




**COMPREHENSIVE  
STATEWIDE NEEDS  
ASSESSMENT REPORT**

**Virginia Department for  
Aging and Rehabilitative  
Services**

**Virginia State  
Rehabilitation  
Council**

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University, Rehabilitation Research and  
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## EXECUTIVE SUMMARY

In the Commonwealth of Virginia as in the rest of the country, individuals with disabilities have been identified as a key source of talent for employers, although one that has been underutilized. Competitive integrated employment (CIE) benefits businesses, communities, and most importantly people with disabilities. The Workforce Innovation and Opportunity Act of 2014 (WIOA) CIE as the goal of employment services for individuals with disabilities. State Vocational Rehabilitation (VR) agencies such as the Virginia Department of Aging and Rehabilitative Services (VA DARS) play a critical role in promoting CIE outcomes. The goal of this Comprehensive Statewide Needs Assessment (CSNA) is to describe the rehabilitation needs of individuals with disabilities residing within the Commonwealth and provide information to develop the State Plan. The long-range goal is to increase the employment of individuals that are served by VA DARS and improve the employment outcomes that are consistent with people's abilities, interests, and career aspirations.

### **Disability Prevalence in the Commonwealth of Virginia**

The report contains a detailed analysis using existing secondary data to create a profile of the current trends in demographic, economic and labor force information for Virginia for both the general population and people with disabilities. This was used to forecast the number and needs of people with disabilities and to identify current and future employment opportunities statewide. One source of data was the 2019 American Community Survey, which indicated that the total non-institutionalized civilian population for Virginia in 2019 was estimated at 8,303,671, inclusive of all ages. Of these, 1,012,352 individuals reported a disability, which translates to a 12.2% prevalence rate (+/- 0.2 margin of error) within the state. Percent of disability reported in Virginia in 2019 was slightly lower in comparison to the percent of

individuals with a disability observed nationwide (12.7%) during the same year. Further, the Annual Disability Statistics Compendium (2019) reported on the difference in employment rates between people with and without disabilities. Virginia ranked 25<sup>th</sup> among all 50 states regarding size of gap. In terms of total employment rate for people with disabilities, Virginia ranked 22<sup>nd</sup> highest (40.1%) compared to all other states.

Data from the 2019 American Community Survey (ACS-2019), collected by the United States Census Bureau was used to summarize the most recent disability estimates and demographic information available for the state of Virginia. They have reported on six disability types since the 2008 ACS survey. Findings on disability type from the ACS-2019 are presented by age group (i.e., under 18, ages 18-64, and 65 and older). For individuals with a disability in Virginia under age 18, cognitive difficulty was the most prevalent (4.4%, n=60,141), followed by self-care difficulty (1.1%, n=14,816), vision difficulty (0.6%, n=11,619), hearing difficulty (0.6%, n=10,601) and ambulatory difficulty (0.6%, n=8,507). Data on independent living for the under age 18 category was not applicable. Among individuals between ages 18 and 64, prevalence of ambulatory difficulty was most prevalent (4.3%, n=218,099), then cognitive (4.0%, n=203,742), independent living (3.6%, n=184,228), hearing (2.0%, n=103,642), vision (1.9%, n=94,713), and self-care (1.6%, n=83,995). For those 65 and older, ambulatory difficulty was most prevalent in 2019 (20.6%, n=274,605) with rates for other disabilities types as follows; independent living (13.5%, n=179,213), hearing (13%, n=173,397), cognitive (7.6%, n=101,258), self-care (7.1%, n=93,928), and vision (5.9%, n=78,646).

### **Focus Group and Needs Assessment Summary**

Active engagement and participation of stakeholders in the development of this report this report included vocational rehabilitation (VR) counselors, employment service organizations

(ESO), transition teachers, educators, parents, and people with disabilities. The qualitative data that was collected by conducting a series focus groups with three stakeholder groups: 1) VA DARS staff, 2) ESO staff, and 3) individuals with disabilities and parents. Six key themes emerged from the data including (1) underserved and unserved populations; (2) barriers; (3) VR service issues, (4) ESO service issues, (5) Pre-ETS, and (6) promising practices. Within these broad categorical themes, participants shared several common insights and experiences.

Descriptive data from the focus groups was used to develop online needs assessments for 1) VA DARS Staff, 2) Employment Service Organizations (ESOs), and 3) Pre-Employment Transition Service (Pre-ETS) Transition Educators. The needs assessment questionnaires were developed in collaboration with the CSNA work group consisting of VA DARS staff and two volunteers from the State Rehabilitation Council (SRC).

Focus group findings revealed several issues specific to the Pre-ETS theme. One major issue was the reported need for collaboration between the schools and VR counselors at the district level. In addition, participants discussed a need for resources that they could use when working with students related to employment and Pre-ETS activities. This included training for DARS counselors and staff, as well as expanded outreach and awareness-building among school partners and community members about Pre-ETS and the role of VA DARS.

Other specific recommendations included: the development of lesson plans and curriculum resources, re-evaluating the complexity of Pre-ETS documentation and paperwork, staffing a state Pre-ETS leadership role. Other participants noted meaningful contributions of Pre-ETS to the career development of clients, noting the advantage of building relationships with Pre-ETS participants who then transitioned to VR clients, as well as having the opportunity to engage more in schools and develop positive relationships and rapport with school staff.

Some general issues with Pre-ETS were also noted in terms of the inconsistency of Pre-ETS activities between schools, divisions, and communities and the general lack of understanding about the role of DARS and purpose of Pre-ETS limiting the engagement of participants with some schools. Additionally, COVID was reported as diminishing opportunities have a physical presence in the schools. This was noted as occurring even before the pandemic.

Survey findings from VA DARS staff, with 125 responding across all districts, revealed that staff felt that veterans were the most unserved /underserved population and that individuals with intellectual and developmental disabilities represented the majority of clients on their caseloads. Transportation was the most frequently reported unmet client need impacting employment. While ESO findings were limited by a small sample size of 33, they do provide insights into what they see as the support needs of individuals that are referred to them by VA DARS. The population reported as the most unserved/underserved by ESOs were individuals with the most significant disabilities including individuals with multiple impairments. Mental health issues were the most frequently reported barrier to employment for clients.

A total of 94 educators responded to the online assessment related to Pre-ETS in the Commonwealth. These educators were “volunteers” who completed the online assessment, and as such, the results may not represent the opinions and concerns or generalize to all educators in Virginia. In addition, the “qualitative” data provided as write-in responses may not generalize to all schools and transition staff; however, they do provide insight from stakeholders who support students that are involved in Pre-ETS activities. Respondents indicated that the five required Pre-ETS activities are either somewhat available or very available to their students and work-based learning experiences was reported as available by the smallest number of participants (n=13, 14.1%). When asked to identify which service represented an unmet need for students in the

school system, while divided again work-based learning experiences was the lowest rated activity, and in this case, the smallest number of participants felt that the need is being met for their students.

### **RSA 911 Report**

Finally, a comprehensive analysis of Virginia's Rehabilitation Services Administrations 911 data was conducted for Program Year 2017 – Program Year 2020. During this period, VA DARS observed a decline in applications across all groups regardless of race/ethnicity or disability. This change in applications began prior to the pandemic but accelerated during that event. However, the finding that VA DARS had the second *smallest* decline, in comparison to other state agencies, speaks to maintaining connections to state or community partners such as the secondary education system. This networking is particularly important as it was likely a key factor in the high credential rate and measurable skills gain rate achieved by the agency. As the number and percentage of individuals on a waitlist has greatly diminished, there will be an opportunity to expand outreach efforts to increase applications, particularly of those from diverse racial and ethnic backgrounds.

In terms of employment outcomes, the findings indicate that while the overall number and percentage of program participants exiting in employment after being served under an IPE declined across the period under review, the median earnings were observed to increase during the same period. This finding corresponds to efforts under WIOA that focused on the quality of employment outcomes rather than the quantity. Likewise, there were also regional variations in terms of the number, percentage, and quality of employment outcomes.

Different regions appear to have been more resistant to changes in the economy due to the Covid-19 pandemic. As each region has its own economic base, an opportunity exists to

explore both the nature of the local labor markets and positions that are less likely to be affected by short term fluctuations and have more long term potential.

Beyond regional variations, VA DARS demonstrated excellence in serving individuals with intellectual and developmental disabilities but had less success in serving those individuals with mental health impairments. The relatively lower performance in employment outcomes among this latter group may be due to environmental concerns, internal capacity to effectively serve this population, or a combination of both. As such, VA DARS may need to evaluate the best mechanisms to increase service capacity and resulting employment outcomes for persons with mental health impairments.

In support of VA DARS seven overall recommendations are offered based on the extant data reviewed in this section of the report. These recommendations are offered to supplement the successes that VA DARS has accomplished as it has adapted to WIOA, the pandemic, and internal structures such as the order of selection and include: 1) engaging in a structured outreach and marketing plan to diverse racial and ethnic groups, 2) outreach of services should be evaluated toward increasing parity of applications relative to demographic composition of the regions, 3) continued work with secondary education system, 4) identify and replicate models and practices that promotes services to individuals from diverse racial or ethnic backgrounds, 5) in services and replicate those efforts in other regions where feasible, 6) establish WIOA performance measures with staff to promote quality of employment outcomes, and 7) continue to engage business as a dual customer.



## **SECTION ONE: INTRODUCTION EMPLOYMENT AND UNEMPLOYMENT**

In the Commonwealth of Virginia as in the rest of the country, individuals with disabilities have been identified as a key source of talent for employers, although one that has been underutilized. Promoting meaningful employment benefits businesses, communities, and most importantly people with disabilities. The Workforce Innovation and Opportunity Act of 2014 (WIOA) established competitive integrated employment (CIE) as the goal of employment services for individuals with disabilities. State vocational rehabilitation (VR) agencies such as the Virginia Department of Aging and Rehabilitative Services (VA DARS) play a critical role in promoting CIE outcomes. The goal of this Comprehensive Statewide Needs Assessment (CSNA) is to describe the rehabilitation needs of individuals with disabilities residing within the Commonwealth and provide information to develop the State Plan. The long-range goal is to increase the employment of individuals with disabilities that are served by VA DARS and improve the employment outcomes that are consistent with people's abilities, interests, and career aspirations.

### **Target Population Estimates**

Data from the 2019 American Community Survey (ACS-2019), collected by the United States Census Bureau was used to summarize the most recent disability estimates and demographic information available for the state of Virginia. State level data is presented along with data from the United States as a whole to allow for prevalence rate comparisons.

### **Overall Prevalence of Disability in Virginia**

Findings from ACS-2019 indicated that the total non-institutionalized civilian population for Virginia in 2019 was estimated at 8,303,671, inclusive of all ages. Of these, 1,012,352 individuals reported a disability which translates to a 12.2% prevalence rate (+/- 0.2 margin of error) within the state. Percent of disability reported in VA in 2019 was slightly lower in

comparison to the percent of individuals with a disability observed nationwide (12.7%) during the same year.

### **Prevalence of Disability by Demographic in Virginia**

Disability rates were slightly higher for females compared to males in both Virginia and nationwide. Of the 4,284,028 females recorded in Virginia by the ACS-2019, 12.3% (n=527,775) had a disability compared to 12.1% of males (n=484,577 out of 4,019,643). Among race and Hispanic or Latino demographic groups in Virginia, the highest percent of disability within a racial category was observed for American Indian/Alaska Native only (17%, n=3,762).

Prevalence rates in descending order were as follows:

- American Indian/Alaska Native only (17%, n=3,762).
- Black/African American only (13.5%, n=216,120),
- White alone, not Hispanic or Latino (13.4%, n=680,984),
- White only (12.8%, n=709,883), two or more races, (8.5%, n=26,238),
- other race only (8.1%, n=19,545),
- Hispanic or Latino of any race (6.7%, n=53,755), and
- Asian only (6.5%, n=36,625).

According to the ACS-2019 findings, estimates for Native Hawaiian/Other Pacific Islanders only could not be determined for Virginia due to the number of case studies in this geographic location being too low. Concerning age, prevalence of disability was lowest among the youngest population category (under age 5, 0.5%, n=2,611) and highest among the oldest category (75 and above, 47.2%, 250,183) in Virginia. Prevalence rates for the remaining age groups included 5.7% (n=76,903) for ages 5 to 17, 6.4% (n=118,752) for ages 18 to 34, 11.7% (n=380,015) for ages 35 to 64, and 22.9% (n=183,888) for ages 65 to 74.

### **Prevalence of Disability Type in Virginia**

Six disability types have been captured on the ACS survey since 2008. Survey respondents who select any of the six categories are considered to have a disability. The

categories include hearing difficulty (i.e., deaf or having serious difficulty hearing), vision difficulty (i.e., blind or having serious difficulty seeing even with glasses), cognitive difficulty (i.e., difficulty remembering, concentrating or making decisions because of a physical, mental or emotional problem), ambulatory difficulty (i.e., having serious difficulty walking or climbing stair) self-care difficulty (i.e., having difficulty bathing or dressing), and independent living difficulty (i.e., difficulty running errands due to physical, mental or emotional problems). Findings on disability type from the ACS-2019 are presented by age group (i.e., under 18, ages 18-64, and 65 and older).

For individuals with a disability in Virginia under age 18, cognitive difficulty was the most prevalent (4.4%, n=60,141), followed by self-care difficulty (1.1%, n=14,816), vision difficulty (0.6%, n=11,619), hearing difficulty (0.6%, n=10,601) and ambulatory difficulty (0.6%, n=8,507). Data on independent living for the under age 18 category was not applicable. Among individuals between ages 18 and 64, prevalence of ambulatory difficulty was most prevalent (4.3%, n=218,099), then cognitive (4.0%, n=203,742), independent living (3.6%, n=184,228), hearing (2.0%, n=103,642), vision (1.9%, n=94,713), and self-care (1.6%, n=83,995). For those 65 and older, ambulatory difficulty was most prevalent in 2019 (20.6%, n=274,605) with rates for other disabilities types as follows; independent living (13.5%, n=179,213), hearing (13%, n=173,397), cognitive (7.6%, n=101,258), self-care (7.1%, n=93,928), and vision (5.9%, n=78,646).

### **ACS2019 Survey Compared to the Behavior Risk Factor Surveillance System (BRFSS)**

The BRFSS is a nationwide telephone health survey that gathers information on chronic conditions for the Centers for Disease Control and Prevention. The most recent BRFSS data from 2019 shows similar state level findings to those reported by the ACS-2019 with respect to

prevalence rates across demographic categories. Overall, results from the BFRSS indicated a 24% age adjusted disability prevalence rate for anyone aged 18 or over in Virginia during 2019, which included cognitive, hearing, mobility, vision, self-care, and independent living types of impairment. Aligned with the ACS-2019, the BRFSS also reported higher instances of disability in Virginia for females (25.8%, weighted n=896,371) over males (22.2%, weighted n=709,690) though this dataset restricted age to 18 and older while the ACS-2019 included all ages. Different age categories were used as well across surveys but both reported higher incidences of disability in the oldest age range examined. In particular, the BRFSS indicated a disability prevalence rate among those 65 and older at 40.2%, those between 45 and 64 years of age at 27.5%, and those between ages 18 and 44 at 16.9%. Of all racial and ethnic groups, American Indian, Alaska Native, non-Hispanic had the highest prevalence rates for having any disability on both the BRFSS (45.5%) and ACS-2019. Unlike the ACS-2019, the BRFSS provided information on disability and veteran status. During 2019, rate of disability among veterans in VA was 20.9%.

### **Prevalence Rates by County in Virginia**

The most recent data available on disability rates by county comes from the Annual Disability Statistics Compendium in 2019. The highest percentage of disability within a county was Dickenson county (28%) while the lowest percentage was observed in Loudoun county (5.8%). Fairfax county had the greatest number of people with disabilities in total (n=81,935) while Highland county had the least (n=426), producing a difference (range) of 81,509 cases.

### **VA Unemployment Data**

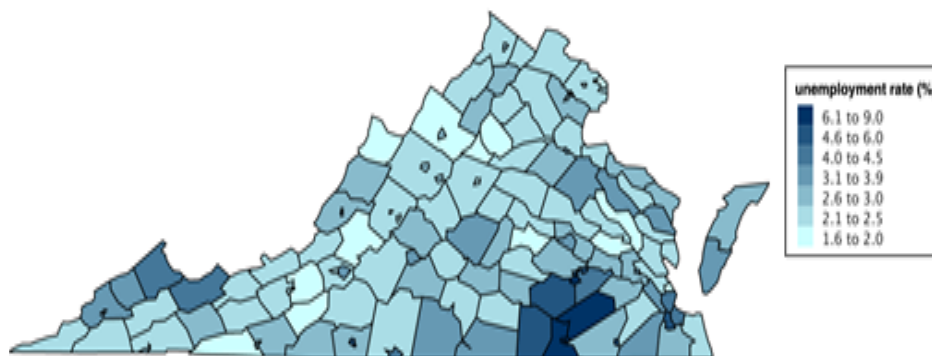
The Annual Disability Statistics Compendium published data as recently as 2019 on the difference in employment rates between people with and without disabilities. Virginia ranked 25<sup>th</sup> among all 50 states regarding size of gap. Of the 485,460 working age people with a

disability, a total of 194, 796 were employed. This calculates to about a 40.1% employment rate among people with a disability. In contrast, the employment rate for individuals without a disability was 79.2% creating a sizeable gap of about 39.1% between the two groups. This gap slowly increased across 2017 (38.2%), 2018 (39%) and 2019 (39.1%). In terms of total employment rate for people with disabilities, Virginia ranked 22<sup>nd</sup> highest (40.1%) compared to all other states.

In December 2021, Virginia had a non-adjusted unemployment rate of **3.2%** in comparison to the U.S. non-adjusted national unemployment rate of **3.9%** (BLS, 2022). The unemployment rate of 3.2% is the lowest for 2021. Table 1.1 (see Appendix A) provides information on the counties in the Commonwealth with unemployment rates higher than the national unemployment rate. Petersburg City had the highest unemployment rate (9.0%) in the state, followed by Emporia City (8.6%) and Greensville County (6.7%), all part of the Capitol DARS District.

In Table 1.2 (see Appendix A), counties and cities with the lowest rates of unemployment are presented. Madison County (1.6%), Falls Church City (1.7%), Highland County (1.7%) and Grayson County had the lowest unemployment rates in the state of Virginia.

**Figure 1: December 2021 Virginia Unemployment Rates by County**



**Unemployment rates by county, not seasonally adjusted, Virginia December 2021**

Source:  
<https://data.bls.gov/laus/map/showMap.jsp>

## **Disability and Labor Force Participation**

The United States Department of Labor provides monthly and annual disability employment statistics. The unemployment rate for people with disabilities between the ages of 16-64 was 10.8% in 2021 and 9.7% for January 2022 (ODEP, 2022). For people without a disability aged 16-64, the unemployment rate was 5.2% in 2021 and 4.3% in January 2022.

In 2021, the U.S. labor force participation rate for people with disabilities aged 16-64 was 35.1% compared to 76.5% for people without disabilities, a 41.4% difference between the two groups (ODEP, 2022). In January 2022, the labor force participation rate for people with disabilities 16-64 years old was 37.5% compared to 76.4% for people without disabilities, a 38.9% difference between the two groups. See Appendix A, Table 1.3.

## **Occupations in Virginia**

The U.S. Bureau of Labor Statistics releases occupational data for each state. In Table 1.4 (see Appendix A), management occupations in Virginia from May 2020 are described. General and Operations Managers were the most popular managers in Virginia with 57,600 Virginians working under that title in May 2020. Farmers, Ranchers, and Other Agricultural Managers were the least popular management occupation with 30 Virginians.

As of June 2021, Virginia had an estimated 3,900.2 (in thousands) total nonfarm jobs. Table 1.5 (see Appendix A) shows those estimates by category.

The U.S. Bureau of Labor Statistics also provides a brief employment snapshot on various regions of Virginia. These numbers come from June 2021. In Blacksburg-Christiansburg-Radford area, represented by DARS in the Southwest District, there were 73.9 (in thousands) total nonfarm jobs, with the prominent employer being 21.7 (in thousands) government jobs. Bristol, included with Kingsport and Bristol in Tennessee, from the Southwest

District had 117.7 (in thousands) total nonfarm jobs. The biggest industries were Trade, Transportation, and Utilities (23.4); Manufacturing (20.3); and Education and Health Services (17.0). In Charlottesville area, represented by the Skyline District, there were 112.3 (in thousands) total nonfarm jobs, with the prominent industries being Government (33.9); Professional and Business Services (16.6); Trade, Transportation, and Utilities (14.4); and Leisure and Hospitality (10.6). Harrisonburg, also in the Skyline District, had 66.3 (in thousands) total nonfarm jobs, with the prominent industries being Trade, Transportation, and Utilities (12.9) and Government (10.7).

Lynchburg, part of the New River District, had 99.8 (in thousands) jobs with most being in Trade, Transportation, and Utilities (19.2); Manufacturing (14.3); and Government (12.8). Roanoke, represented by the New River District, had 159.0 (in thousands) jobs, with most employment in Trade, Transportation, and Utilities (33.1); Education and Health Services (27.9), and Government (22.3). Staunton-Waynesboro, also part of the New River District, had 51.5 (in thousands) total nonfarm jobs, with 8.7 in Government. Richmond, included in the Capitol District, had 651.4 (in thousands) jobs in June 2021. The greatest employment categories were Trade, Transportation, and Utilities (123.9); Professional and Business Services (108.4); and Government (106.1).

