL	1300	14	Job Preparation - NULL	1314
Employment Services	Job Search Assistance	1300	15	Employment Services - Job Search Assistance	1315
Job search assistance	NULL	1300	15	Job search assistance - NULL	1315
Job Placement	NULL	1300	15	Job Placement - NULL	1315
Job Retention	NULL	1300	16	Job Retention - NULL	1316
Job Placement	Job Placement	1300	16	Job Placement - Job Placement	1316
Employment Services	Job Support - Standard	1300	17	Employment Services - Job Support - Standard	1317
Job Placement Assistance	Job Retention	1300	17	Job Placement Assistance - Job Retention	1317
Job placement or retention	NULL	1300	17	Job placement or retention - NULL	1317
Employment Services	Job Support - Supported/Customized	1300	18	Employment Services - Job Support - Supported/Customized	1318
Employment Services	NULL	1300	95	Employment Services - NULL	1395
Group assessment	Consultation	1400	10	Group assessment - Consultation	1410
Group Services	Medical/Psychological Consultations	1400	10	Group Services - Medical/Psychological Consultations	1410

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Group Services	Group interpreter services	1400	11	Group Services - Group interpreter services	1411
Group transportation	Honored citizen	1400	12	Group transportation - Honored citizen	1412
Group assessment	Human relations class	1400	13	Group assessment - Human relations class	1413
Group transportation	LIFT	1400	14	Group transportation - LIFT	1414
Group Services	Personal & vocational adjustment	1400	15	Group Services - Personal & vocational adjustment	1415
Group transportation	Special pass - full month	1400	16	Group transportation - Special pass - full month	1416
Group Services	Transportation - Public	1400	16	Group Services - Transportation - Public	1416
Group transportation	Bus pass	1400	16	Group transportation - Bus pass	1416
Group assessment	Workshop	1400	17	Group assessment - Workshop	1417
Group Training	Job Club / Search - Group	1400	18	Group Training - Job Club / Search - Group	1418
Job Placement Services - CONTRACT	Direct Placement Fee	1500	10	Job Placement Services - CONTRACT - Direct Placement Fee	1510
Job Placement Services - CONTRACT	Direct Placement Fee (2018)	1500	10	Job Placement Services - CONTRACT - Direct Placement Fee (2018)	1510

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Job Placement Services - CONTRACT	Direct Placement Strategy Report	1500	11	Job Placement Services - CONTRACT - Direct Placement Strategy Report	1511
Job Placement Services - CONTRACT	Direct Retention Fee	1500	12	Job Placement Services - CONTRACT - Direct Retention Fee	1512
Job Placement Services - CONTRACT	Job Placement - Standard (1000)	1500	13	Job Placement Services - CONTRACT - Job Placement - Standard (1000)	1513
Job Placement Services - CONTRACT	Job Placement - Supported/Customized (1500)	1500	14	Job Placement Services - CONTRACT - Job Placement - Supported/Customized (1500)	1514
Job Placement Services - CONTRACT	Job Placement Strategy / Report Track 1	1500	15	Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 1	1515
Job Placement Services - CONTRACT	Job Placement Strategy Review Track 1	1500	15	Job Placement Services - CONTRACT - Job Placement Strategy Review Track 1	1515
Job Placement Services - CONTRACT	Job Placement Track 1	1500	15	Job Placement Services - CONTRACT - Job Placement Track 1	1515

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Job Placement Services - CONTRACT	Job Placement Strategy / Report Track 2	1500	16	Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 2	1516
Job Placement Services - CONTRACT	Job Placement Strategy Review Track 2	1500	16	Job Placement Services - CONTRACT - Job Placement Strategy Review Track 2	1516
Job Placement Services - CONTRACT	Job Placement Track 2	1500	16	Job Placement Services - CONTRACT - Job Placement Track 2	1516
Job Placement Services - CONTRACT	Job Placement Track 2 (50% for partial hours)	1500	16	Job Placement Services - CONTRACT - Job Placement Track 2 (50% for partial hours)	1516
Job Placement Services - CONTRACT	Job Placement Track 2 (50% for remainder hours)	1500	16	Job Placement Services - CONTRACT - Job Placement Track 2 (50% for remainder hours)	1516
Job Placement Services - CONTRACT	Job Placement Strategy / Report Track 3	1500	17	Job Placement Services - CONTRACT - Job Placement Strategy / Report Track 3	1517