From the Hampton Roads District, Virginia Beach had 773.5 (in thousands) total nonfarm jobs, with most in Government (155.5); Trade, Transportation, and Utilities (132.5); and Professional and Business Services (117.4). Washington-Arlington-Alexandria, represented by the Northern District, had 2,639.5 (in thousand) jobs in June 2021. Of those, most were in the Professional and Business Services (650.6), Government (598.9), and Education and Health

Services (338.4). Finally, Winchester, also part of the Northern District, had 67.4 (in thousands) jobs with most in Trade, Transportation, and Utilities (14.5), and Government (9.7).

### **References**

Bureau of Labor Statistics [BLS]. (2022, January 25). *State employment and unemployment summary, USDL-22-0103*. United States Department of Labor. Retrieved February 24, 2022 from <https://www.bls.gov/eag/eag.va.htm>

Office of Disability Employment Statistics [ODEP]. (2022, February). Disability employment statistics. United States Department of Labor. Retrieved February 24, 2022 from <https://www.dol.gov/agencies/odep/research-evaluation/statistics>

### **Resources for Datasets**

- Additional information on the ACS-2019 can be found at <https://data.census.gov/cedsci/table?q=disability&tid=ACSST1Y2019.S1810>
- More information on the BRFSS can be found at <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>
- More information on the County Report for Disability Prevalence can be found at <https://disabilitycompendium.org/compendium/2019-state-report-for-county-level-data-prevalence>
- Additional information on the Annual Disability Statistics Compendium can be found at <https://www.respectability.org/statistics/>
- County data - <https://www.bls.gov/lau/laucnty20.xlsx> (downloads spreadsheet)
- Map reference - <https://data.bls.gov/lau/map/showMap.jsp>
- Occupation data by city - <https://www.bls.gov/regions/mid-atlantic/virginia.htm#eag>



## **SECTION TWO: CSNA FOCUS GROUPS**

The purpose of the focus groups for the CSNA was to gather information on unserved or underserved groups of individuals with disabilities in Virginia. This included discussing barriers to services; ways to improve services; and resources that are needed. Homogeneous focus groups were conducted with three stakeholder groups: 1) VA DARS staff, 2) ESO staff, and 3) individuals with disabilities and parents. This section presents the findings from these focus groups to describe the rehabilitation needs of individuals with disabilities residing in the Commonwealth. The overall goal of the focus groups was to inform an online needs assessment, which was also designed to gather information that can be used to develop the State Plan.

### **Focus Groups with VA DARS Staff**

#### **Recruitment**

VA DARS counselors and staff were recruited for the focus groups through the Division of Rehabilitation Services. The Deputy Commissioner sent an email to VR counselors and staff telling them of the CSNA activity and requesting that they consider participating. Included in the email was a link to a secure webpage that described the purpose of the focus groups, a link to the questions, and what to expect if they chose to participate. After reading the study description, VA DARS counselors or staff could select a focus group that they wanted to join. This included six districts to include 1) Capital District, 2) Hampton Roads District, 3) New River District, 4) Northern District, 5) Skyline District and 6) Southwest District. Individuals who volunteered to participate entered their email addresses for contact purposes, but these email addresses were not linked to specific comments to ensure the participants' confidentiality. A total of 44 individuals registered to participate, and 35 attended a focus group using Zoom Meetings. The meetings were recorded and transcribed, and all names or identifying information was

removed from the transcripts. After six groups were conducted, a seventh group was added to invite anyone who had not been able to participate during the scheduled time periods. Table 2.1 (see Appendix B) provides information on the number of participants for each focus group organized by VA DARS districts including a mixed district focus group.

**Participant Demographics:** Participants were asked to complete a questionnaire on personal demographics (e.g., job title, education, years of employment, age, etc.), and 32 of the 35 participants completed the questionnaire. Approximately 69% of the participants reported their job title as a VR counselor (n=22). Other job titles included vocational evaluator (n=4, 13%), program manager (n=3, 9%), unit supervisor (n=2, 6%) and senior employment services specialist (n=1, 3%). Almost all of the participants reported having a Master's Degree (n =30, 94%); one reported education specialist (6%); and one reported an associate's degree (6%). The age of the participants ranged from 30 to 65 years; with an average age of 51 years old. Twenty-seven (84%) participants identified as female, while the remaining five (16%) participants identified as male. The majority of individuals reported being Non-Hispanic Caucasian (n=22, 69%); eight (25%) reported being African-American; and two (6%) participants specified mixed race.

Participants reported providing services among a variety of geographic locations with 38% (n=12) serving suburban communities; 31% (n=10) serving urban communities, and 31 % (10) serving rural communities. Many participants did not report which disability groups that they provide services to; however, several participants reported serving special populations such as clients with substance use (n=2), mental health (2), or deaf and hard of hearing (n=3). Finally, participants were asked how many years that they had worked for VA DARS. The length of time ranged from two years to 31 years with an average length of employment being 9.78 years. See Appendix B, Table 2.2.

## **Results of the VA DARS Focus Groups**

**Analysis:** Audio recordings from each of the seven focus groups were transcribed verbatim using a professional transcription service. Participants were instructed not to reveal personal information and any identifying information was deleted from the transcripts. The VCU-RRTC team used these transcripts as the data for analysis, which was conducted using NVivo 12 software. Electronic documents of coding hierarchies based on the NVivo analysis were used to facilitate discussions between the team members. One team member conducted first-round analysis of all the transcripts using an open coding approach by collecting emic or in-vivo codes and then organizing those under preliminary descriptive parent codes. A second team member then conducted an analysis of the data, comparing and challenging the first author's findings, and creating alternate descriptive parent codes for the emic child codes. The two team members discussed their findings over several meetings to negotiate discrepancies and agree on a consensus coding structure. The data was organized based on this consensus.

**Key Themes:** Six key themes emerged from the data including (1) underserved and unserved populations; (2) barriers; (3) VR service issues, (4) ESO service issues, (5) Pre-ETS, and (6) promising practices. Within these broad categorical themes, participants shared several common insights and experiences. The focus group discussions were guided by one facilitator using the following questions. See Appendix B, Table 2.3.

**Underserved or Unserved Populations:** VA DARS participants identified a number of underserved or unserved populations including: previously incarcerated individuals, individuals and/or families with English as their second language, homeless individuals, individuals with substance-abuse issues, those from minority groups, rural residents, those with intensive medical needs, individuals with mental illness, and deaf and hard of hearing. Participants reported that

these individuals have multiple issues and can be included in more than one underserved or unserved population. Table 2.4 (Appendix B) provides representative quotes from the focus group discussions on underserved or unserved populations.

**Barriers:** Barriers identified during the focus groups included issues that impact VR services to individuals from underserved or unserved populations as well as to clients receiving services. Individual-level barriers consisted of a range of factors: eligibility barriers (e.g., financial, need-based criteria), benefits, disability barriers, family support, homelessness, and lack of work experience. Eligibility-related issues were the most commonly cited individual-level barrier, with many VA DARS participants pointing to frustrations with how eligibility rules impacted services. For instance concern was expressed related to financial eligibility and a need for sliding scales for different areas of the state to determine eligibility for services.

Community-level barriers identified by participants highlighted several local factors that prevented efficiency of services and better outcomes. While these barriers were focused on specific communities where counselors worked, two factors were identified as barriers in each region: the need for wrap-around services and issues with transportation. Although transportation issues are often cited as a particularly problematic in rural communities, it is noteworthy that participants from urban locations also pointed to transportation as an issue. Not only does this barrier affect participants living in all types of communities, transportation is an issue that disproportionately impacts underserved and unserved groups who are eligible for services.

The lack of more wrap-around services also emerged as a barrier to better outcomes in terms of food, housing, and intensive medical services. More regionally specific barriers included the cost of living in more populous regions of Virginia and a shortage of employers, lack of training and education options, and issues with access to technology and internet in rural

communities. In particular, the lack of technology and internet access often impacted clients' opportunities to engage in services and work opportunities but did impact some DARS counselors as well, especially those working in schools. Finally, barriers related to the COVID pandemic were discussed such as the related changes in engagement methods, disruptions in services, and limited access to clients. See Appendix B, Table 2.5.

**VA DARS Service Issues:** DARS participants identified several barriers affecting the delivery of services. This included staff turnover including staff knowledge and experience, training, caseload size, and overall capacity within offices in the various districts. One participant stated the following: *“We've lost so many counselors. It's hard to really produce when you've got caseloads that somebody's just babysitting or you're trying to get new staff trained.”* Subsequently, the knowledge and experience of their colleagues also emerged as a separate but related issue among the focus group participants, and while many noted attempts to support new hires, turnover was widely cited as a deterrent to building capacity.

Another key issue identified by the focus group participants was the need for services to meet specific client needs, including vocational evaluations and language accessibility. The reliance on Wilson Workforce Rehabilitation Center was discussed as a limitation in communities located further from the Center which disproportionately impacts individuals from underserved groups. However, another participant who was located near Wilson Workforce Rehabilitation Center also expressed a need to build the capacity of the local offices. Relatedly, participants also shared that this need to build capacity within VA DARS to differentiate for diverse client needs was intrinsically connected with the opportunity for more specialization of roles and responsibilities. Staff could develop expertise and competencies needed to address individual client needs that may be needed more sporadically and specifically.

Other participants pointed out procedural issues (e.g., paperwork, data input and management, time to service) and a lack of initial referrals as potential barriers. Overall, the lack of public knowledge of DARS presented a challenge in several areas for participants. The misperception of DARS role even among partnering agencies presented a barrier. In others, participants surmised that the lack of knowledge about DARS among potential clients was directly related to sagging referrals. Participants emphasized the potential for greater efforts in marketing the purpose and services of VA DARS in print, digital, and online materials, with several placing additional importance on the role of online and social media engagement. In addition to this more general support for marketing materials and efforts, participants also advocated for a strengthening of partnerships between VA DARS and other agencies. This included structured formal alliances with agencies, as well as more informal relationship building and networking with individuals within those agencies and businesses, with employer engagement a particular priority area for some. More specifically, several participants noted the need for more direct communication and collaboration with referral sources. See Appendix B, Table 2.6.

**ESO Service Theme:** VA DARS participants indicated several issues related to ESO services such as staffing capacity, quality of services, and turnover. Participants also recognized the relationship between these factors as attrition led to fewer experienced ESOs and stretched the capacity of more experienced providers to deliver services and provide needed training. Across all districts of Virginia, a lack of vendors was noted. Participants also shared that the lack of ESO experience led directly to less efficient services and poorer outcomes evidenced by placements that led to frustrating experiences for clients and employers. Participants discussed several limitations leading to ESO turnover including large caseloads and low pay. See Appendix B, Table 2.7.

**Pre-ETS:** Several issues emerged specific to the Pre-ETS theme. Focus group participants indicated the need for collaboration between the schools and VR counselors at the district level. In addition, participants discussed a need for resources that they could use when working with students related to employment and Pre-ETS activities. This included training for DARS counselors and staff, as well as expanded outreach and awareness-building among school partners and community members about Pre-ETS and the role of VA DARS.

Other specific recommendations included: the development of lesson plans and curriculum resources, re-evaluating the complexity of Pre-ETS documentation and paperwork, staffing a state Pre-ETS leadership role. Other participants noted meaningful contributions of Pre-ETS to the career development of clients, noting the advantage of building relationships with Pre-ETS participants who then transitioned to VR clients, as well as having the opportunity to engage more in schools and develop positive relationships and rapport with school staff.

Some general issues with Pre-ETS were also noted in terms of the inconsistency of Pre-ETS activities between schools, divisions, and communities and the general lack of understanding about the role of DARS and purpose of Pre-ETS limiting the engagement of participants with some schools. Additionally, COVID was reported as diminishing opportunities have a physical presence in the schools. This was noted as occurring even before the pandemic. See Appendix B, Table 2.8.

**Promising Practices:** DARS participants suggested a number of practices that should be considered for the organization including several current practices and programs were noted as beneficial and worthy of consideration for expansion. These included: evidence-based curriculum and training for VR staff, expanding partnerships with colleges, use of credentialing, telehealth capacity to reach more clients and partners, expanded opportunities for clients related

to part-time, summer work, and situational assessments (especially transition-age youth through Pre-ETS), and benefits counseling. See Appendix B, Table 2.9.

### **Focus Groups with Employment Service Organizations (ESOs)**

#### **Recruitment**

The Director of Employment Services and Special Programs at VA DARS assisted with the recruitment by providing the emails for the ESO vendors in VA to the study team. Prior to sending out emails to request participation, the Director sent out an email stating that VA DARS supported the focus groups. After this initial email, a VCU-RRTC study team member sent out an email explaining the focus groups along with a link to register to participate. A total of 35 ESO staff indicated that they were interested in attending a focus group. As with the VA DARS staff groups, the intent was to conduct focus groups for each district; however, a minimum of four participants was not obtained for the Hampton Roads, New River, Skyline, and Southwest districts. Only the Capital and Northern Districts had enough participants registered to conduct homogeneous focus groups. Other participants across the districts were combined into two mixed groups in order to conduct four focus groups with a total of 33 participants. See Appendix B, Table 2.10.

**Participant Demographics:** After the focus groups, the ESO participants were asked to complete a demographic questionnaire through an email request. Of the 33 individuals who participated, only 25 submitted information. The majority of these participants held management positions: 44% (n=11) reported that they were executive management such as the CEO, President, or Director of Operations for their ESOs. The remaining participants reported that their job title was program manager or supervisor (n=9, 36%); unit director (n=4, 16%); or counselor (n=1, 4%). When asked how many years that they had been employed with their ESO,



participants reported a range from four months to 32 years with an average length of time employed as 9.42 years.

The majority of the participants reported having an advanced degree: 60% (n=15) held a Master's Degree; 32% (n=8) held a Bachelor's Degree; 4% (n=1) reported having an Associate's degree; and one person did not answer this question. The majority of the participants reported that they were female (n=17, 68%) and six (24%) reported male. Of the 25 participants, one person preferred not to say while another person did not answer this question. Twenty of the participants (80%) identified as white or Caucasian; two (8%) responded Black or African-American; one (4%) responded Hispanic or Latino; while one person (4%) did not answer the question. When asked where their ESO was located, participants reported that their ESO was located in a variety of geographic locations with 40% (n=10) serving suburban communities; 36% (n=9) serving urban communities, and 24 % (6) serving rural communities. In addition, the participants were asked to report in which district their ESO provided services. Only 14 of the 25 participants responded to this question; however, all of the six VA DARS districts had ESO representation with several participants reporting that their agencies provided services in more than one district. See Appendix B, Table 2.11.

### **Results of the ESO Focus Groups**

**Analysis:** Focus groups were conducted and recorded using Zoom Meeting. The recorded files were transcribed by a professional transcription service and personal information was removed from the transcripts for confidentiality. Analysis of the transcripts followed the same procedures described previously for the VA DARS staff focus groups using NVivo 12 software. The discussions were guided by one facilitator using the following questions. See Appendix B, Table 2.12.

**Key Themes:** Themes from the four focus groups conducted with Employment Service Organizations included overlapping themes with the VA DARS staff focus groups. However, the ESO participants provided an alternate view and set of factors related to the common issues. These themes included 1) unserved and underserved populations, 2) barriers, 3) Pre-ETS services, and 4) service facilitators. Several process issues were noted by ESO participants. These primarily related to referral, implementation of customized employment, the extended timeline of the process itself, eligibility and authorization limitations, funding discrepancies, and the need for benefits counseling. Issues with customized employment implementation were more complex and primarily related to the additional amount of documentation involved in that process. ESO participants also identified external barriers to staff attrition, the COVID pandemic, the lack of wrap-around services, transportation, and the need for technology access. These external themes predominantly mirror those shared by DARS participants. However, ESO participants also indicated that successful responses to the COVID pandemic in particular emphasized the importance of long-term supports to keep individuals engaged through furloughs and work stoppages, as well as the need for flexibility on the part of ESOs during the pandemic.

**Underserved and Unserved Populations:** ESO participants identified several key underserved and unserved populations, which overlapped with those of VA DARS staff including rural residents, previously incarcerated clients, students and transition-age youth, culturally and linguistically diverse individuals, and English learners. However, ESO participants also indicated that individuals with IDD, TBI, and Veterans were also underserved groups which merited further attention. See Appendix B, Table 2.13.

**Barriers:** Among the ESO participants, barriers were mainly related to a “disconnect” between the ESO and DARS as well as external factors. ESO participants widely cited the need

for a “larger DARS presence” and greater outreach effort to facilitate the role of the ESOs in providing both services and choice to clients. Often, ESO participants expressed frustration with a communication breakdown where they found themselves in the role of marketing DARS, explaining the process and choice, and being stuck in the middle of trying to coordinate between potential clients and DARS. Two participants alluded to the Catch-22 of being discouraged from marketing as an ESO within communities where individuals were completely unaware of DARS services. Other ESO participants, especially those whose agencies spanned multiple regions, articulated difficulties related to the inconsistency of policy, directives, and authorizations between VA DARS offices. See Appendix B, Table 2.14.

**Pre-ETS Services:** Several issues related to Pre-ETS emerged, which fell under two main categories: service delivery and planning coordination. Service delivery factors related to Pre-ETS included encouraging anecdotes about the expansion of services and the importance of flexibility in delivering effective services to transition-age youth. There were also service delivery recommendations related to the need for greater clarity and consistency in ESO understanding the statewide and regional plans for Pre-ETS in order to provide capacity to meet those expectations. Other Pre-ETS concerns were specific to logistical considerations related to scheduling, planning, and meeting specific needs.

ESO participants’ perspectives related to planning and coordination strongly emphasized the importance of collaboration between each combination of stakeholders—ESOs with schools, DARS with schools, ESO with DARS, and each of these groups with parents. Additionally, community colleges and postsecondary educational institutions were identified as a group that merited further attention as potential partners. Finally, ESO participants shared that limited

current knowledge about Pre-ETS among all stakeholders (including students and families) was a substantial limitation. See Appendix B, Table 2.15.

**ESO Facilitators:** ESO participants also shared several currently beneficial strategies, practices, and approaches. Similar to DARS staff, ESO participants identified creativity and flexibility in providing services as a key facilitator, with some elaborating that providing services using non-DARS and braided funding was helpful to alleviate barriers and promote positive long-term outcomes for clients. Relatedly, some ESO participants cited partnerships and collaboration with other agencies and waiver providers as crucial to success. Across all focus groups, the importance of cultivating a strong relationship with DARS was a consistent theme, whereas others pointed to collaboration and outreach between ESOs, sharing success stories, and building relationships with employers. See Appendix B, Table 2.16.

### **Focus Groups with Individuals with Disabilities and Families**

#### **Recruitment**

The third group of stakeholders for the focus groups included individuals with disabilities and family members. Recruitment was conducted through two member organizations: Autism Society of Norfolk and Autism Society of Central Virginia. These organizations provide services to people with developmental disabilities, to include autism, and their family members. The Directors of both organizations managed all recruitment communication and registration. An email was sent to their members with a brochure describing the purpose of the focus groups, details about the time commitment, confidentiality, and general information about what to expect. If the recipient was interested in participating, they emailed the Director. Email addresses were then forwarded to VCU, and a team member in charge of the focus groups contacted these potential participants.

A total of 32 individuals responded to the Directors' emails to include individuals with disabilities, n=19 (59%), and family members, n=13 (41%). Four focus group meetings were scheduled using Zoom Meeting: two meetings with individuals with disabilities and two meetings with family members. Twenty-five of those agreeing to participate joined one of the four scheduled Zoom meetings. Eighteen (72%) were individuals with disabilities and seven family members (28%) participated.

The focus group discussions were recorded and transcribed. Any identifying information including participants' names were removed from the transcripts to protect participant confidentiality. At the onset of each focus group, the participants were told that they could disable the video; however, none of the participants chose to do so.

**Participant Demographics:** All participants were asked to complete a brief demographic questionnaire. For individuals with disabilities, the questions included personal characteristics such as age, disability, gender, as examples. Fifteen (83%) of the 18 participants completed the questionnaire. The majority of individuals disclosed that they experienced autism (n=11, 73%), and four (27%) individuals reported a developmental disability. Participants ranged in age from 22 to 64 years old with a mean age of 33 years. Eight of the participants reported their gender as female (53%), while seven participants responded male (47%). Participants also were asked if they currently were receiving services from DARS; three individuals (20%) reported yes. Two participants (13%) replied that VA DARS helped them find a job; two (13%) reported that they did not know about DARS; one person (7%) was in school and not receiving services; five (33%) reported that they had been denied services; and two (13%) reported that they had received services but did not get a job. See Appendix B, Table 2.17.

Family members also were asked to complete a demographic questionnaire with five of the seven participants submitting the information. The questionnaire included questions such as services from VA DARS, transition planning, participation in Pre-ETS, and employment status of their son/daughter. All five of the family members reported dissatisfaction with services and that none of their adult children were employed. Only one parent could report on transition services that included competitive employment on the IEP. However, this person had not heard of Pre-ETS services, and they were not receiving support despite graduation occurring in 2022.

### **Results of the Individual with Disabilities and Family Member Focus Groups**

**Analysis:** Focus groups were conducted and recorded using Zoom Meeting. The recorded files were transcribed by a professional transcription service and personal information was removed from the transcripts for confidentiality. Analysis of the transcripts followed the same procedures described previously for the VA DARS staff focus groups using NVivo 12 software. The discussions were guided by one facilitator using the following questions. See Appendix B, Table 2.18.

**Key Themes:** Participants from these focus groups presented experiences and perspectives that related to five primary critical issues regarding DARS service delivery as a whole, more mixed response to specific DARS programs and services, and areas of initial success and promise. Service issues identified by individuals and family members included difficulty accessing services, ineffective services, staffing issues, collaborative breakdowns, and process issues. A majority of those individual and family participants who cited difficulty in accessing services expressed efforts to “do it themselves” beyond what was offered by DARS or ESOs. In some cases, this led to individuals and family members teaming together to create entrepreneurial enterprises without the support of DARS. Intersecting with the theme of

difficulty in accessing services was the perspective that family members expressed regarding the need for advocacy related to the absence of comprehensive support from DARS and other agency providers.

Related to this frustration with services among many family participants was a common theme of ineffective services, which included a lack of community-based options, the need for more person-centered approaches (especially in supporting individuals with behavior and communication differences), and the need for better transition services. The theme of perceived staffing issues intersected with that of ineffective services as many participants from the individual and family focus groups highlighted staff competence and training as a deficit area associated with both the turnover and lack of capacity in staff and the lack of qualified vendors.

Collaborative breakdowns were another area identified by some individuals and family members who described the deterioration of communication between DARS staff and individuals and families leading to a loss of trust and feeling of being misunderstood. Several participants from this group identified the lack of timely responsiveness from DARS staff as a factor that strongly contributed to the deterioration of trust in the partnership.

Process issues also played a role, with some participants expressing frustration with the procedural complexity and confusion of the eligibility and service process itself. In some cases, this led to a few participants abandoning the DARS application process entirely. In a few additional cases, confusion was brought on by differences in policy and funding between DARS and other funding and service providers in other states. See Appendix B, Table 2.19.

### **DARS Services and Funding Streams**

Although individual and family participants indicated several distinct areas of critical feedback and growth regarding general DARS practices, the feedback regarding specific services

was more nuanced. For example, perspectives about Pre-ETS included positive remarks about sign up and intake, along with critical feedback about the availability of useful services, especially since the pandemic has decreased in-person offerings. Likewise, comments related to work-related skills training also varied; successes were identified in specific programs by some participants, while others noted the inconsistent availability of those services. Regarding customized employment, several parents shared a general viewpoint that while they admired the concept and promise of the intervention for their children, they were disappointed by the implementation of customized employment in practice to date.

Assessment was another area with mixed experiences and outcomes. Several cited the lack of local evaluation options and the related hardship presented in necessitating travel to the Wilson Workforce and Rehabilitation Center (WWRC). However, the WWRC itself was also noted with mixed experiences from participants with some noting helpful services that they directly benefitted from, while others pointed out the limited nature of a single-site provider in a remote location for many participants.

One widely described negative issue raised by the individuals with disabilities and family focus groups was the difficulty presented by the inadequacy of transportation services and funding to support employment goals ranging from the availability of driving courses to reimbursement policies for travel costs. Conversely, participants were unanimously positive in their description of DARS training and community outreach both in terms of the quality and content, and the potential for further efforts in this area to positively impact outcomes. Other positive DARS experiences participants noted include helpful services, successful outcomes, DARS staff going above and beyond the requirements of their job, and some describing an easy experience working with staff. See Appendix B, Table 2.20.



## **Focus Group Summary**

**Benefits and Limitations:** There are a number of benefits and limitations of qualitative research that must be considered when reviewing this data. The focus groups were conducted to provide insight into the opinions and experiences of stakeholders. This included VA DARS staff, ESOs, and individuals with disabilities and family members. However, it should not be concluded that the participants' experiences in these focus groups represent or generalize to the experiences of all VA DARS stakeholders.

One of the main benefits is that the use of open ended questions allows the participants to guide the process in a relaxed manner. Participants can interact and guide the discussion as they listen to others talk about their experiences and react. This can also be a limitation as was noticed during the family member and individuals with disabilities focus groups. Specifically, the stakeholders who volunteered to participate may represent stakeholders with primarily negative experiences. All five of the family members reported dissatisfaction with services, and none of their adult children were employed. In addition, only two individuals with disabilities (13%) replied that VA DARS helped them find a job; two (13%) reported that they did not know about DARS; one person (7%) was in school and not receiving services; five (33%) reported that they had been denied services; and two (13%) reported that they had received services but did not get a job. These experiences may have led these focus groups to negative discussions and interactions. The data generated by these focus groups should be evaluated with this information in mind.

Qualitative research can provide insight into people's attitudes, which may not be available when collecting only quantitative data. In other words, qualitative data provides detail that would not be available if this CSNA only focused on a quantitative data collection. Because

it is an open-ended process, there is no “right” or “wrong” answer, which may provide more information and detail. This information can then be used to develop quantitative (needs assessment) questions that can gather information on greater numbers of stakeholders, which is the case for this CSNA.

**VA DARS Staff Focus Group Summary:** Six key themes emerged from the VA DARS staff focus groups including (1) underserved and unserved populations; (2) barriers; (3) VR service issues, (4) ESO service issues, (5) Pre-ETS, and (6) promising practices. A number of underserved or unserved populations were discussed including previously incarcerated individuals, individuals and/or families with English as their second language, homeless individuals, individuals with substance-abuse issues, those from minority groups, rural residents, those with intensive medical needs, individuals with mental illness, and deaf and hard of hearing. Building relationships was a topic for supporting individuals who were previously incarcerated in order to increase referrals for this underserved group.

Language accessibility was a discussion that a number of the focus groups had around individuals who are unserved or underserved when English is their second language. This included the accessibility of VA DARS resources and information and the need to provide forms and resources in other languages other than English. Language accessibility was also discussed when the participants addressed barriers to DARS services. One participant expressed it this way: *"I gave workshops in Spanish. I provide information on what DARS was in Spanish. But when it came to the resources, like they would ask me, hey, can you give me this in Spanish? The only thing that we had were – was a flyer and maybe the release... can we do a video like we did, you know, the pre-ETS video that we have for the English speaking people, why can't we have one in another language like Spanish?"*

The lack of wrap-around services also emerged as a barrier to better outcomes in terms of food, housing, and intensive medical services. More regionally specific barriers included the cost of living in more populous regions of Virginia and a shortage of employers, lack of training and education options, and issues with access to technology and internet in rural communities. In particular, the lack of technology and internet access often impacted clients' opportunities to engage in services and work opportunities but did impact some DARS counselors as well, especially those working in schools.

VA DARS participants indicated several issues related to ESO services such as staffing capacity, quality of services, and turnover. Participants also recognized the relationship between these factors as attrition led to fewer experienced ESOs and stretched the capacity of more experienced providers to deliver services and provide needed training. Across all districts of Virginia, a lack of vendors was noted. Participants also shared that the lack of ESO experience led directly to less efficient services and poorer outcomes evidenced by placements that led to frustrating experiences for clients and employers.

Several issues emerged specific to the Pre-ETS theme. Focus group participants indicated the need for collaboration between the schools and VR counselors at the district level. In addition, participants discussed a need for resources that they could use when working with students related to employment and Pre-ETS activities. This included training for DARS counselors and staff, as well as expanded outreach and awareness-building among school partners and community members about Pre-ETS and the role of VA DARS. Some general issues with Pre-ETS were also noted in terms of the inconsistency of Pre-ETS activities between schools, divisions, and communities and the general lack of understanding about the role of

DARS and purpose of Pre-ETS limiting the engagement of participants with some schools. Specific quotes related to the VA DARS staff focus groups can be found in this section.

**ESOs Focus Group Summary:** Themes from the focus groups conducted with ESOs included overlapping themes with the VA DARS staff focus groups. However, the ESO participants provided another view and set of factors related to the common issues. These themes included 1) unserved and underserved populations, 2) barriers, 3) Pre-ETS services, and 4) service facilitators. Several process issues were noted by ESO participants. These primarily related to referral, implementation of customized employment, the extended timeline of the process itself, eligibility and authorization limitations, funding discrepancies, and the need for benefits counseling. ESO participants identified several key underserved and unserved populations, which overlapped with those of VA DARS staff including rural residents, previously incarcerated clients, students and transition-age youth, culturally and linguistically diverse individuals, and English learners. ESO participants also indicated that individuals with IDD, TBI, and Veterans were also underserved groups which merited further attention.

Among the ESO participants, barriers were mainly related to a “disconnect” between the ESOs and DARS as well as external factors. These participants widely cited the need for a “larger DARS presence” and greater outreach effort to facilitate the role of the ESOs in providing both services and choice to clients. ESO participants expressed frustration with a communication breakdown where they found themselves in the role of marketing DARS, explaining the process and choice. ESO participants, especially those whose agencies spanned multiple regions, expressed difficulties related to the inconsistency of policy, directives, and authorizations between VA DARS offices.

Several issues related to Pre-ETS emerged, which fell under two main categories: service delivery and planning coordination. Delivery factors related to Pre-ETS included the importance of flexibility in delivering effective services to transition-age youth. There were also service delivery recommendations related to the need for greater clarity and consistency in ESOs understanding the statewide and regional plans for Pre-ETS in order to provide capacity to meet those expectations. Additionally, community colleges and postsecondary educational institutions were identified as a group that merited further attention as potential partners. Finally, ESO participants shared that limited current knowledge about Pre-ETS among all stakeholders (including students and families) was a substantial limitation.

**Individual with Disabilities and Family Focus Groups**: As stated previously, many of the participants in these focus groups had not been successful in achieving an employment outcome including the adult children of the family groups. This should be considered when interpreting these results. Service issues identified by individuals and family members included difficulty accessing services, ineffective services, staffing issues, collaborative breakdowns, and process issues. Related to this frustration with services among many family participants was a common theme of ineffective services, which included a lack of community-based options, the need for more person-centered approaches (especially in supporting individuals with behavior and communication differences),

Collaboration was another area identified by some individuals and family members who described the deterioration of communication between DARS staff and individuals and families leading to a loss of trust and feeling of being misunderstood. Several participants identified the lack of timely responsiveness from DARS staff as a factor that strongly contributed to the deterioration of trust in the partnership. One widely described negative issue raised by the

individuals with disabilities and family focus groups was the difficulty presented by the inadequacy of transportation services and funding to support employment goals ranging from the availability of driving courses to reimbursement policies for travel costs. Clearly, this issue was cited by all three of the stakeholder focus groups.

Conversely, participants were unanimously positive in their description of DARS training and community outreach both in terms of the quality and content, and the potential for further efforts in this area to positively impact outcomes. Other positive DARS experiences participants noted include helpful services, successful outcomes, DARS staff going above and beyond the requirements of their job, and some describing an easy experience working with staff.

### **SECTION THREE: CSNA ONLINE NEEDS ASSESSMENTS**

Three online needs assessments were conducted for this CSNA to include: 1) VA DARS Staff, 2) Employment Service Organizations (ESOs), and 3) Pre-ETS Transition Educators. The needs assessment questionnaires were developed in collaboration with the CSNA work group consisting of VA DARS staff and two volunteers from the State Rehabilitation Council (SRC). First, information from the focus groups and a review of the literature were used to develop the questionnaires. Second, an in-person meeting was held with the CSNA workgroup to review the questions, make revisions, and finalize the needs assessment instruments. The research questions that guided the needs assessment included the following.

1. What are the most commonly reported VR service needs for Virginians with disabilities?
2. What services do stakeholders perceive as unmet needs for Virginians with disabilities to become successful in the VR program?
3. What are the most commonly reported barriers and facilitators to accessing VR services by Virginians with disabilities as reported by stakeholders from the targeted groups?
4. What do VR counselors and staff perceive as barriers to successful outcomes for clients?
5. What services do stakeholders and staff perceive as unmet needs for clients to become successful in the VR program?
6. What are barriers and special service needs of transition-age youth with disabilities?
7. What is the effectiveness and need for community rehabilitation providers in Virginia?

All three needs assessments were developed and hosted on a Virginia Commonwealth University secure server. The first section of each needs assessment focused on demographics. The second section included questions related to unserved/underserved populations, barriers to services, and unmet service needs. There were consistent questions across the stakeholder groups but questions targeted to the specific populations were also included. Respondents used Likert type scales appropriate to the questions as well as submitting demographic information. The results are organized by the needs assessment questions, and the tables include the sample size or number (n) of respondents that answered each question (see Appendix C). The results of the needs assessments for VA DARS staff and ESOs are summarized in this section. Recruitment

strategies for each stakeholder group are also provided. The results for the Pre-ETS needs assessment can be found in Section Four.

### **VA DARS Staff Needs Assessment Results**

The sample for the VA DARS staff needs assessment was recruited with the assistance of the Deputy Commissioner, Division of Rehabilitative Services. The Director sent an email to staff describing the purpose of the survey requesting staff participation. A link to the survey was included in the email. A total of 125 staff responded; however, not all of them answered every question.

### **Respondent Demographics**

**Needs Assessment Question: What is your job title?** The majority of the respondents were VR counselors (n=84, 67.2%). Table 3.1 (see Appendix C) lists the job titles of the respondents. Thirty-six participants (28.8%) responded “other” as their job title including the following.

- Nine respondents entered Job Placement Counselor.
- Six respondents entered ESSS to include Employment Service Specialist SR.
- Four respondents entered ESS.
- Three respondents entered Vocational Evaluator.
- Two respondents entered Business Development Manager.
- Twelve respondents entered one of the following 12 job titles: manager, VE - Career Assessment Counselor, VRC. Unit Supervisor, RE / AT Staff, OT, Financial Empowerment Project Manager, Human Services Manager, State manager, Support Team, District Director, AT Specialist, Counselor Manager, or Finance Administration.

**Needs Assessment Question: What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.** The majority of the respondents reported having a master’s degree (n=98, 78.4%). A small number reported having a bachelor’s degree (n=13, 10.4%); and two respondents (1.6%) hold a Doctorate. Respondents were able to select “other” and enter a degree type. While 10 participants (8%) selected other, nine actually



entered a response. For each of the following degrees, one person entered the following response: 1) Ed. S., 2) HS Diploma, 3) associates, 4) three years of university, 5) Education Specialist, 6) vocational – travel, and 7) Post Masters Certificate. Two other respondents entered that they had some college. See Appendix C, Table 3.2.

**Needs Assessment Question: Where is your office located?** The respondents to the needs assessment represented all of the VA DARS Districts in the Commonwealth. The largest representation was from the Northern District (n=28, 22.6%) followed by the Hampton Roads District (n=24, 19.4%), Capital District (n=20, 16.1%), Skyline District (n=18, 14.5%), Southwest District (n=16, 12.9%), and the New River District (n=13, 10.5%). Five respondents (4%) represented the Central Office in Richmond. See Appendix C, Table 3.3.

**Needs Assessment Question: To which gender identity do you most identify** Almost 80% of the respondents (n=99, 79.8%) identified their gender as “woman”; while 16.9% responded man (n=21). The remainder of the respondents preferred not to answer this question (n=4, 3.2%)? See Appendix C, Table 3.4.

**Needs Assessment Question: Which of the following best describes you?** The majority of the respondents reported their race/ethnicity as White or Caucasian (n=85, 68.5%). The next largest group was reported as Black or African American (n=28, 22.6%). Very few of the respondents selected Hispanic or Latino (n=3, 2.4%) or Multiracial or Biracial (n=1, 0.8%). See Appendix C, Table 3.5.

**Needs Assessment Question: What year were you born?** Respondents were asked what year they were born. This information was recoded to provide a range of ages, which are shown in Table 3.6 (see Appendix C). There were no responses for age ranges between 18 and

25 years of age. In addition, no respondents reported being older than 70 years of age.

Approximately 37% (n=45) of the respondents were between the ages of 51 and 60 years old.

### **Client Characteristics and Barriers**

**Needs Assessment Question: Which disability represents the majority of the clients on your caseload?** Respondents to the needs assessment reported which disability represented the majority of the clients on their caseloads. Only one participant reported having a client with a mobility/ambulatory disability, and no participants reported that they have a client with a visual disability or “other physical impairments.” The largest client disability type was served by 40 (32.8%) of the respondents. In addition, respondents were able to enter an “other” category for the disability that represents the majority of the clients on their caseloads with 17 respondents selecting other. Table 3.7 (see Appendix C) presents the data for all respondents. A variety of responses were entered to include the following.

- One respondent entered that they do not carry a specific caseload; rather I work with a combination of all counselor's caseloads.
- One respondent entered mix of cognitive, intellectual, developmental, and other mental impairments.
- One person entered no caseload per se, multiple disabilities, often co-occurring.
- One respondent entered SMI, ASD, ID.
- One respondent entered substance abuse.
- One respondent entered combination of all of the above minus hearing.
- One respondent entered varied.
- Two respondents entered autism.
- Three entered that they did not have a caseload.
- Five entered all of the above.

### **Needs Assessment Question: Which client population do you work with the most?**

The population reported most often by respondents was individuals with the most significant disabilities including individuals with multiple impairments (n=31, 26.4%). Respondents were able to write-in the population that they worked with the most. Sixteen individuals selected

“other” as their response, and 17 respondents wrote in a selection. See Appendix C, Table 3.8.

The other responses were:

- Six respondents wrote in all of the above as their response to this question.
- Two people wrote in Deaf and Hard of Hearing.
- Two people wrote in that they do not carry a caseload.
- One person wrote in balanced mixture of all of the above.
- One person wrote in all of the above minus transition age and veterans.
- One person wrote in Autism/SA.
- One person wrote in Autism.
- One person wrote in mixture, mostly multiple disabilities / physical as well as mental combination of issues.
- One person wrote in adults-mental health.
- One person wrote in multiple.

**Needs Assessment Question: Please tell us which population you feel is the most**

**unserved/underserved by VA DARS.** Table 3.9 (see Appendix C) provides information on unserved/underserved populations by VA DARS. The table presents the data from the largest number of respondents reporting a population as unserved/underserved to the fewest. Veterans were reported most often as an unserved/underserved population by 35 respondents (28.2%), followed by individuals with the most significant disabilities (n=19, 15.3%), and individuals with criminal backgrounds (n=17, 13.7%). Very few respondents (n=3, 2.4%) selected learning disabilities as a population that is unserved/underserved by VA DARS. Respondents were able to write-in the population that they felt were the most unserved/underserved population by VA DARS. Twelve individuals selected “other” as their response, and 10 entered a response.

- One person wrote in that all populations are served indicating that they did feel any population is unserved or underserved.
- One person indicated that they did not know.
- One person stated that they assisted with the financial and administrative duties.
- Three respondents wrote in deaf and hard of hearing as the most unserved/underserved population.
- One person wrote in seniors.
- One person wrote in racial-ethnic minorities/Transition aged youth.
- One person wrote in individuals with sensory processing challenges.

- One person wrote in those with little to no transportation.

**Needs Assessment Question: Please tell us which population you feel is the SECOND most unserved/underserved by VA DARS.** Table 3.10 (see Appendix C) presents the data from the largest number of respondents reporting a population as the second most unserved/underserved to the fewest. Equal numbers of respondents reported that they believe individuals with brain injury (n=22, 18.8%) and individuals with criminal backgrounds (n=22, 18.8%) are the second most unserved/underserved populations by VA DARS. Other" responses to this question included 1) physical disabilities, 2) vets and brain injury, 3) Combination of SMI and ID, 4) Elderly individuals, 5) youth in rural area since resources are so scattered and scarce, 6) Individuals in rural areas, and 7) older workers. One respondent entered, I don't know. Another responded none. A third entered, "I don't think any other populations are underserved."

Table 3.11 (see Appendix C) provides sample responses from participants on why they believe a specific population is unserved or underserved by VA DARS. The responses were grouped into six categories. This includes the following: 1) Veterans, 2) Criminal Backgrounds, 3) Pre-ETS Transition-Age Youth, 4) English as a Second Language, 5) Ethnic and Racial Minorities, and 6) Deaf and Hard of Hearing.

**Needs Assessment Question: Tell us if you think these are barriers to people with disabilities accessing DARS services.** Participants were asked to identify barriers to accessing DARS services by people with disabilities. Table 3.12 (see Appendix C) has been arranged to list the barriers identified by the largest number of participants as *often a barrier* to the smallest number. As presented, the most reported barriers were related to transportation including limited public transportation and disability-related transportation issues. While 84 (68.9%) respondents reported that establishing rapport with clients is *not a barrier*.

Participants were also able to write-in an “other” option if they felt their concern was not listed. In Table 3.13 (see Appendix C) write-in responses were organized by topic.

**Needs Assessment Question: Tell us if you think these are barriers to YOUTH IN TRANSITION accessing DARS services?** The order of the barriers to accessing services for transition-age youth was arranged by the greatest number of participants who reported the item as sometimes a barrier when combined with often a barrier. As an example, “engaging families of youth in vocational planning” was selected by almost all of the respondents (94%) as sometimes a barrier (n=81, 68.6%) or often a barrier (n=30, 25.4%) to youth in transition accessing DARS services. The second ranked barrier to accessing services was “disability-related transportation issues”, while “limited social/family support” was ranked as the third barrier to accessing services for transition-age youth. In general, many of the respondents believed that the barriers listed were either sometimes or often a barrier to accessing services. See Appendix C, Table 3.14.

Respondents were given the option of entering a response that they did not feel was represented in the list of options. Table 3.15 (see Appendix C) provides the “write-in” barriers for transition age youth to receiving services. Each barrier was entered by one participant.

**Needs Assessment Question: Are the reasons for finding it difficult to access DARS services by clients who are from racial or ethnic minorities different from the general population of people with disabilities?** More than half (58.5%) of the respondents reported that the reasons that clients who are from racial or ethnic minorities find it difficult to access services are different than other people with disabilities. They then were able to identify whether a barrier was not a barrier, sometimes a barrier, or often a barrier. See Appendix C, Table 3.16.

**Needs Assessment Question: If yes, please tell us about the difficulty that clients who are from RACIAL OR ETHNIC MINORITIES have accessing services.** As noted in Table 3.17 (see Appendix C) not all of the respondents answered this question. The potential barriers have been ordered from the greatest number of participants responding “often a barrier” to “not a barrier”. Access to technology was viewed by the largest number of participants as sometimes a barrier (52.8%) or often a barrier (45.3%). Equally problematic was knowledge of available DARS services and supports cited as sometimes a barrier by 53.8% of the respondents and often a barrier by 44.2%. Generally, the respondents to this question believed that all of these items represented barriers to clients from racial or ethnic minorities from access services.