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Job Placement Services - CONTRACT	Job Placement Strategy Review Track 3	1500	17	Job Placement Services - CONTRACT - Job Placement Strategy Review Track 3	1517
Job Placement Services - CONTRACT	Job Placement Track 3	1500	17	Job Placement Services - CONTRACT - Job Placement Track 3	1517
Job Placement Services - CONTRACT	Job Retention - Standard (1500)	1500	18	Job Placement Services - CONTRACT - Job Retention - Standard (1500)	1518
Job Placement Services - CONTRACT	Job Retention Track 1	1500	18	Job Placement Services - CONTRACT - Job Retention Track 1	1518
Job Placement Services - CONTRACT	Job Retention Track 2	1500	18	Job Placement Services - CONTRACT - Job Retention Track 2	1518
Job Placement Services - CONTRACT	Job Retention Track 3	1500	18	Job Placement Services - CONTRACT - Job Retention Track 3	1518
Job Placement Services - CONTRACT	Job Retention - Supported/Customized (2000)	1500	19	Job Placement Services - CONTRACT - Job Retention - Supported/Customized (2000)	1519
Job Placement Services - CONTRACT	Job Search Assistance (2018)	1500	19	Job Placement Services - CONTRACT	1519

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
				- Job Search Assistance (2018)	
Job Placement Services - CONTRACT	OJT Setup Fee	1500	20	Job Placement Services - CONTRACT - OJT Setup Fee	1520
Job Placement Services - CONTRACT	Participant Portfolio	1500	21	Job Placement Services - CONTRACT - Participant Portfolio	1521
Job Placement Services - CONTRACT	Proposal - Employment/Retention (200)	1500	22	Job Placement Services - CONTRACT - Proposal - Employment/Retention (200)	1522
Job Placement Services - CONTRACT	Proposal - Retention Services Only (200)	1500	22	Job Placement Services - CONTRACT - Proposal - Retention Services Only (200)	1522
Job Placement Services - CONTRACT	Referral (100)	1500	23	Job Placement Services - CONTRACT - Referral (100)	1523
Job Placement Services - CONTRACT	Targeted Vocational Assessment (2018)	1500	24	Job Placement Services - CONTRACT - Targeted Vocational Assessment (2018)	1524
Job Placement Services - CONTRACT	NULL	1500	99	Job Placement Services - CONTRACT - NULL	1599
Maintenance - increased cost	Maintenance - increased cost	1600	10	Maintenance - increased cost -	1610

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
				Maintenance - increased cost	
Maintenance - increased cost	NULL	1600	10	Maintenance - increased cost - NULL	1610
Medical/psychological	Consultation	1700	10	Medical/psychological - Consultation	1710
Medical/psychological	Diagnostics	1700	11	Medical/psychological - Diagnostics	1711
Medical/psychological	Evaluation/Diagnostics	1700	11	Medical/psychological - Evaluation/Diagnostics	1711
Medical/psychological	Medication	1700	12	Medical/psychological - Medication	1712
Medical/psychological	Records	1700	13	Medical/psychological - Records	1713
Medical/psychological	Restoration	1700	14	Medical/psychological - Restoration	1714
Medical/psychological	Restoration/Treatment	1700	14	Medical/psychological - Restoration/Treatment	1714
Medical/psychological	Treatment	1700	14	Medical/psychological - Treatment	1714
Medical/psychological	NULL	1700	95	Medical/psychological - NULL	1795
Personal Assistance Services	Interpreter services	1800	10	Personal Assistance Services - Interpreter services	1810
Interpreter services	NULL	1800	10	Interpreter services - NULL	1810
Personal Assistance Services	Translation Services	1800	10	Personal Assistance Services - Translation Services	1810

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Personal Assistance Services	Reader Services	1800	11	Personal Assistance Services - Reader Services	1811
Personal Assistance Services	Personal Attendant Services	1800	12	Personal Assistance Services - Personal Attendant Services	1812
Qualified Business Consultant (QBC)	NULL	1900	10	Qualified Business Consultant (QBC) - NULL	1910
Rehabilitation technology	Assistive technology devices	2000	10	Rehabilitation technology - Assistive technology devices	2010
Rehabilitation/Assistive Technology Devices	Assistive technology devices	2000	10	Rehabilitation/Assistive Technology Devices - Assistive technology devices	2010
Rehabilitation technology	Assistive Technology Services	2000	11	Rehabilitation technology - Assistive Technology Services	2011
Rehabilitation/Assistive Technology Services	Rehabilitation/Assistive Technology Services	2000	11	Rehabilitation/Assistive Technology Services - Rehabilitation/Assistive Technology Services	2011
Rehabilitation/Assistive Technology Devices	Ergonomic equipment	2000	12	Rehabilitation/Assistive Technology Devices - Ergonomic equipment	2012
Rehabilitation/Assistive Technology Devices	Computer hardware or software	2000	13	Rehabilitation/Assistive Technology Devices - Computer hardware or software	2013