**Other Responses:** Respondents were given in the option of typing in a response that they did not feel was represented in the list of options. Table 3.18 (see Appendix C) provides the “write-in” barriers for clients from racial or ethnic minorities to receiving services. Each barrier was entered by one participant.

**Needs Assessment Question: Please indicate which one of the following services represents THE GREATEST NEED for clients on your caseload.** Transportation was seen as the greatest need for clients on respondents’ caseloads. When asked to select one item, 33 respondents (27.5%) selected this answer. None of the respondents selected personal assistance services as the greatest need for clients on their caseloads. All of the data can be seen in Table 3.19 (see Appendix C).

**Other Services:** Seven (5.8%) of the respondents selected “other” and wrote in a response. Two participants responded that they did not have a caseload. One replied, I don’t know; one replied all of the above. Six others entered one of the following services: AT & RE

services, vocational evaluation, occupational and vocational training, intensive case management in their homes, vocational evaluation, general ESO services including Pre-ETS (WBLE/WE).

**Needs Assessment Question: Please tell us which of the following services represents an unmet need for clients on your caseload.** Almost 60% of the respondents felt that transportation was an unmet need for clients on their caseloads. The service that most respondents (87.3%) believed is being met was vocational rehabilitation counseling and guidance. Table 3.20 (see Appendix C) presents the data from the greatest number of respondents viewing the service as an unmet need to the lowest number.

**Other Responses:** Six respondents selected other and entered what they think is an unmet service need of clients on their caseloads. Two other respondents entered what they believe are met service needs to include: 1) reasonable accommodation, and 2) Pre-ETS services. See Appendix C, Table 3.21.

**Needs Assessment Question: Please tell us about the QUALITY of the services available for clients.** The information in Table 3.22 (see Appendix C) has been listed from the greatest to the least number of respondents stating that the service provided is “very good.” For instance, 66.7% of the respondents (n=78) reported that vocational rehabilitation counseling and guidance services are very good. Approximately, a third or more of the respondents reported that the quality of services available to clients is acceptable. The poorest service identified was transportation (n=70, 58.8%), mental health treatment (n=52, 44.1%), and customized employment services (n=52, 43.2%). See Appendix C, Table 3.23 for write-in responses for quality of available services.

**Needs Assessment Question: Please tell us if these are barriers to DARS clients achieving their employment goals.** Table 3.24 (see Appendix C) has been organized by

frequency of participants who reported the item as a barrier from highest to lowest. For instance, mental health issues was cited as a barrier to clients achieving their employment goals by 72 participants (59.5%). However, it should be noted that very few of the participants reported any of the items as not a barrier to clients' achieving their employment goals.

Participants were also able to write-in items that they believed were barriers to clients achieving their employment goals. This information can be found in Table 3.25 (see Appendix C).

**Needs Assessment Question: What are the barriers to achieving employment goals for youth in transition?** Respondents were also able to enter "other" responses. Four participants entered what they believe are barriers to Youth in Transition achieving their employment goals. This included the following: 1) immaturity/lack of commitment to services, (sometimes a barrier); 2) Need specific Pre-ETS DARS service providers, (often a barrier); 3) lack of Adult skills such as budgeting, (often a barrier); and 4) in the current climate more students are opting for vocational training as opposed to college, however since WWRC has such a limited capacity, some students, who need additional support w/vocational training find themselves in a holding pattern resulting in discouragement and disengagement, (often a barrier). See Appendix C, Table 3.26.

**Needs Assessment Question: What are the barriers to achieving employment goals for clients from ethnic and racial minorities?** Other transportation issues was rated by the most respondents (n=51, 42.9%) as often a barrier. The second ranked as often a barrier was job search skills (n=44, 37%). Barriers that were reported as sometimes a barrier by at least 70% or more of the participants were 1) mobility issues (n=86, (72.9%), disability-related personal care concerns (n=86, 72.9%), other health issues (n=85, 72.6%), and challenging behaviors (n=83, 70.3%). Approximately, 50% or more of the respondents indicated that the barriers listed were



sometimes a barrier. Two respondents entered a response under “other” that included 1) family attitudes toward receiving services and 2) cultural competency, ability to speak their languages. Both of these participants indicated that these were sometimes a barrier to clients from ethnic and racial minorities achieving their employment goals. See Appendix C, Table 3.27.

**Needs Assessment Question: What are the changes that would enable you to better assist your DARS clients?** The needed changes are presented in Table 3.28 (see Appendix C) from the most to the least number of respondents who identified it as a significant need. For example, at least half of the respondents believe that four changes are significantly needed to better assist DARS clients: 1) more streamlined processes (n=71, 61.5%), 2) better data management tools (n=61, 51.7%), 3) smaller caseloads (n=60, 51.3%), and 4) increased access to vocational evaluators (n=59, 50.4%). Conversely, the fewest number of respondents (n=15, 12.8%) responded that more supervisor support is a significant need for change. At least a third or more of the participants responded that all of the listed changes are somewhat needed.

**Other Responses:** Participants were also given the opportunity to enter their own suggested changes. Sixteen changes were entered as significantly needed and are consistent with other feedback provided in this needs assessment. See Appendix C, Table 3.29.

**Needs Assessment Question: In your experience, are ESOs in your district able to meet DARS clients’ vocational rehabilitation service needs?** Most respondents reported that ESOs in their districts are able to meet clients’ vocational service needs. Approximately two-thirds of the participants (n=76) responded yes to this question; while the remainder responded no (n=37, 32.7%). See Appendix C, Table 3.30.

**Needs Assessment Question: What is your level of agreement with the following potential reasons why ESOs are unable to meet clients' service needs?** See Appendix C, Table 3.31 and Table 3.32.

**Needs Assessment Question: What is the most important change that ESOs could make to support clients' efforts to achieve their employment goals?** The comments made by the respondents have been organized by themes or topical areas. Multiple comments such as need training, need more staff, etc. have not been repeated in the tables. See Appendix C, Tables 3.33 through 3.37.

**Needs Assessment Question: How frequently do you work with the Workforce Development Center / Career One Stop Centers?** Slightly more than half of the respondents (53.7%) reported that they infrequently work with the Workforce Development Center. Only 15 respondents (12.4%) reported that they very frequently work with the Workforce Development Center. See Appendix C, Table 3.38.

**Needs Assessment Question: In your opinion, how effectively do the Workforce Development Centers / Career One Stop Centers serve individuals with disabilities?** Thirty-five respondents (29.2%) responded that the Centers effectively serve individuals with disabilities. Few responded that the Workforce Development Centers very effectively serve individuals with disabilities (n=4, 3.3%), and approximately 38% (n=46) feel that these Centers are not effective in serving individuals with disabilities. See Appendix C, Table 3.39.

**Needs Assessment Question: What can the Workforce Development Centers / Career One Stop Centers do to improve services to individuals with disabilities?** See Appendix C, Table 3.40 and Table 3.41.

**Needs Assessment Question: Please tell us about your training needs to better enable you to assist DARS clients.** Table 3.42 (see Appendix C) is organized based on the most to least number of participants who indicated that the item was not needed as a training topic. However, it is important to note that at least 50% of the respondents thought that the majority of the training needs listed were either somewhat needed or of significant need for training. The two lowest ranked training needs were competitive integrated employment (69.0%) and supported employment (53.4%) as not needed. The two highest ranked training needs as either somewhat needed or of significant need were 1) supporting clients with convictions for criminal offenses and 2) services to increase the career pathways for DARS clients.

**Other Training Needs:** Participants also were asked to enter other training needs that were not included in the presented list. An additional 10 training needs were entered and reported as being significantly needed. See Appendix C, Table 3.43.

**Needs Assessment Question: Is there anything else we should know about why individuals with disabilities find it difficult to access VA DARS services?** Respondents were asked if there was anything that they would like to add about why individuals with disabilities find it difficult to access DARS services. The responses were organized into themes or categories with lack of awareness or knowledge of DARS services and transportation as the two largest categories for comments. Many of these comments mirror the information that was provided during the focus groups with the various VA DARS stakeholders. See Appendix C, Tables 3.44 through 3.52.

**What is the most important change that DARS could make to support consumers' efforts to achieve their employment goals?** Comments entered by the respondents were organized into themes or categories for review. See Appendix C, Tables 3.53 through 3.58.

## VA DARS Staff Needs Assessment Summary

The following summary points are based on the descriptive data collected from the needs assessment. More specific information is found in the tables for each question referenced.

1. The respondents to the VA DARS staff needs assessment were predominately VR counselors (67.2%) holding a Master's degree (78.4%), Bachelor's degree (10.4%), associate degree (1.6%), Doctorate (1.6%), or other degree (8%).
2. The majority of the respondents reported their gender as woman (79.8%), while 16.9% reported man. The remainder of the respondents preferred not to answer this question.
3. White/Caucasian was the most frequently reported race/ethnicity (68.5%) followed by Black/African American (22.6%). Less than 3% of the respondents reported their race/ethnicity as Hispanic or Latino. The remainder reported multiracial or biracial (0.8%), race/ethnicity was not listed (0.8%) or preferred not to respond (4.8%).
4. Approximately 37% of the respondents were between the ages of 51 and 60 years old. All participants were between the age of 26 and 70 except for one who reported being over 70.
5. All VA DARS districts were represented in the needs assessment. The largest representation was the Northern District (22.6%) followed by the Hampton Roads District (19.4%), Capital District (16.1%), Skyline District (14.5%), Southwest District (12.9%), and the New River District (10.5%). Five respondents (4%) represented the Central Office in Richmond.
6. Clients with *intellectual and developmental disabilities* represented the majority of the clients on the respondents' caseloads (32.8%). This was followed by psychosocial (17.2%), cognitive (15.6%), other mental impairments (13.9%), hearing (5.7%), and mobility/ ambulatory (0.8%). The remainder reported that the majority of the clients on their caseload were "other."
7. When asked which population they worked with the most, the respondents selected *individuals with the most significant disabilities including individuals with multiple impairments* (26.4%) as the most frequent choice.

The other responses for which population you work with the most were as follows: individuals with serious mental illnesses, (14.0%), transition-aged youth (13.2%), individuals with intellectual disabilities (10.7%), individuals with autism (7.4%), individuals with learning disabilities (7.4%), individuals with substance use disorders (5.8%), individuals with sensory disabilities (1.7%).

8. When asked which population the respondents felt is the *most unserved/underserved* by VA DARS, veterans (28.2%) was selected most frequently as the response. The next most frequently selected response (15.3%) was individuals with the most significant disabilities including individuals with multiple impairments followed by individuals with criminal backgrounds (13.7%). The remaining responses were distributed across nine other options.

9. When asked which population is the *second most unserved/underserved* by VA DARS, individuals with brain injury (18.8%) and individuals with criminal backgrounds (18.8%) were the most frequently selected responses.
10. **Transportation** as an issue was most frequently selected for a number of the needs assessment questions. Approximately 60% of the respondents felt that transportation was an unmet need for clients on their caseloads. It was selected as the service representing the greatest need for clients on their caseloads (27.5%). Finally, transportation was identified as the poorest quality service being provided to clients (58.8%).

Respondents were asked to identify barriers to accessing DARS services. Accessibility to DARS (limited public transportation) was selected most frequently (53.7%) as "often a barrier to accessing DARS services. This was followed by disability-related transportation issues (50.4%).

11. When asked about the quality of DARS services, three of the services selected most often as poor were mental health treatment (44.1%), customized employment (43.2%), and substance abuse treatment (38.1%).
12. Mental health issues were the most frequently selected barrier to clients achieving their employment goals (59.5%). Limited or no work experience was the most frequently selected barrier to youth in transition achieving their employment goals (67%). Other transportation issues (42.9%) and job search skills (37%) were the two most frequently selected responses for why clients from ethnic and racial minorities do not achieve their employment goals.

### **Statistical Analysis Summary**

To estimate potential district-level differences from the survey, a series of linear and generalized linear regression models were used. These models included survey responses as the dependent variable, and a set of variables representing the district each respondent is affiliated with as independent variables. For purposes of estimation, the Capital district was used as a reference category. When any significant differences were found, marginal predictions was used to compare responses across all districts (including the Capital district). An alpha level of .05 was used to determine the statistical significance of all model coefficients. Depending on response rates for individual items, the sample size for analyses varied between 104 and 117 participants. For the analysis of unserved/underserved populations, we used a linear probability model. For the analyses of barriers to implementation, an ordered logistic regression was used.

### **District Differences in Most Unserved or Underserved Population**

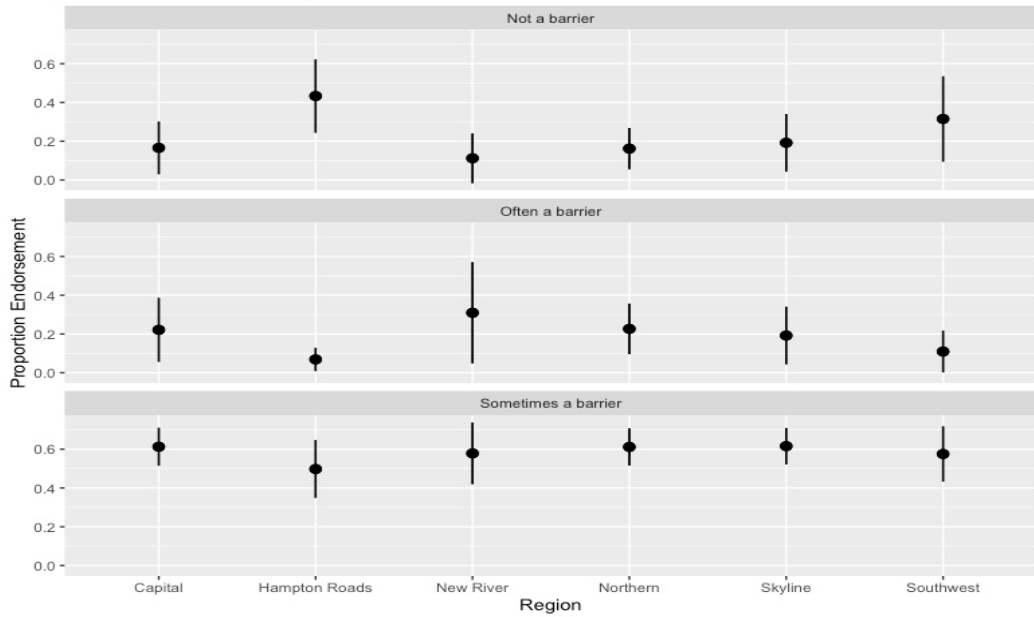
First, district-level differences were examined in which population was identified as most unserved as underserved. Two significant differences were observed. First, in the Capital district, 10% of respondents identified individuals with intellectual disabilities as the most unserved/underserved population; in all other districts, 0% of respondents identified this group as the most unserved/underserved. Second, in the Hampton Roads district, 12.5% of respondents identified individuals with sensory disabilities as the most unserved/underserved population; in all other districts, 0% of respondents identified this group as the most unserved/underserved. Full model results for all groups are available in Table 3.59 (see Appendix C) on the following page. Models with significant coefficients are highlighted in blue.

### **District Differences in Barriers to Accessing DARS Services for the General Population**

Next, district differences were examined in the identification of barriers to accessing DARS services for the general population. Two significant differences were again observed.

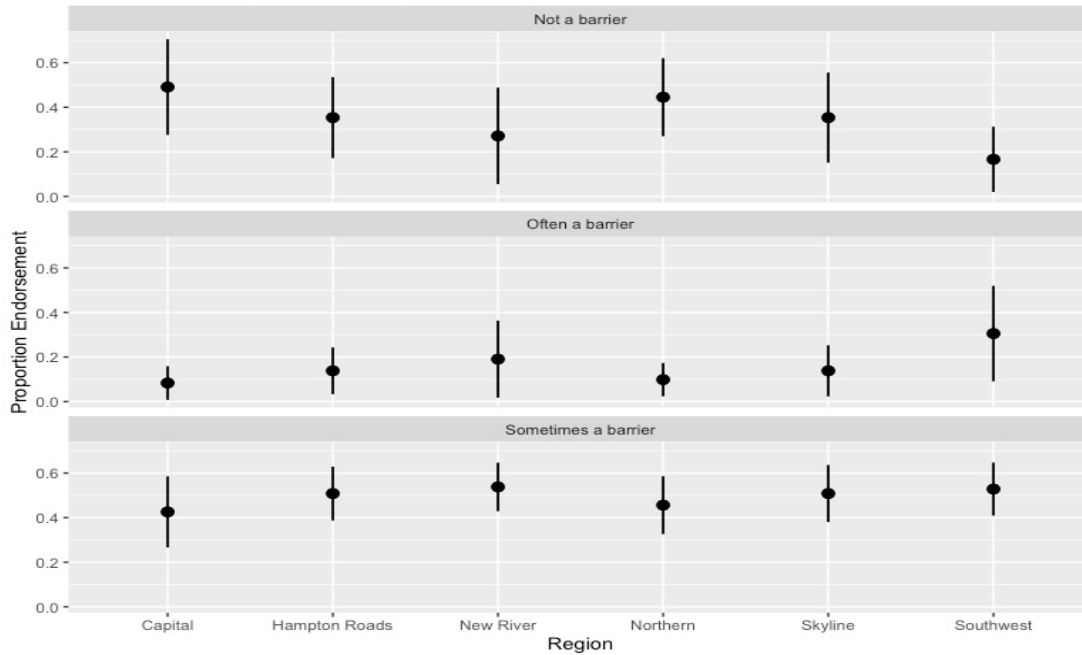
***Communication and language issues:*** First, in the Hampton Roads district, about 42% of respondents responded that communication and language issues were not a barrier; this was significantly higher than in the New River district, where about 15% of respondents responded that communication and language issues were not a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.

Regional Differences in Barriers to Accessing DARS Services  
Communication Issues/ Language Barriers



**Limited services and supports.** Second, in the Capital district, about 50% of respondents responded that limited services and supports were not a barrier; this was significantly higher than in the Southwest district, where about 18% of respondents responded that limited services and supports were not a barrier.

Regional Differences in Barriers to Accessing DARS Services  
Limited services and supports in this DARS district

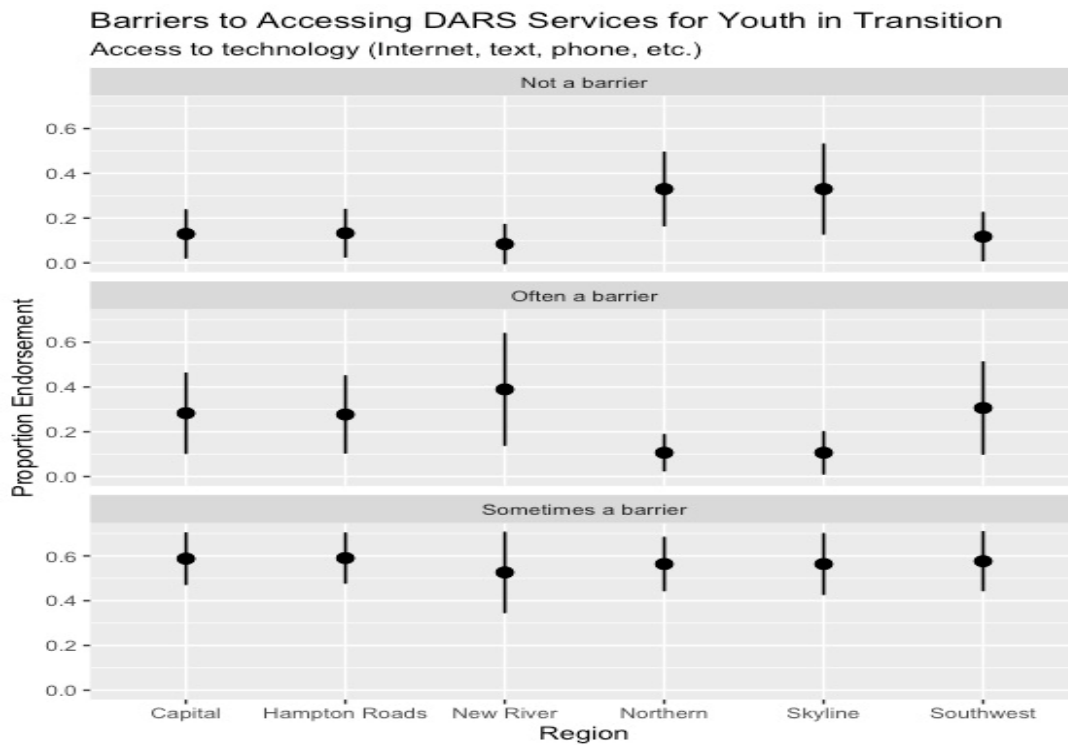


Full model results for all groups are available in Table 3.60 (see Appendix C). Models with significant coefficients are highlighted in light blue.

**District Differences in Barriers to Accessing DARS Services for Youth in Transition**

Next, we examined district differences in the identification of barriers to accessing DARS services for the youth in transition. Six significant differences were again observed.

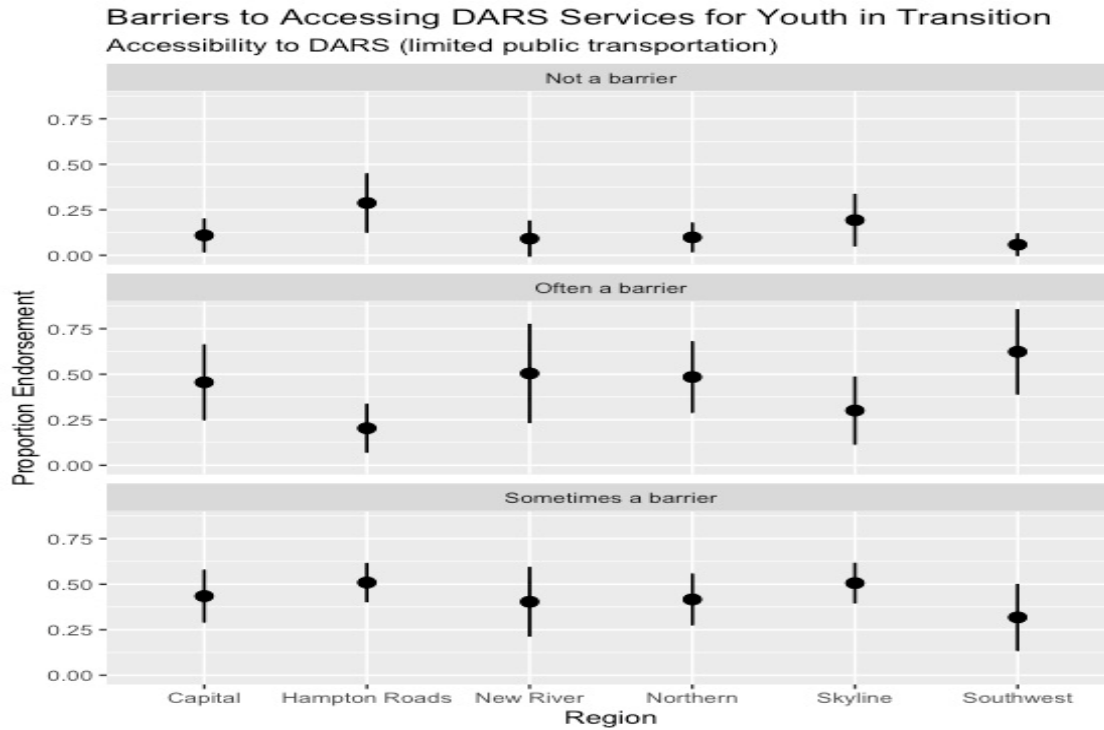
**Access to technology.** First, in the New River district, about 10% of respondents responded that access to technology was not a barrier; this was significantly lower than in the Northern district, where about 32% of respondents responded that access to technology was not a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.



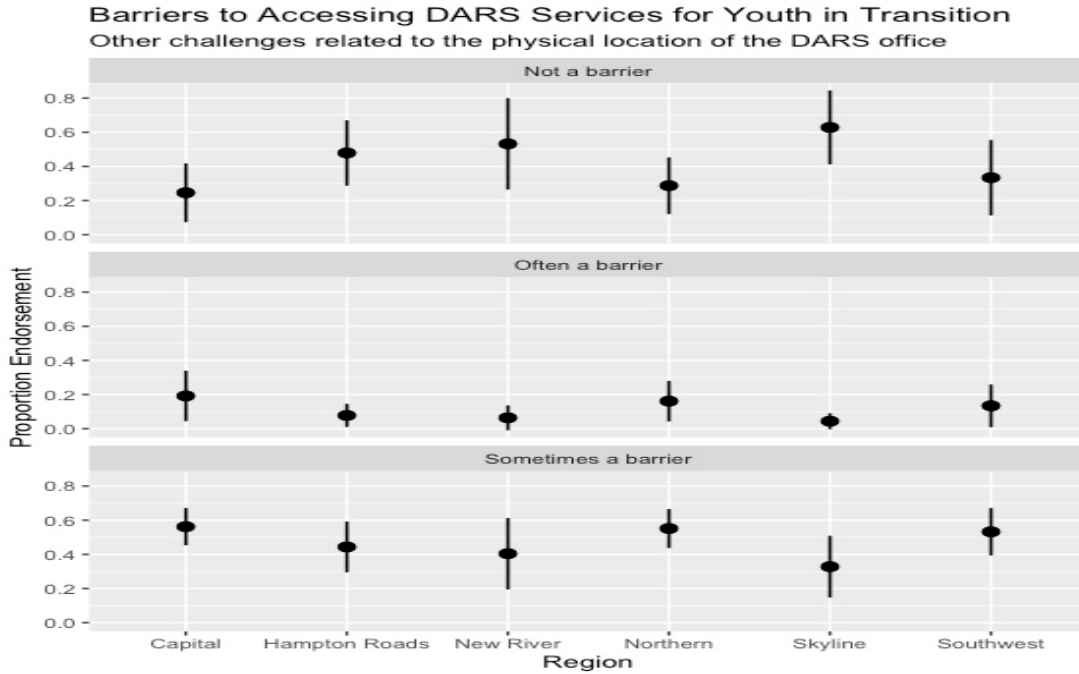
**Accessibility to DARS/transportation.** Second, in the Southwest district, about 6% of respondents responded that accessibility to DARS was not a barrier; this was significantly lower than in the Hampton Roads district, where about 28% of respondents responded that accessibility



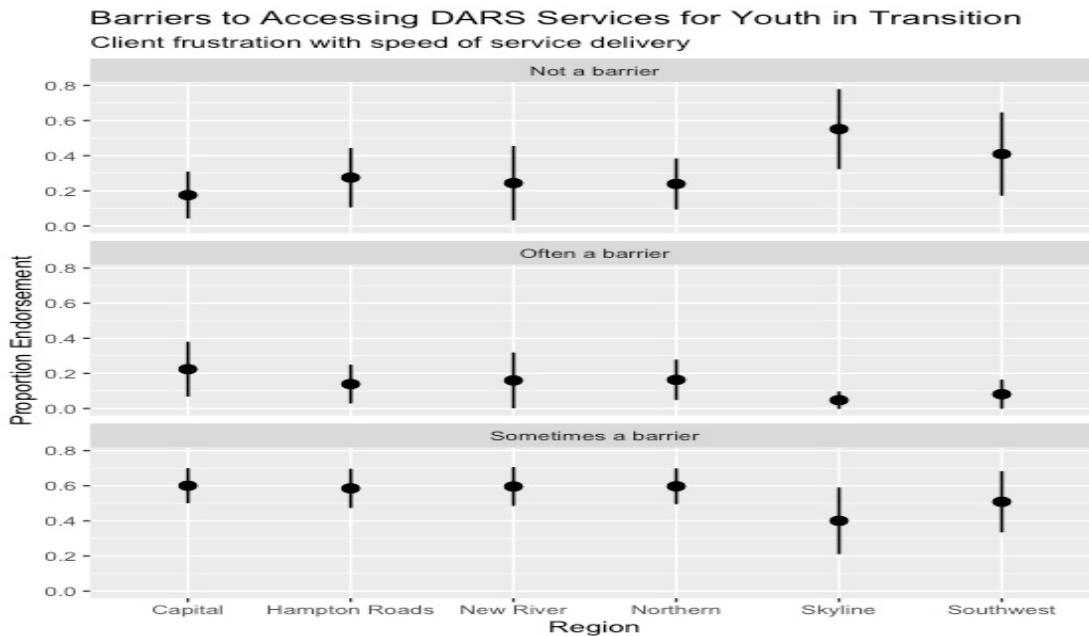
to DARS was not a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.



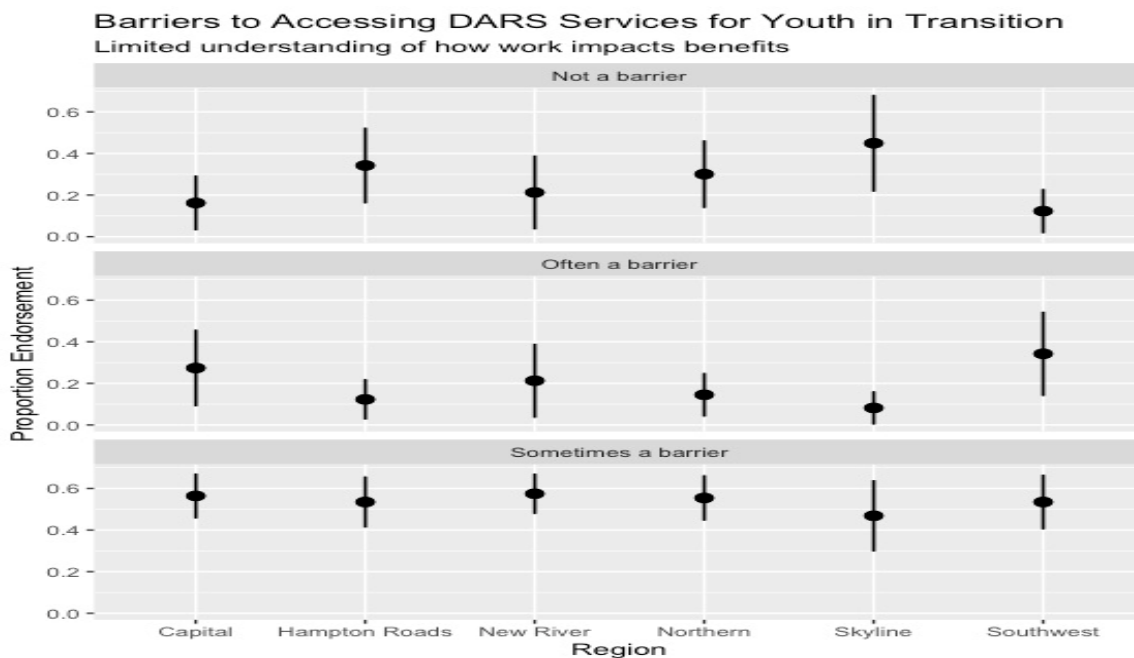
**Other challenges related to physical location of DARS office.** Third, in the Skyline district, about 63% of respondents responded that other challenges related to physical location of DARS office were not a barrier; this was significantly higher than in the Capital district, where about 25% of respondents responded that other challenges related to physical location of DARS office were not a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.



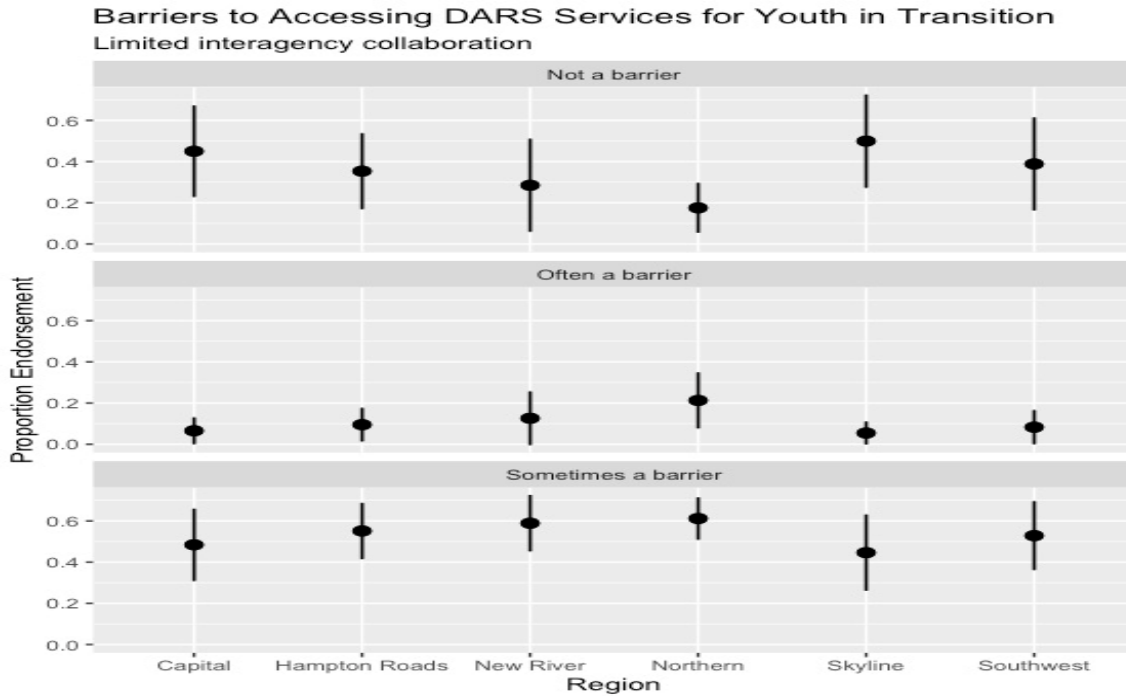
**Client frustration with speed of service delivery.** Fourth, in the Skyline district, about 55% of respondents responded that client frustration with speed of service delivery was not a barrier; this was significantly higher than in the Capital district, where about 18% of respondents responded that Client frustration with speed of service delivery was not a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.



**Limited understanding of how work impacts benefits.** Fifth, in the Skyline district, about 45% of respondents responded that limited understanding of how work impacts benefits was not a barrier; this was significantly higher than in the Southwest district, where about 12% of respondents responded that limited understanding of how work impacts benefits was not a barrier. Similarly, in the Skyline district, about 9% of respondents responded that limited understanding of how work impacts benefits was often a barrier; this was significantly lower than in the Southwest district, where about 33% of respondents responded that limited understanding of how work impacts benefits was often a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.



**Limited interagency collaboration.** Sixth, in the Skyline district, about 50% of respondents responded that limited interagency collaboration was not a barrier; this was significantly higher than in the Northern district, where about 18% of respondents responded that limited interagency collaboration was not a barrier. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error.



Full model results for all groups are available in Table 3.61 (see Appendix C). Models with significant coefficients are highlighted in light blue.

**District Differences in Barriers to Accessing DARS Services for Racial and/or Ethnic Minority Individuals (Overall)**

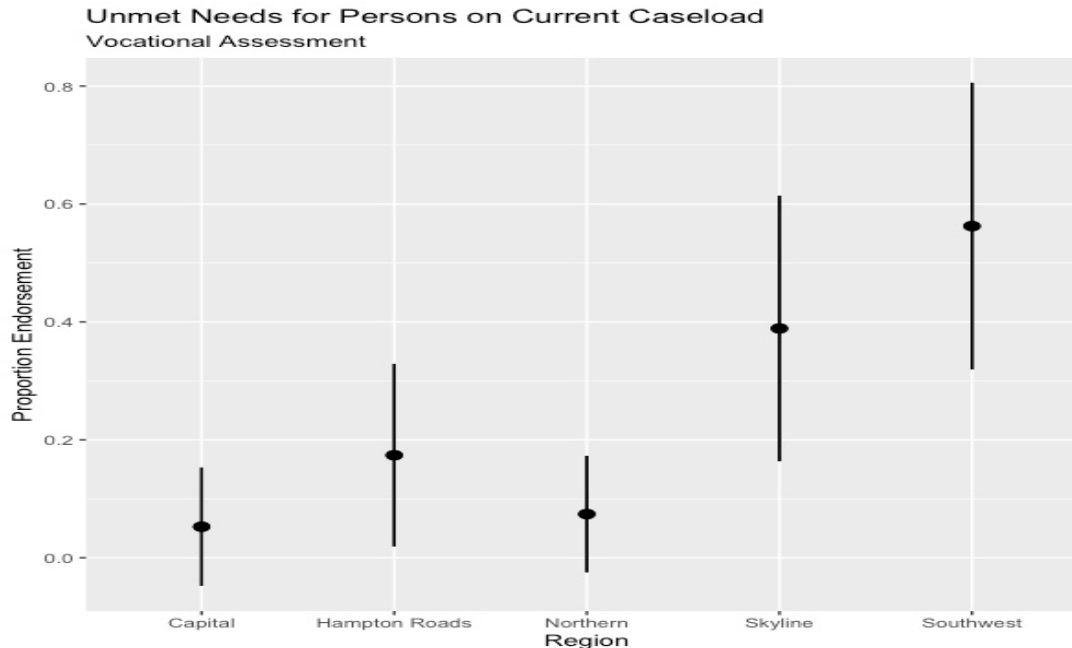
We also investigated potential regional differences in the response to the following question: “Are the reasons for finding it difficult to access DARS services by clients who are from racial or ethnic minorities different from the general population of people with disabilities?” Logistic regression was used, with “Yes” coded as 1, and “No” coded as 0. No significant regional differences were found. The percentage of participants who answered “Yes” ranged from a low of 25% in the Southwest district to a high of 48% in the Northern district. All district differences, however, were not found to be statistically significant.

### **District Differences in Barriers to Accessing DARS Services for Racial and/or Ethnic Minority Individuals (By Specific Barrier)**

In addition to the general question above, we also investigated potential district differences in specific barriers to accessing DARS services for individuals from racially and/or ethnically minoritized groups. We did not find any significant differences between districts for any of these barriers. Full model results for all groups are available in Table 3.62 (see Appendix C).

### **District Differences in Unmet Needs for Persons on Current Caseload**

Finally, we investigated potential district differences in the type and frequency of unmet needs for persons on current caseloads as reported by survey participants. Here, we again used logistic regression, and coded responses into two groups. Responses of “Yes, this need is unmet” were coded as 1, and responses of either “Neutral” or “This need is being met” were both coded as 0. One significant difference was found, in the area of *vocational assessment*. In the Skyline and Southwest districts, about 38% (Skyline) and 56% (Southwest) of respondents indicated that vocational assessment was an unmet need; this was significantly higher than in the Northern district, where about 8% of respondents indicated that vocational assessment was an unmet need, as well as in the Capital district, where about 5% of respondents responded that vocational assessment was an unmet need. The same trend was true for the New River district (not shown), where 0% of respondents indicated that vocational assessment was an unmet need. The figure below illustrates this difference and comparisons with other districts, including estimates and margins of error. Full model results for all groups are available below in Table 3.63 (see Appendix C). Models with significant coefficients are highlighted in light blue.



### **ESOs Needs Assessment Results**

The sample for the ESOs needs assessment was recruited with the assistance of the Director for Employment Services and Special Programs at VA DARS. Using a list of 69 contact emails for ESOs in the Commonwealth, a VCU-RRTC staff sent an email explaining the needs assessment that included the link to participate. After the initial email, the Director sent out a second email encouraging the ESOs to participate. A third email followed from VCU-RRTC encouraging the ESOs to participate and share the link with their staff. Thirty-three ESOs staff completed the needs assessment; however, not all of them answered each of the questions. The tables (see Appendix C) reference in this section include the number (n) of respondents for each question.

### **Part One of the Needs Assessment: Respondent Demographics**

**Needs Assessment Question: What is your job title?** Respondents were mostly distributed into two job titles: Agency CEO (n=11, 33.3%) and Program Manager (n=11, 33.3%). A smaller number reported their job title as staff supervisor (n=5, 15.2%); one person

(3%) selected employment specialist; five individuals (15.2%) selected other. The job titles entered by participants included 1) Chief Strategy & People Officer, 2) Director of Supported Employment, 3) Director of Programs, 4) Chief Program Officer, and 5) Organizational Employment Program Coordinator. See Appendix C, Table 3.64.

**Needs Assessment Question: How long have you worked in the job that you have now?** The length of time employed by the ESOs was reported as a range of years. One to five years was the most frequently reported length of time, and seven participants (36.8%) selected that option. The next most frequently selected response was more than 20 years, which was selected by five respondents (26.3%). The remaining participants were distributed across the other age ranges. See Appendix C, Table 3.65.

**Needs Assessment Question: What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.** The highest degree reported by one participant (3.1%) was a doctorate. Over half of the respondents hold a master's degree (n=19, 59.4%) followed by bachelor's degree (n=9, 28.1%). Two participants reported having an associate's degree (6.3%). One respondent selected "other" but did not type in a degree type. See Appendix C, Table 3.66.

**Needs Assessment Question: Where is your office located?** The Northern District had the largest representation in the needs assessment with 14 respondents (42.4%). This was followed by the Skyline District (n=10, 30.3%); Capital District (n=9, 27.3%); Hampton Roads District (n=6, 18.2%); Southwest District (n=6, 18.2%); New River District (n=5, 15.2%); and Central Office in Richmond (n=1, 6.1%). Participants were able to select more than one district, and 33 respondents entered 52 choices. See Appendix C, Table 3.67.

**Needs Assessment Question: To which gender identity do you most identify?** The majority of the respondents identified as “woman” (n=20, 60.6%). Another 11 respondents selected “man” (33.3%); one reported non-binary/non-conforming (3%); and one (3%) preferred not to respond to the question. See Appendix C, Table 3.68.

**Needs Assessment Question: Which of the following best describes you?** Most of the respondents reported that their race/ethnicity is white or Caucasian (n=27, 81.8%). Four individuals reported their race/ethnicity as black or African-American (n=4, 12.1%). One respondent (3.0%) selected biracial or multiracial, and one (3.0%) preferred not to respond to this question. See Appendix C, Table 3.69.

**Needs Assessment Question: How old are you?** Participants entered the year that they were born, and this information was converted to an age range. Two respondents (6.5%) reported that they were between the age of 31-35, and one person (3.2%) was over the age of 70. The remaining responses to this question can be found in Table 3.70 (see Appendix C).

### **Part Two of the Needs Assessment: Client Characteristics and Barriers**

**Needs Assessment Question: Which disability represents the majority of the clients served by your ESO?** The primary disability served by the ESOs was reported as intellectual and developmental disabilities (n=25, 75.8%). The remaining eight responses were distributed over the following disabilities 1) cognitive (n=1, 3.0%); 2) psychosocial (n=2, 6.1%); and 3) other mental impairments (n=3, 9.1%). Two respondents (n=2, 6.1%) selected “other” to include 1) TBI and 2) Deaf and Hard of Hearing with disabilities. See Appendix C, Table 3.71.

**Needs Assessment Question: Which one of the following client populations does your ESO work with the most?** When asked which population the ESO worked with the most, 21 respondents (63.6%) reported that their ESO worked mostly with individuals with intellectual disabilities. The remaining respondents reported the following populations as the ones most



served 1) individuals with serious mental illnesses (n=4, 12.1%); 2) individuals with the most significant disabilities (n=4, 12.1%); 3) individuals with autism (n=2, 6.1%); 4) individuals with brain injury (n=1, 3.0%); and 5) individuals that are racial or ethnic minorities (n=1, 3.0%). See Appendix C, Table 3.72.