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Rehabilitation/Assistive Technology Services	NULL	2000	95	Rehabilitation/Assistive Technology Services - NULL	2095
Training	Apprenticeship	2100	10	Training - Apprenticeship	2110
Training	College or university	2100	11	Training - College or university	2111
Training	College/university-non-degree	2100	11	Training - College/university-non-degree	2111
Training	Community College	2100	11	Training - Community College	2111
Training	Four Year College/University	2100	11	Training - Four Year College/University	2111
Training	Graduate College/University	2100	11	Training - Graduate College/University	2111
Training	CPR/First Aid	2100	12	Training - CPR/First Aid	2112
Training	High School Equivalency	2100	12	Training - High School Equivalency	2112
Training	Disability related skills training	2100	13	Training - Disability related skills training	2113
Training	Licensing and Certification	2100	14	Training - Licensing and Certification	2114
Training	Driver's License/Food Handlers	2100	14	Training - Driver's License/Food Handlers	2114
Training	Job readiness	2100	15	Training - Job readiness	2115
Training	Vocational or occupational	2100	15	Training - Vocational or occupational	2115

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Training	Personal and Vocational Adjustment	2100	15	Training - Personal and Vocational Adjustment	2115
Vocational Exploration	Disability related skills training	2100	15	Vocational Exploration - Disability related skills training	2115
Training	Literacy	2100	16	Training - Literacy	2116
Training	Non-Credentialed Training	2100	16	Training - Non-Credentialed Training	2116
Training	OJT (On-the-job training)	2100	17	Training - OJT (On-the-job training)	2117
Training	Textbooks and Related Materials	2100	18	Training - Textbooks and Related Materials	2118
Training	Tutoring	2100	19	Training - Tutoring	2119
Tutor	Tutoring Services	2100	19	Tutor - Tutoring Services	2119
Training	NULL	2100	95	Training - NULL	2195
Training	Other Goods and Services	2100	95	Training - Other Goods and Services	2195
Transportation	Bicycle Purchase/Repair	2200	10	Transportation - Bicycle Purchase/Repair	2210
Transportation	DMV Fees	2200	11	Transportation - DMV Fees	2211
Transportation	Parking--fees, permits	2200	11	Transportation - Parking--fees, permits	2211
Transportation	Mileage	2200	12	Transportation - Mileage	2212
Transportation	Public	2200	13	Transportation - Public	2213
Rehabilitation technology	Vehicle Modification	2200	14	Rehabilitation technology - Vehicle Modification	2214

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Rehabilitation/Assistive Technology Devices	Vehicle modifications	2200	14	Rehabilitation/Assistive Technology Devices - Vehicle modifications	2214
Transportation	Vehicle modifications	2200	14	Transportation - Vehicle modifications	2214
Transportation	Vehicle repair	2200	14	Transportation - Vehicle repair	2214
Transportation	Vehicle insurance	2200	15	Transportation - Vehicle insurance	2215
Transportation	Vehicle purchase	2200	16	Transportation - Vehicle purchase	2216
Transportation	NULL	2200	95	Transportation - NULL	2295
Vocational Exploration	Career Exploration	2400	10	Vocational Exploration - Career Exploration	2410
Vocational Exploration	Community Based Work Assessment	2400	11	Vocational Exploration - Community Based Work Assessment	2411
Vocational Exploration	Work Assessment	2400	11	Vocational Exploration - Work Assessment	2411
Vocational Exploration	Educational Assessment	2400	12	Vocational Exploration - Educational Assessment	2412
Vocational Exploration	Self-employment preparation	2400	13	Vocational Exploration - Self-employment preparation	2413
Vocational Exploration	Targeted Vocational Assessment	2400	14	Vocational Exploration - Targeted Vocational Assessment	2414

Service Category	Service Subcategory	Service Category Number	Service Subcategory Number	Concat	Service Category
Vocational Exploration	Targeted Vocational Assessment - 2018	2400	14	Vocational Exploration - Targeted Vocational Assessment - 2018	2414
Assessment	Trial work experience	2400	16	Assessment - Trial work experience	2416
Trial Work Experience	Trial work experience	2400	16	Trial Work Experience - Trial work experience	2416
Vocational Exploration	Trial Work Expert	2400	16	Vocational Exploration - Trial Work Expert	2416
Vocational Exploration	NULL	2400	95	Vocational Exploration - NULL	2495
Other Goods and Services	NULL	9900	95	Other Goods and Services - NULL	9995
Other Goods and Services	Other Goods and Services	9900	95	Other Goods and Services - Other Goods and Services	9995

Appendix X. Consumer Responses to Experience with Counselors

Experience with Counselors (N>=859)	Strongly disagree	Disagree	Agree	Strongly agree
My VR counselor explained why I was eligible or not eligible for VR services.	4.0%	6.3%	38.7%	51.1%
My VR counselor helped me understand how my disability could be important to the sorts of career I can get.	9.2%	17.5%	33.1%	40.3%
My VR counselor respects my culture, background, and identity.	5.2%	3.8%	34.6%	56.3%
My VR counselor talked to me about my choices when developing my plan for employment.	7.5%	9.8%	35.4%	47.3%
My VR counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan.	7.7%	10.8%	31.8%	49.8%