**Needs Assessment Question: Please tell us which population you feel is the most underserved/underserved by VA DARS.** The disability populations have been listed in Table 3.73 (see Appendix C) from most frequently selected to least frequent. The disability population selected as the “most underserved/underserved by VA DARS” most frequently was individuals with the most significant disabilities including individuals with multiple impairments. Almost one third of the respondents (n=10, 31.3%) selected this option. The next population selected most frequently by five respondents (15.6%) was individuals with mental illnesses. Four respondents (12.5%) selected transition-age youth or veterans. Only one respondent (3.1%) selected individuals that are racial or ethnic minorities as the most underserved or underserved. No respondents selected individuals with substance use disorders or learning disabilities as the most underserved/underserved population by VA DARS.

**Needs Assessment Question: Please tell us if these are barriers to DARS clients achieving their employment goals.** The barriers in the Table 3.74 (see Appendix C) have been listed from most frequently selected to least as “often a barrier”.

Participants were also able to select “other” as a barrier and enter a response. Eight of the 33 respondents selected this option and indicated that their item was often a barrier to DARS clients achieving their employment goals. This included the following eight barriers: 1) social interactions, 2) work places not being classified as CIE, 3) delays in getting active services started (DARS initial processes), 4) inability for DARS to fund for development of competitive

group employment 5) work opportunity deemed non-integrated, 6) work opportunity deemed non-competitive, 7) low reimbursement rates, 8) difficulty finding direct support professionals.

**Needs Assessment Question: What are the barriers to achieving employment goals for youth in transition?** The barriers listed in Table 3.75 (see Appendix C) have been arranged by the number of respondents who selected “often a barrier” from highest to lowest frequency. For every barrier, the majority of the responses fell were “sometimes a barrier” as the option. One respondent selected other and entered “unrealistic job expectations” as sometimes a barrier.

**Needs Assessment Question: What are the barriers to achieving employment goals for clients from ethnic and racial minorities?** The most frequently selected barriers to clients from ethnic/racial minorities achieving their employment goals was disability-related transportation issues (43.3%) and other transportation issues (43.3%). Perceptions regarding the impact of income on Social Security benefits was the next most frequently selected response (40%). At least 50% or more of the respondents reported that all of the issues listed were at least sometimes a barrier. See Appendix C, Table 3.76.

**Needs Assessment Question: Please tell us whether the following services represent unmet needs for clients served by your ESO.** The unmet service needs presented in Table 3.77 (see Appendix C) are listed by the highest number of respondents selecting a service as “the need is being met” to the lowest number. Approximately 60% of the sample indicated that 1) On-the-Job Training and Support, 2) Job Search and Placement Assistance, 3) Supported Employment Services are service needs that are being met for clients serviced by ESOs.

**Needs Assessment Question: What is your level of agreement with the following potential reasons why ESOs are unable to meet clients' service needs?** Insufficient staffing (63.6%), insufficient funding (51.5%), need for staff training (51.5%) were most frequently

reported as the potential reasons that ESOs are unable to meet clients' service needs. Two respondents entered a response to this question under other. These included 1) Receiving funding in adequate timing and 2) DARS not willing to fund cases based on their individual needs. See Appendix C, Table 3.78.

**Needs Assessment Question: What is the most important change that your ESO could make to support consumers' efforts to achieve their employment goals?** Respondents were able to write-in responses to this question. The information has been organized into themes or topical areas for assisting with reviewing the comments. See Appendix C, Tables 3.79 through 3.82.

**Needs Assessment Question: How could DARS support your ESO in assisting clients achieve their employment goals?** Respondents were able to write-in responses to this question. The information has been organized into themes or topical areas for assisting with reviewing the comments. See Appendix C, Tables 3.83 through 3.87.

**Needs Assessment Question: What is the most important change that DARS could make to support consumers' efforts to achieve their employment goals?** Respondents were able to write-in responses to this question. The information has been organized into themes or topical areas for assisting with reviewing the comments. See Appendix C, Tables 3.88 through 3.92.

**Needs Assessment Question: Please tell us about your training needs to better enable you to assist DARS clients.** The training needs presented in Table 3.93 (see Appendix C) are listed from those selected most frequently by the participants as not needed to fewest number of participants who selected that need. It is important to note that the respondents to this survey were predominately management staff and therefore may not reflect what the direct service staff

would report as their training needs. One of the most frequently selected training need was “services to increase career pathways (e.g., STEM). Approximately 44% of the sample indicated that this is a significant training need and another 40.6% reported that it is somewhat needed. Another frequently identified training need was Benefits Planning / How work impacts benefits, which was selected by 40.6% of the participants as a significant need and 28.1% as somewhat needed. Respondents least often selected competitive integrated employment, supported employment, and reducing 14(c) special wage certificates as training needs.

**Needs Assessment Question: Is there anything else that you would like to tell us about supporting DARS clients in achieving their employment goals?** The following comments were made by the respondents when asked if they had anything else to add.

- The counselors we have had the smoothest working relationship with are those that see ESO's as team members. They will respond to emails when the ESO reaches out, and if there is a mistake that is made they recognize we're all human and bring it up in a way that isn't accusatory and demeaning. When ESO's are treated with respect and as a partner, they can provide services as a united front with DARS, which only benefits the individuals we're serving together that much more.
- Collaborative training. Training on career pathways. Best practices models in Pre-ETS. Increased information on Pre-ETS students.
- Biggest issue is collaborating service to best suit the needs of the clients as well as lack of communication from the DARS counselors. Ability to open a case sooner versus later.
- We thoroughly enjoy working with our DARS counselors.
- I do believe more attention to a career choice where individual can gain employment and receive raises when the consumer gains new skills. Looking for careers where a consumer can be promoted to other jobs within the career. More discussion on self-employment. Discussions with consumers and training consumers with appropriate technology for better employment opportunities and to best support the person in job.
- If an individual is able to work, but needs long term on site job assistance, they must have long term funding. Some individuals are fortunate enough to secure a Medicaid waiver that allows for long term job coaching services and workplace assistance services. DARS does not, at this time, have the capacity to support on site job coaching services long term. Additionally, an individual should be allowed to work 2 part time jobs and be supported by DARS for both

of those jobs if they so choose. If, I, as a grown adult choose to work 2 part time jobs to make more money, I can do that. If my client wants to work 2 part time jobs to make more money, DARS will only support services for one of those jobs.

- Increased focus on transition to adult services, benefits planning before job development as well as training and networking opportunities for Employment Specialists are areas that would be most beneficial.

### **ESO Needs Assessment Summary**

A limitation of this ESO Needs Assessment is the small sample size (n=33), and the results may not be generalizable to all ESO staff in the Commonwealth. Another limitation is that the data is descriptive due to the small number of respondents and no statistical analysis was conducted. However, the results provide insight into the opinions of ESOs that support individuals referred to them by VA DARS.

1. Respondents to the ESO needs assessment were predominately female (60.6%) and were in management positions to include the CEO (33.3%), program manager (33.3%) or staff supervisor (15.2%). The majority have either a Bachelor's degree (28.1%) or a Master's degree (59.4%).
2. All districts were represented in the ESO needs assessment with the Northern District (42.4%) having the highest number of participants. This was followed by the Skyline District (30.3%), Capital District (27.3%), Southwest District (18.2%), the Hampton District (18.2%), and the New River District (15.2%).
3. The population reported as the *most unserved or underserved* by ESOs by approximately 1/3 of the respondents were individuals with the most significant disabilities including individuals with multiple impairments.
4. The population *served most often* by the ESOs who responded (63.6%) to the needs assessment was individuals with intellectual disabilities.
5. The most frequently selected *barriers to youth in transition* achieving their employment goals was disability-related transportation issues (51.6%) and other transportation issues (51.6%). The next most frequently selected response was challenging behaviors (38.7%) followed by limited or no work experience (35.7%).
6. Approximately 23% of the respondents selected access to Pre-ETS services as often a *barrier to youth in transition* achieving their employment goals.

7. The most frequently selected **barriers to DARS** clients achieving their employment goals was disability-related transportation issues (60.6%) followed by perceptions regarding the impact of income on Social Security benefits (42.4%). The next most frequently selected response was funding (42.4%) followed by limited or no work experience (35.7%).
8. The most frequently selected **barriers to clients from ethnic/racial minorities** achieving their employment goals was disability-related transportation issues (43.3%) and other transportation issues (43.3%). Perceptions regarding the impact of income on Social Security benefits was the next most frequently selected response (40%).
9. Approximately 60% of the sample indicated that 1) On-the-Job Training and Support, 2) Job Search and Placement Assistance, and 3) Supported Employment Services are **service needs that are being met** for clients served by ESOs.
10. Transportation was most frequently selected (54.5%) as **an unmet service need** for clients served by ESOs. Mental health treatment was the next most frequently selected (42.4%) as an unmet service need.
11. Insufficient staffing (63.6%), insufficient funding (51.5%), need for staff training (51.5%) were most frequently reported as **the potential reasons that ESOs are unable to meet clients' service needs**.
12. The most frequently selected **training need** was “services to increase career pathways (e.g., STEM). Approximately 44% of the sample indicated that this is a significant training need and 40.6% reported that it is somewhat needed. Another frequently identified training need was Benefits Planning, which was selected by 40.6% of the participants as a significant need and 28.1% as somewhat needed.
13. Respondents **least often selected** competitive integrated employment, supported employment, and reducing 14(c) special wage certificates as **training needs**. It is important to remember that the respondents to this survey were predominately management staff and therefore this data may not reflect what the direct service staff would report as their training needs.

## **SECTION FOUR: PRE-EMPLOYMENT TRANSITION SERVICES (Pre-ETS)**

This section of the CSNA will provide data from the Virginia Department of Education (VDOE) on students with disabilities enrolled either in public, private or home schooled for the 2020-2021 school year. Also included are 1) pipeline information on potential VA DARS clients by disability categories, 2) post-secondary outcomes for students with disabilities from Virginia's Indicator 14 data, and 3) Pre-ETS needs assessment report from VA educators. A discussion sections regarding implications of this information can be found at the end of this section.

### **Population of Students with Disabilities (SWD)**

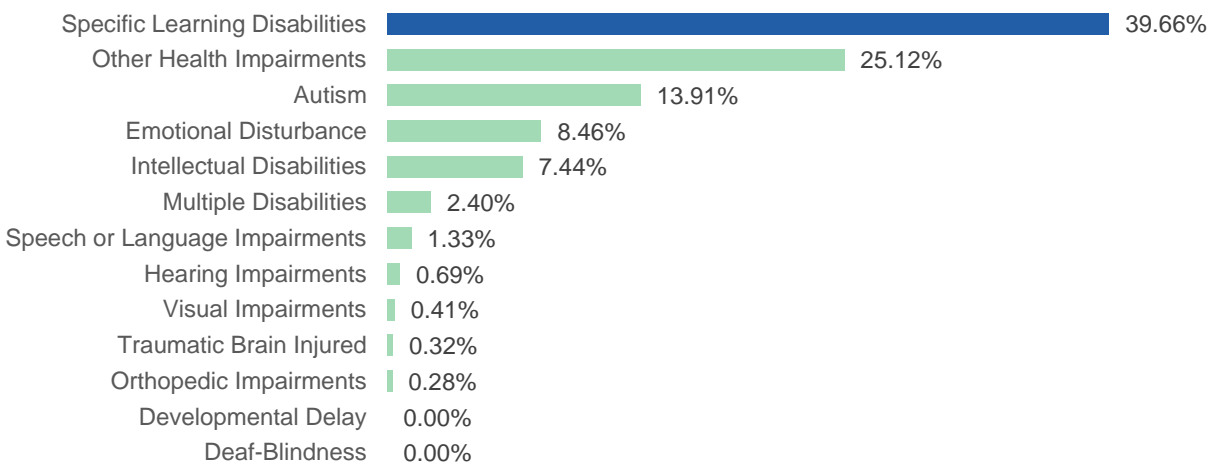
#### **Virginia Population**

Data from the Virginia Department of Education on students with disabilities enrolled either in public, private or home schooled for the 2020-2021 school year were obtained.

Source: [[http://www.doe.virginia.gov/statistics\\_reports/enrollment/index.shtml](http://www.doe.virginia.gov/statistics_reports/enrollment/index.shtml)] A total of 53,708 students grade 9 through 12 were considered disabled in the 2020-2021 school year. The breakdown by grade level and disability type is shown below in Table 4.1: Students with disabilities in Virginia by disability type and 9-12 grade level, 2020-21 (see Appendix D). Totals of zero appear because the cell size is 10 or below. Due to privacy laws, data for 10 or fewer clients cannot be displayed and because of this, the total numbers might actually be slightly higher.

As can be seen in the following, the largest percentage of students enrolled in school year 2020-21 in grades 9-12 have specific learning disabilities (40%), followed by other health impairments at 25%. Again, the developmental delay and deaf-blindness categories have fewer than 10 students total across Virginia and are therefore reported as zero.

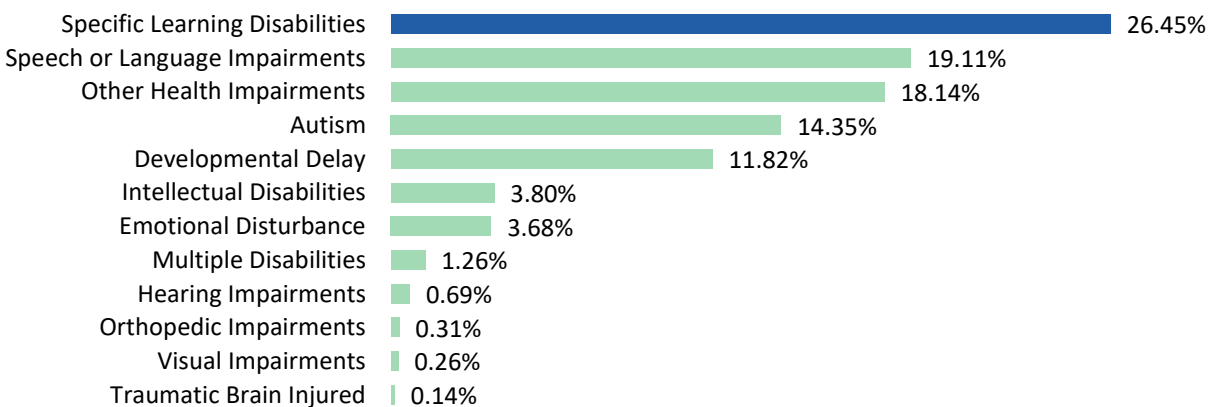
**Graph 4.1: The disability category with the highest percentage for grades 9-12 in 2020-21 is students with specific learning disabilities**



The pipeline of potential DARS clients can be seen in Tables 4.2 and 4.3 (see Appendix D). A total of 115,087 clients are currently enrolled in Virginia schools with disabilities in pre-k through 8<sup>th</sup> grade. The tables show the number of Virginia students with disabilities by grade from pre-k through 8<sup>th</sup> grade.

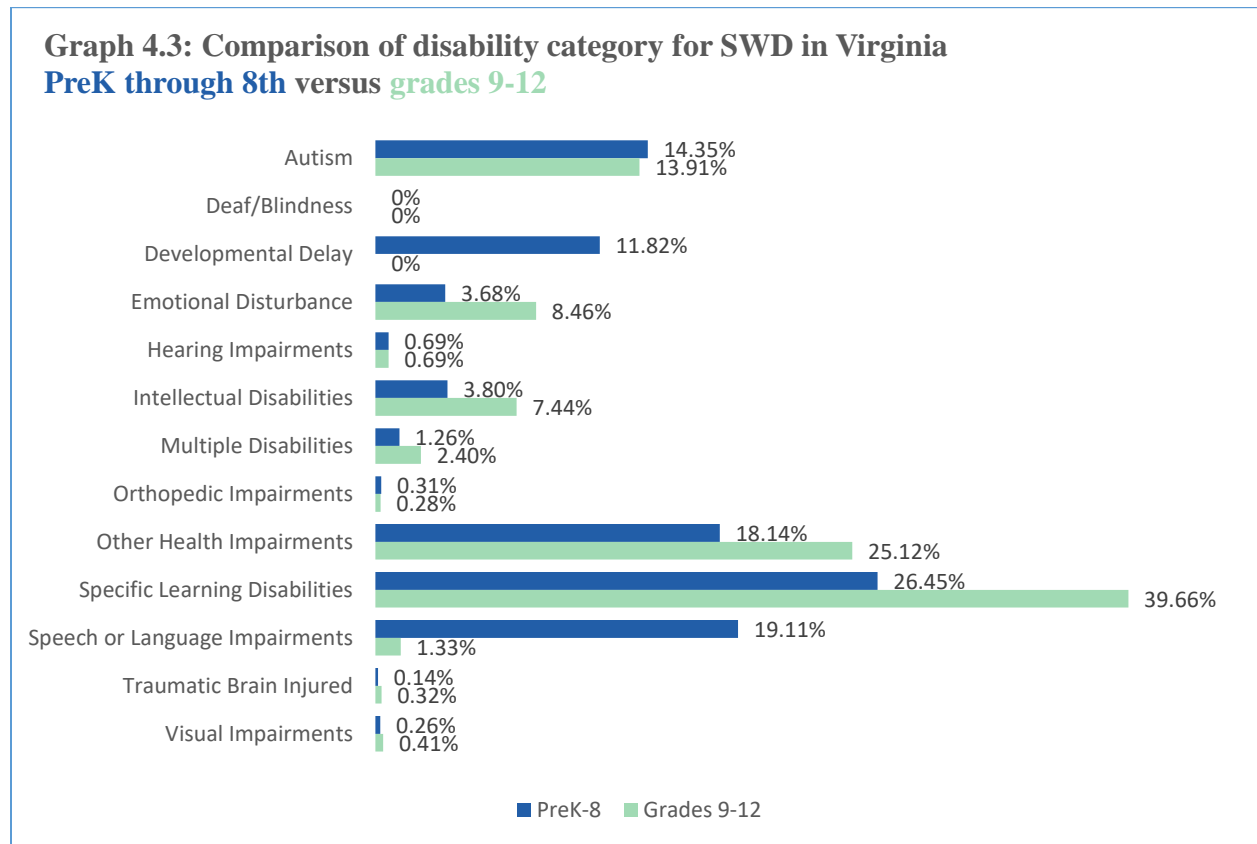
As seen in Graph 4.2 below, the majority (26%) of clients in grades pre-k through 8<sup>th</sup> grade have a specific learning disability, followed by speech or language impairment (19%), autism (14%), developmental delay (12%), and intellectual and emotional disturbances (4%).

**Graph 4.2: The disability category with the highest percentage for pre-k to 8th grade 2020-21 is students with specific learning disabilities**





The next graph, 4.3, shows the disability category comparisons between Pre-K through 8<sup>th</sup> grade and grades 9-12.



**Post-Secondary Outcomes for SWD in Virginia**

Through Indicator #14, Virginia students with disabilities have met the state targets for enrolling in higher education or CIE within one year of leaving high school. They did not meet the target for enrolling in higher education only; however, they were within less than one percentage point. See Appendix D, Table 4.4.

As part of this series of questions for Indicator #14, all respondents are asked to select the type of setting where they worked. These data help to provide an overall picture of employment outcomes for these students. Their choices are:

- In a business or company
- In the military
- In sheltered employment

- In supported employment
- Self-employed
- Family business
- Other

The category with the lowest numbers was “In sheltered employment,” which was consistent across data collection years 2015-2020. It is noteworthy that <1% of all students across the six years went into segregated sheltered employment. The majority of the former students went into competitive integrated employment and other settings.

### **Pre-ETS Needs Assessment: Virginia Educators**

Pre-ETS offer students with disabilities an early start at career exploration and preparation for adult life. Beginning at age 14, students with disabilities can connect with VA DARS for Pre-ETS. DARS works with students, their families, their schools and community partners to enrich transition planning and support students with gaining knowledge and experiences necessary so they may make informed decisions about their future. Topics covered through Pre-ETS include: 1) career exploration; 2) work-based learning experiences; 3) exploration of education and training programs for after high school; 4) workplace readiness training to develop social and independent living skills; and 5) self-advocacy. The needs assessment questions focused on these five "required" activities of pre-employment transition services asking VA transition educators if these activities are 1) available, 2) accessible, 3) coordinated. Questions also included asking educators about transition-age youth unmet needs.

The sample for this needs assessment was recruited with the assistance of the Virginia Department of Education (VDOE), Assistant Superintendent of Special Education. An email was sent to the Directors of Special Education describing the purpose of the survey requesting participation. In addition, VCU's Center on Transition Innovations (CTI), which is funded by VDOE, disseminated 316 emails to educators or administrators who had participated in its online

courses on transition and employment. A link to the survey was included in both of the recruitment emails. A total of 94 educators responded; however, not all of them answered every question on the needs assessment. The first section of the needs assessment focused on participants' demographics. The second section included questions related to Pre-ETS services. The results of this needs assessment follows.

### **Participant Demographics**

**Needs Assessment Question: What is your job title?** The largest group of participants responding to the needs assessment were transition teachers (n=37, 39.4%) of the sample. The next largest group was transition coordinators (n=25, 26.6%). Seventeen participants identified as administrators (18.1%), and the remainder selected "other". The option of entering a job title for "other" was provided, and a total of 15 participants entered a job title not found in the list. This included the following: 1) SPED K-8, 2) BCBA, 3) Special Education Coordinator, 4) Behavioral Consultative Teacher, 5) Special Services Liaison, 6) Career & Transition Manager, 7) Lead Special Ed Teacher, 8) Job Coach, 9) Transition Specialist 10) Special Ed Coordinator/Ed Diagnostician, 11) LCPS Transition Team, 12) Compliance specialist, 13) School Counselor, 14) School counselor, and 15) Physical Therapist. See Appendix D, Table 4.5.

**Needs Assessment Question: What age students do you support?** Respondents were able to select more than one age that applied to the students that they supported. As seen in Table 4.6 (see Appendix D), most of the respondents supported more than one age group. For example, 92.5% of the respondents reported supporting students age 14, while approximately 70% of the respondents support students age 22.

**Needs Assessment Question: Where is your school located?** The participants for the needs assessment represented all of the districts in Virginia. The lowest representation is noted

in the Hampton Roads District (6.5%), and the most representation in the Southwest District (20.4%). Table 4.7 (see Appendix D) provides this data and Table 4.8 (see Appendix D) provides information on school location by counties.

**Needs Assessment Question: Which students do you work with the most?**

Participants were able to select only one response to this question. Other entered responses included 1) Non-Categorical SPED K-12, 2) Students of ALL types at the high school level, including those with multiple disabilities, 3) high school students, 4) students with OHI (ADD/ADHD), 5) transition Aged Youth with disabilities 13-2, 6) all students with disabilities, 7) all students with disabilities in the county, 8) learning disabilities and significant disabilities. See Appendix D, Table 4.9.

**Needs Assessment Question: Which student populations are served by your school?**

Ninety-four participants responded to this question, and they were able to select all that apply from the list of disabilities. The data suggests that most of the educators support students across the different disabilities rather than serving only one specific disability. Participants were able to enter an “other” response to this question; eight of the participants checked this option. However, only three typed responses were entered to include: 1) 18-22, 2) SLD/ELL, and 4) Maladaptive & Self-Injurious Behaviors. See Appendix D, Table 4.10.

**Needs Assessment Question: Tell us which population you feel is the most unserved/underserved in Pre-ETS by VA DARS.** The group that the most respondents (n=19, 21.6%) felt were unserved/underserved was intellectual disabilities. However, the next groups were not much smaller to include individuals with learning disabilities, (n=16, 18.2%) and individuals with the most significant disabilities including individuals with multiple impairments, (n=17, 19.3%). The remaining respondents were distributed across the other disability types.

Participants were able to select “other” to this question and type in a response. A total of five different disability groups were written in for this question to include the following: 1) all of them, 2) students with OHI, 3) ID and Autism/Comorbid Diagnoses, 4) 504 students, 5) students who have SLD and ED. In addition, one person responded, “I don't feel qualified to answer this question. My students are taken care of by DARS. None of my students are slipping through without being served or have the opportunity to be served by DARS.” Another response was, “I am new to my position and need more experience to answer this.” Finally, one responded stated, “We encourage referrals, and I don't feel that any are underserved.” See Appendix D, Table 4.11.

**Needs Assessment Question: Do you currently support students who need VA DARS services?** The majority of the respondents (n=84, 89.4%) reported that they support students who need services. A very small percentage replied no (n=3, 3.2%) and seven respondents (7.4%) indicated that they did not know. See Appendix D, Table 4.12.

**Needs Assessment Question: Do you know who the VA DARS counselor is that works with your school?** The majority of the respondents reported that they know who their school's DARS counselor (n=79, 84%). Only 15 (n=16%) responded that they did not know who the DARS counselor is for their school. See Appendix D, Table 4.13.

**Needs Assessment Question: How often do you interact with the VR counselor assigned to your students?** Thirty-four percent of the respondents (n=32, 34%) entered that the DARS counselor interacts with their students more than once per month. The next most frequent response was once per month with 19.1% of the respondents (n=18) entering this response. A small percentage responded that their students do not have a VR counselor assigned to their students (n=8, 8.5%). Additional information can be found in Table 4.14 (see Appendix D).

## **PreETS Needs Assessment Questions**

**Needs Assessment Question: How available are the following Pre-Employment Transition Services from VA DARS services for your transition-age students?** Most respondents reported that the five required Pre-ETS activities are available to their students as either 1) somewhat available or 2) very available. More respondents, at least half, reported that an activity is somewhat available as opposed to very available across all of the five activities. Work-based learning experiences was reported as available by the smallest number of participants (n=13, 14.1%). See Appendix D, Table 4.15.

**Needs Assessment Question: How accessible are the following Pre-Employment Transition Services from VA DARS services for your transition-age students?** This question asked the participants to report how accessible the five required activities are to their students. Most respondents reported that the five required Pre-ETS activities are accessible to their students as either 1) somewhat accessible or 2) very accessible. More respondents, at least half, reported that an activity is somewhat accessible as opposed to very accessible across all of the five activities. Only 10 respondents (10.8%) felt that work-based learning experiences were accessible to their students. See Appendix D, Table 4.16.

**Needs Assessment Question: What is the level of coordination between your school system and VA DARS for the provision of Pre-ETS services?** Most respondents reported that the five required Pre-ETS activities as either 1) somewhat coordinated or 2) very coordinated. More respondents, at least half, reported that an activity is somewhat coordinated as opposed to very coordinated across all of the five activities. Work-based learning experiences was reported by the smallest number of participants (n=18, 19.4%) as very coordinated. See Appendix D, Table 4.17.

**Needs Assessment Question: Please tell us which of the following services represents an unmet need for students in your school system on your caseload.** In general, the participants were somewhat divided concerning whether an activity was an unmet need or that the need is being met for their students. Work-based learning experiences was again the lowest rated activity, and in this case, the smallest number of participants felt that the need is being met (n=25, 27.5%) for their students. See Appendix D, Table 4.18.

**Needs Assessment Question: What are the primary reasons that DARS is unable to meet students' Pre-ETS needs?** Table 4.19 (see Appendix D) has been organized to list the reasons from most often reported as a barrier to students with disabilities to the least. The need for training on Pre-ETS for families and students was reported at the highest frequency as a barrier by participants (n=64, 71.1%) closely followed by limited internship and apprenticeship opportunities (n=60, 66.7%). The student's disability (n=24, 26.7%) was the least frequently reported as a primary reason for unmet student needs.

**Needs Assessment Question: What is the most important change that VA DARS could make to support students' efforts to achieve their employment goals?** Participants were invited to add additional comments on how they felt VA DARS could make changes to better support students with their employment goals. Many of the write-in comments represent similar themes to those that were identified during the focus groups conducted for this CSNA. Table 4.20 (see Appendix D) organizes suggestions by themes or topical areas. These are representative samples are not all inclusive of the responses made by the participants.

## **SUMMARY**

The purpose of the needs assessment was to obtain the perceptions and feedback on Pre-ETS from educators who work with transition-age students in the Commonwealth. The sample for the needs assessment was not a random sample of educators but volunteers who completed the online assessment. As such, the results may not represent the opinions and concerns or generalize to all educators in the Commonwealth. In addition, the “qualitative” data provided as write-in responses may not generalize to all schools and transition staff; however, they do provide insight from stakeholders who support students that are involved in Pre-ETS activities.



## **SECTION FIVE: RSA 911 DATA PY 2017 – PY 2020**

### **U.S. Census Data for the State of Virginia**

The following data was provided by the U.S. Census Bureau and is based on the 2020 Census. Relative to the population of the State in 2010, the overall population grew by 630,369 individuals. The distribution of individuals from different racial groups indicates a majority of residents identifying as White (Not Hispanic; 61.2%), followed by Black or African-American (19.9%). Approximately 9.8% of the population indicated being Hispanic or Latino. Specific to the focus of this report, 8% of the population of Virginia under the age of 65 self-identified as having a disability. The mean travel time to work is above the national average of 26.6 minutes and is ranked as the 9<sup>th</sup> longest commute among states (<https://www.indexmundi.com/facts/united-states/quick-facts/all-states/average-commute-time#map>). The percentage of people under 65 without health in Virginia (9.3%) places it at 23<sup>rd</sup> among states with the lowest percentage of uninsured individuals. The percentage of people with disabilities, under the age of 65, in the state (9.3%) is above the national percentage (8.6%; <https://www.census.gov/quickfacts/fact/table/US/POP815219>). See Appendix E, Table 5.1.

### **Virginia Department for Aging and Rehabilitative Services**

The following data, tables, and figures provide an overview of the population served by the Virginia Department for Aging and Rehabilitative Services (Virginia DARS) across the most recent four years of data collected by agency for monitoring and federal reporting. The data review is divided into six sections:

- Section 1. Statewide data on applicant characteristics
- Section 2. Virginia DARS regional data on applicant characteristics
- Section 3. Statewide exit data
- Section 4. Virginia DARS regional exit data

- Section 5. Comparison of Virginia DARS to comparable state vocational rehabilitation agencies (SVRA)
- Section 6. Summary and Recommendations

### **Statewide Data on Applicant Characteristics**

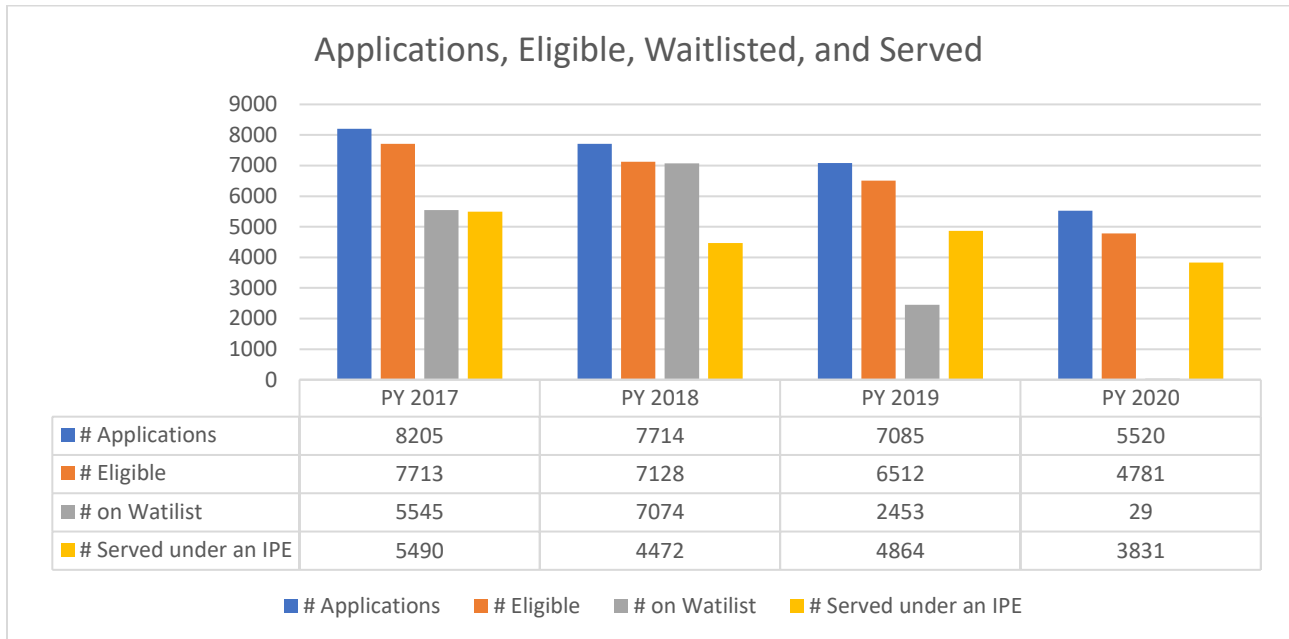
In reviewing the findings, the reader should take caution in over-interpreting the results. In March 2020, in what is concerned to be the third quarter of Program Year (PY) 2019, a global pandemic (Covid-19), had a significant interruption on the economy of the United States including the State of Virginia. Likewise, the Covid-19 pandemic had a dramatic effect on the provision of many social services in terms of both provider capacity to deliver remote services as well as the eligible participants' interest in requesting and receiving services. For example, although a modest decrease in applications was observed from PY 2017 to PY 2018 (see Appendix E, Table 5.2), the further reduction in applications in PY 2019 and precipitous decline in PY 2020 may be largely due to the effects of the Covid-19 pandemic.

The reductions in applications had a secondary effect of reducing pressure on the waitlist implemented by Virginia DARS as part of their approved Order of Selection. In PY 2017 and PY 2018, the proportion of eligible applicants who had an Order of Selection start date were 71.9% and 99.2%. However, due to decreases in applications in the subsequent two program years resulted in the percentage of less than 1% of eligible applicants being placed on a waitlist due to an order of selection (see Figure 5.1 on the following page).

As applications declined from PY 2017 to PY 2018, and the acceleration in this phenomenon over the next two years, an evaluation was conducted as to the nature of those decreases and if a certain population (e.g., race, disability source) may have declined at a faster rate relative to other groups. Figures 5.2 and 5.3 on page 76 provides a breakdown of the total number of applications by each racial group (i.e., White, Black or African-American, Hispanic or Latino, Asian, American Indian, and Pacific Islander or Native Hawaiian) and the

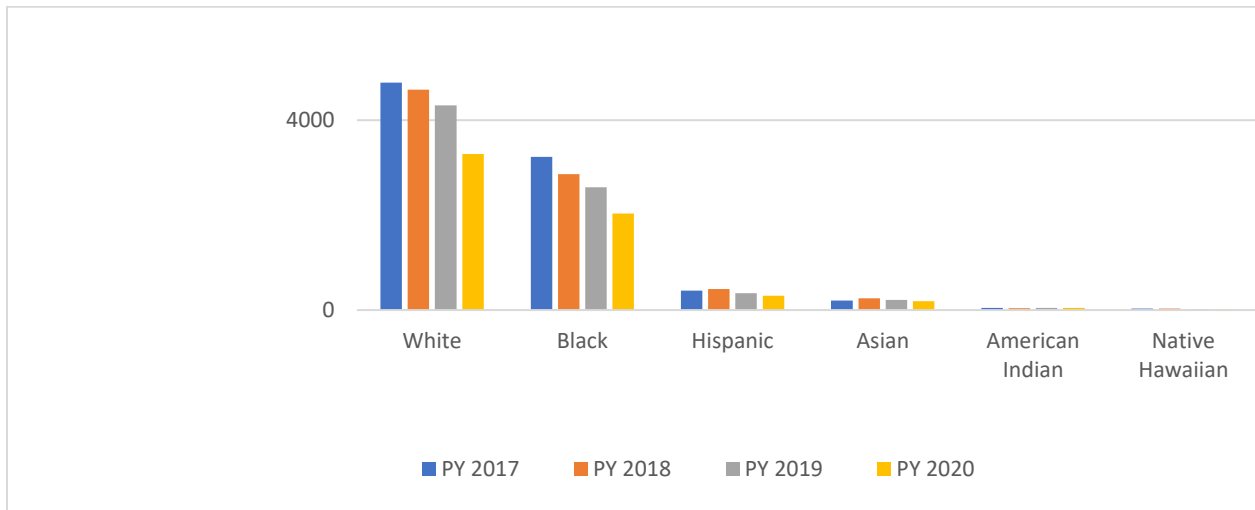
relative proportion of each group among the total applicant population. These data indicate comparable decreases in applications across different racial groups resulting in superficial changes to the percentage of applications from each group.

**Figure 5.1. Applications, Eligibility, Waitlist, and Served for Virginia DARS- PY 2017-2020**



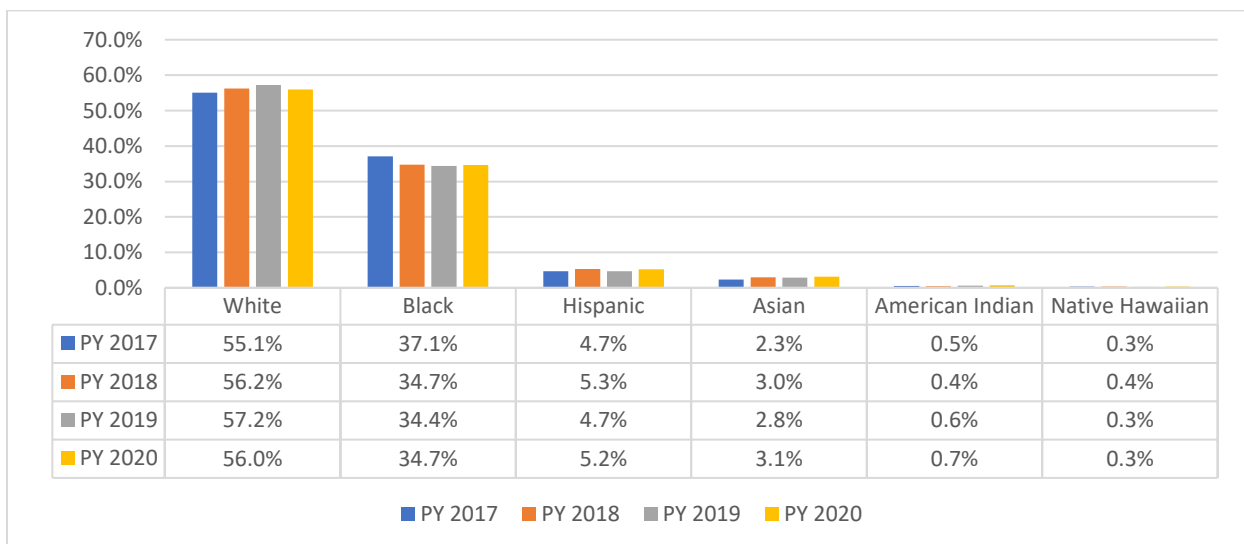
From 2017 to 2020, the greatest drop in applications were among White applicants followed by Black or African American applicants (see Figure 5.2) as these two groups represent 90% of the applicant pool, changes in the number of applications have a greater effect on the overall number of applications. Relatively smaller decreases were associated with other racial/ethnic groups. These other groups demonstrated resistance in changes to application numbers despite external factors such as the pandemic. A potential explanation for these smaller changes in these other groups could be attributed to internal factors such as specific outreach efforts by the agency or community-driven awareness and effort to refer individuals in their local communities to VA DARS.

**Figure 5.2. Applications by Race from PY 2017 to PY 2020**



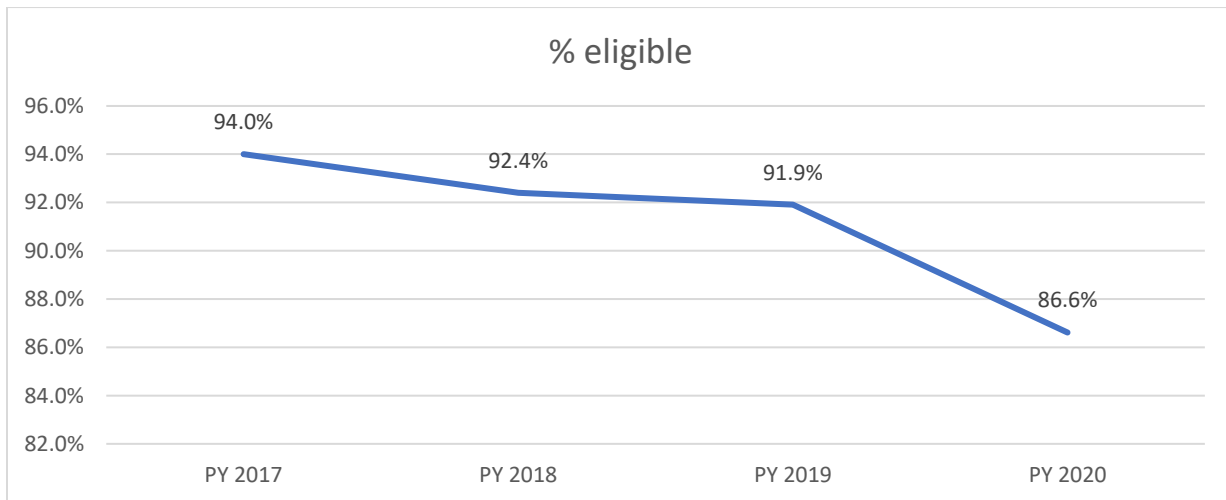
An anticipated outcome from the reduction in total applications among White or Black/African American individuals was a small increase among the other diverse groups in terms of their overall representation among all applicants (see Figure 5.3). White applicants peaked as a percentage of all applicants in PY 2019 at 57.2% and was associated with small decreases in overall composition of Black or African American and Hispanic applicants. However, generally all diverse groups were observed accounting for a larger proportion of applications in PY 2020.

**Figure 5.3. Percent of applications by each race from PY 2017 to PY 2020**



An assessment of the percentage of those determined eligible for services was also conducted to determine if a shift had occurred in the applicant pool toward individuals who do not meet the program criteria. A decrease in the percentage of applicants was observed that began in PY 2019 and continued in PY 2020 (see Figure 5.4 below). This decline may be associated with a broader spectrum of individuals applying for services as a function of increased awareness of Virginia DARS services among the community or related state agencies. However, as information about the program is more readily available, an increase in ineligible applicants is likely to occur as individuals, regardless of the eligibility criteria, are seeking assistance may be applying to a greater breadth of programs in attempting to meet their needs.

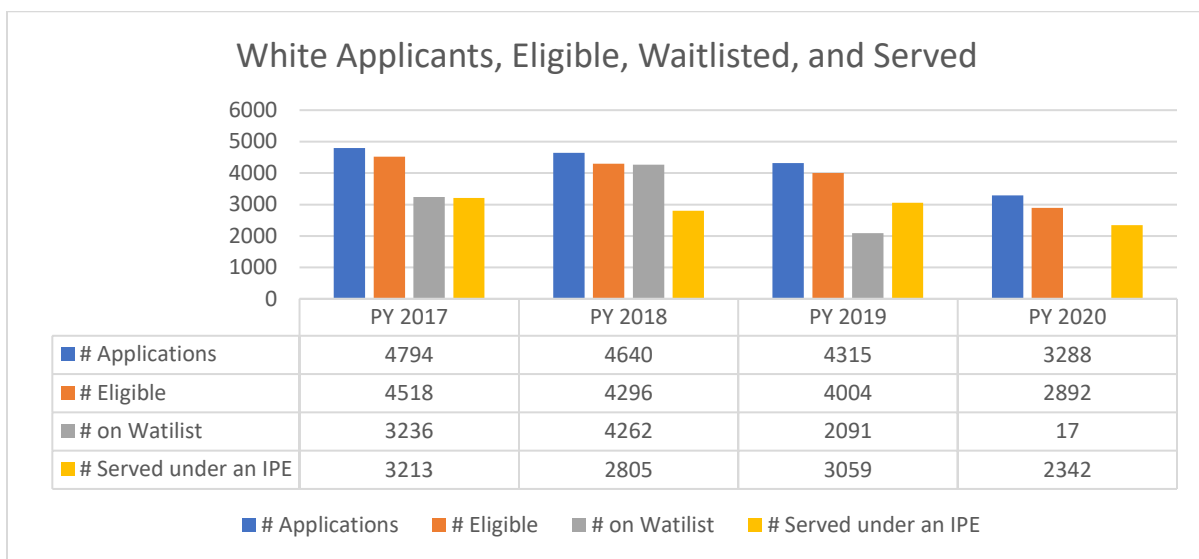
**Figure 5.4. Percent of applicants determined eligible for the program from PY 2017-2020**



For a more detailed look at the patterns of service applicants, figures related to the overall applications, determined eligible, waitlisted, and ultimately served under an IPE were created for the three largest groups of service recipients: White-Not Hispanic (Figure 5.5, page 78), Black or African American (Figure 5.6, page 79), and Hispanic (Figure 5.7, page 79). These tables demonstrate a similar pattern in reductions in applications over the four years under review. Applications for services decreased across all groups (White, 31.5%; Black or African American,

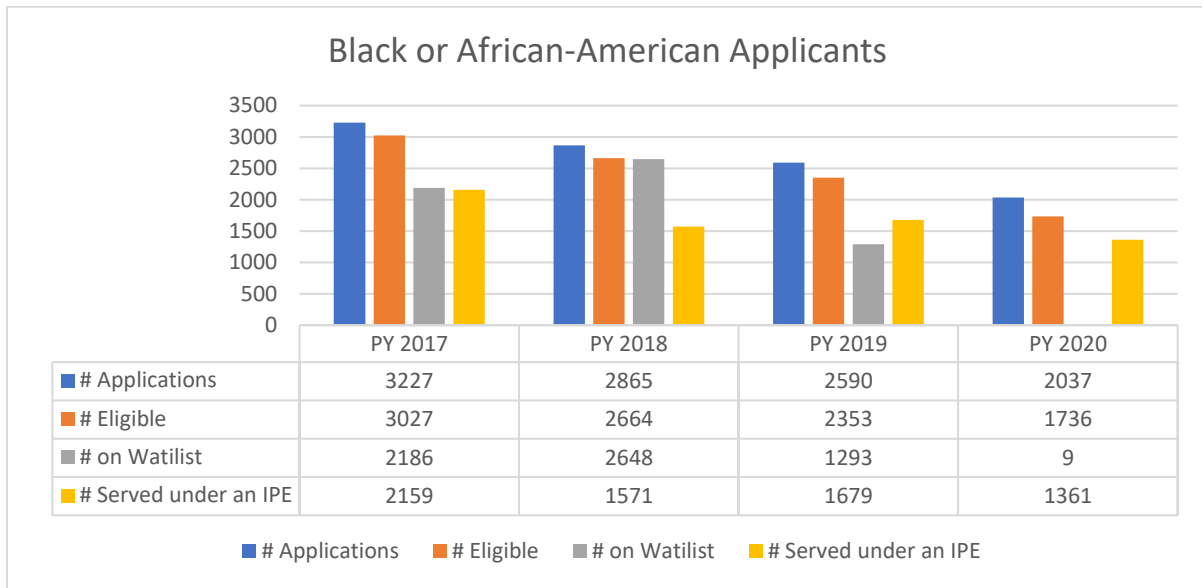
36%) but with a smaller decrease observed in the Hispanic group (25.1%). As a function of decreased applications, the number of individuals within each group who had a start date on a waitlist significantly decreased (White- 71.6% to .005%; Black or African American- 72.2% to .005%; Hispanic- 75.6% to .003%). As order of selection can decrease applications in subsequent periods, this substantial decrease may support an increase in applications in future program years.

**Figure 5.5. White, Not Hispanic applicants, determined eligible, waitlist, and served**

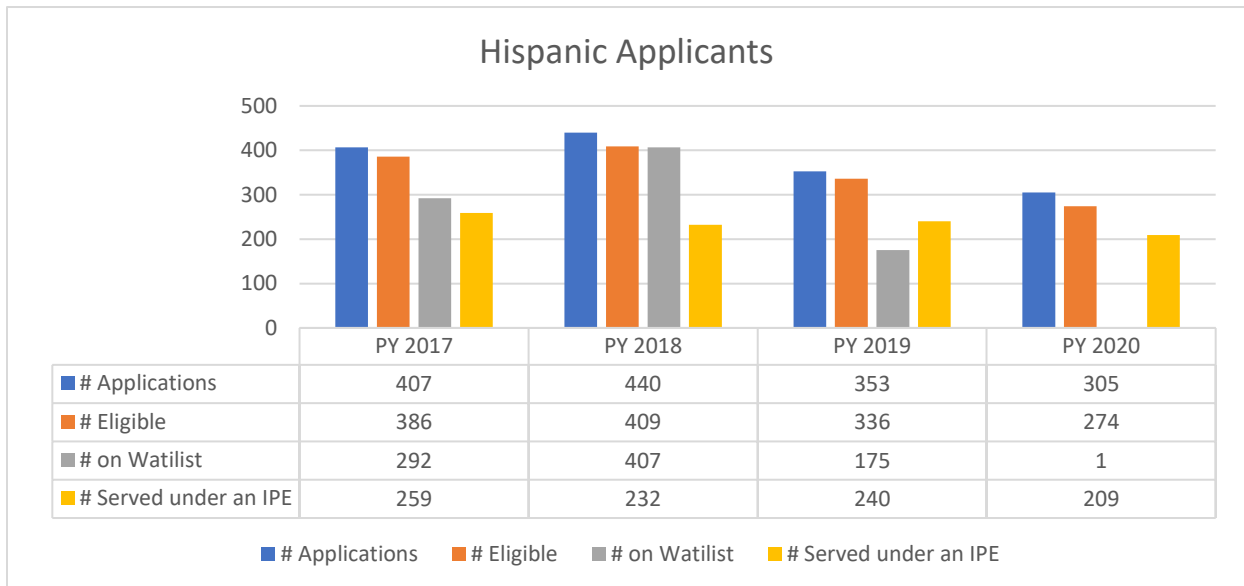


As previously noted, there were modest declines among all racial or ethnic groups in each year under review. However, these declines accelerated in PY 2020. A likely cause of this acceleration was the impact of the Covid-19 pandemic on applications; this in turn restricted the population that eligible individuals, and ultimately the number of individuals receiving services. Despite the lingering impact of the Covid-19 pandemic, it is expected that overall applications will increase in PY 2021 but likely in line with the rate of decline associated in prior program years. Comparable changes were observed among White (see Figure 5.6), Black or African American (see Figure 5.7 on the next page), and Hispanic individuals (see Figure 5.8 on the next page) indicating a universal effect on all applicants and service provision.

**Figure 5.6. Black or African American applicants, determined eligible, waitlist, and served**



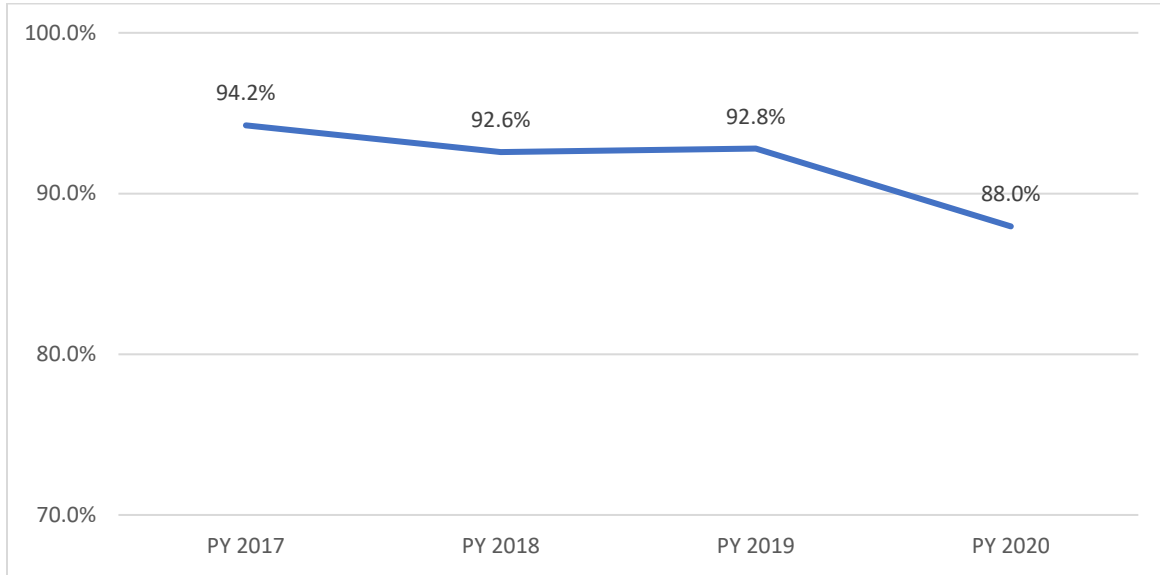
**Figure 5.7. Hispanic applicants, determined eligible, waitlist, and served**



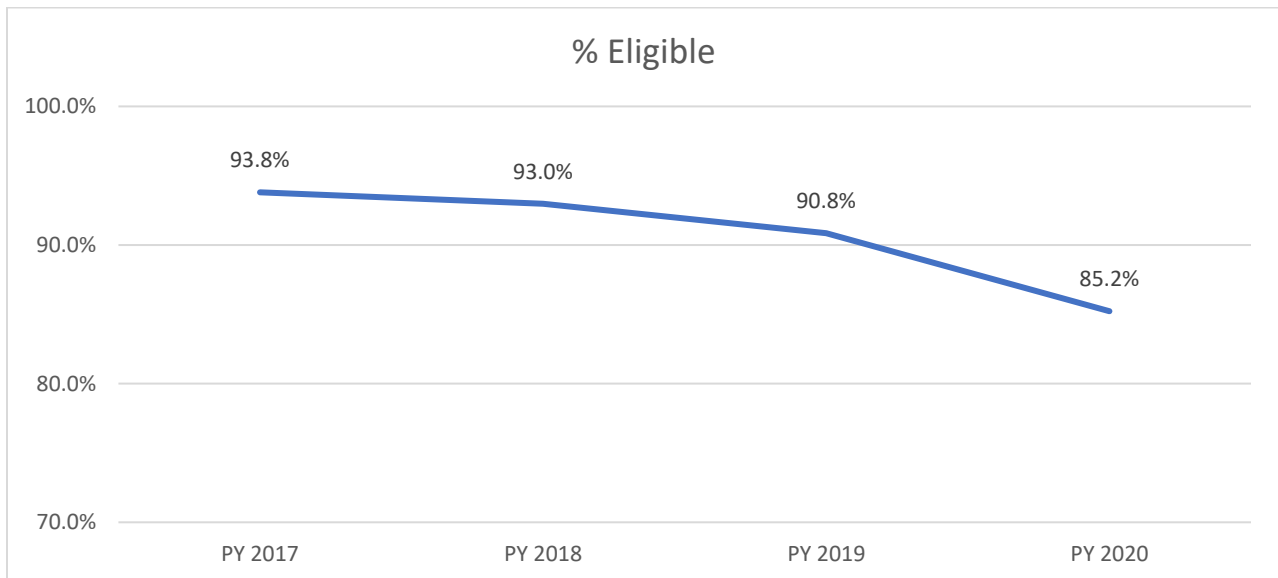
In determining eligibility for applicants, the median time for these groups ranged from 36-38 days, well before the expected 60-day timeframe to complete this process. As indicated in the tables provided in Appendix E as well as Figures 5.8-5.10 on the following pages, the overall rate of applicants determined eligible for services declined over the period under review. This

trend likely indicates an expansion in the awareness of Virginia DARS services and greater efforts to offset declining applications through community outreach and engagement with other public and private entities.

**Figure 5.8. Percent of White applicants determined eligible for services- PY 2017-PY 2020**

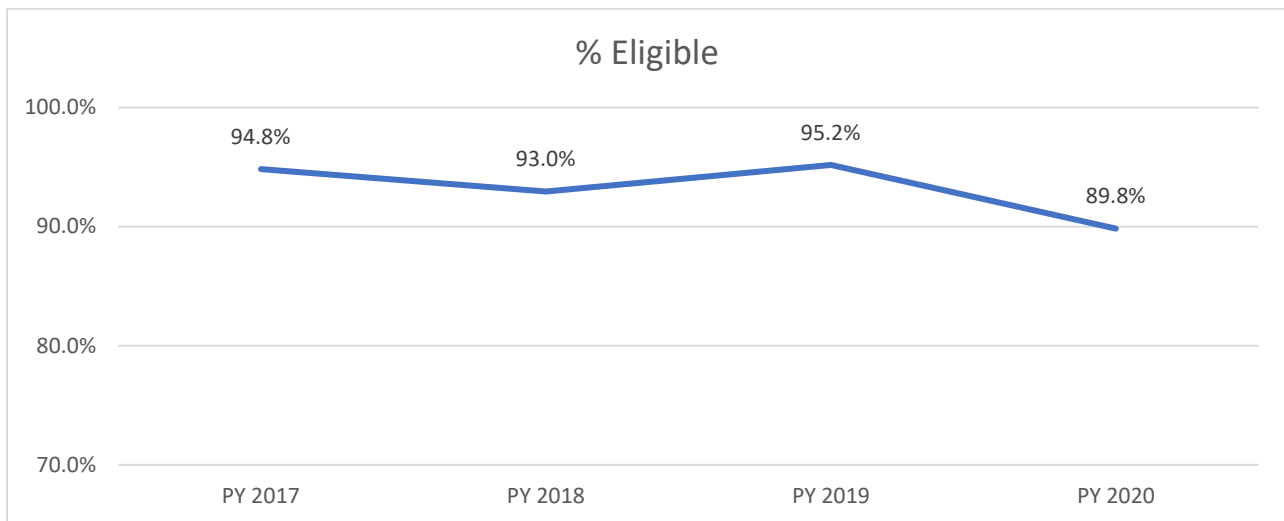


**Figure 5.9. Percent of Black or African American applicants determined eligible for services- PY 2017-PY 2020**





**Figure 5.10. Percent of Hispanic applicants determined eligible for services- PY 2017-PY 2020**



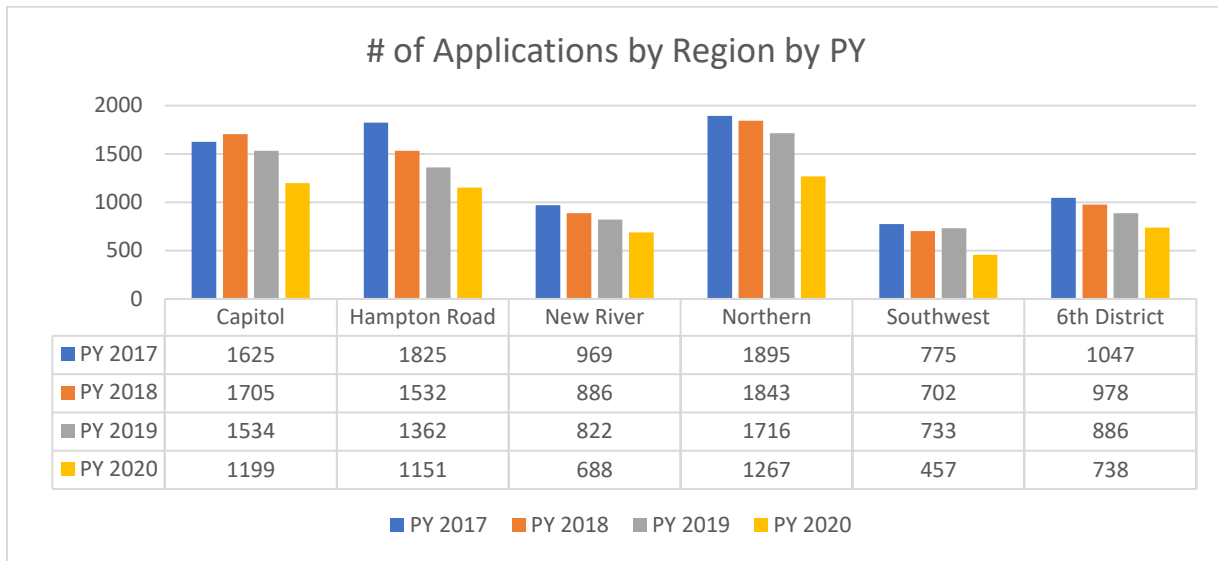
A small increase in the rate of Hispanic applicants determined eligible for services, at a time where the other groups was in a stable decline, was observed in PY 2019. The underlying factors associated with this increase is unknown. However, this event was temporary in nature and the subsequent eligibility determination rate in PY 2020 appears to be comparable to the same progression observed in the other groups evaluated during this time period.

From PY 2017 to PY 2020, changes were observed among the primary source of disability of eligible applicants (see Appendix E, Table 5.2). Focusing on the changes among applicants from PY 2019 to PY 2020, there appears to be a pattern in these declining applications. Among high prevalence disabilities, or those with more than 100 program participants in a typical year, the greatest decreases were among individuals with Depressive and other mood disorders (-42.4%), Specific learning disabilities (-42.1%), Drug abuse or dependence (other than alcohol; -41.4%). Conversely, the smallest decreases, and in one case an increase, were observed among those participants identified as having Traumatic brain injury (6.1%), Autism (-5.9%), and intellectual disability (+3.8%) as their primary source of impairment. In general, the greatest decreases in applications were among those individuals who

had psychiatric or substance-related conditions while the smallest changes were observed among those with cognitive or developmental disabilities, either congenital or acquired (i.e., traumatic brain injury). These changes in applications as a function of the primary source of impairment generally commenced prior to the pandemic with some observable changes beginning in PY 2018.

Similar to the analysis conducted on the primary source of impairment of eligible applicants, an inquiry into the secondary source of impairment of program applicants was conducted. As not all applicants are identified as possessing a secondary source of impairment, the overall sample identified in Table 5.3 (see Appendix E) is relatively smaller than that of the primary source of impairment. However, a comparable pattern regarding decreases in applications among certain populations of persons with select sources of impairment is observed. In addition to evaluating the demographics on a state level of individuals applying for services from Virginia DARS, data was also reviewed regarding regional variations during the same time period. There are six regions in the state that are identified in Figure 1: Capitol, Hampton Road, New River, Northern, Southwest, and the 6<sup>th</sup> District. Each region has a distinct demographic composition and economy. Figure 5.11 on the following page provides an overview of applications in each region from PY 2017 through PY 2020. The greatest decrease in applications during the period of review occurred in the Southwest region (-41.0%) while the smallest decrease in applications occurred in the Capitol region (-26.2%). However, it should be noted that the changes in applications in each region varied. While five of the six regions were observed to have decreases in applications over successive years, the decrease in the Southwest region appears to be a recent phenomenon and most likely the direct result of the effects of the pandemic on engagement in services.

**Figure 5.11. Applications by Region from PY 2017 to PY 2020**

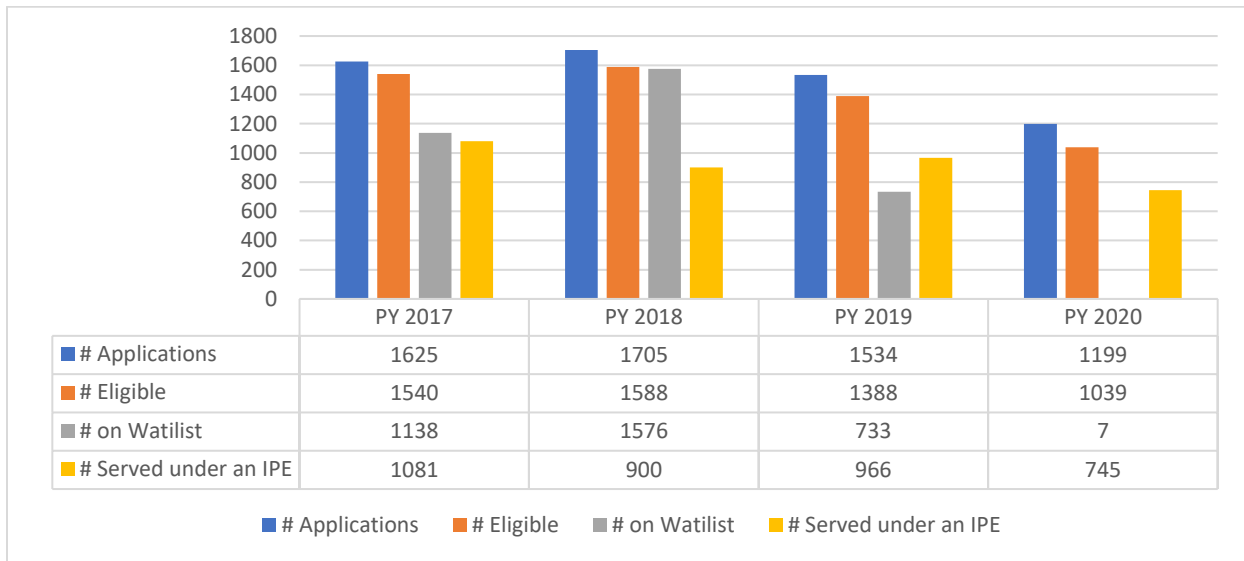


**Capitol Region**

The Capitol region consists of the following counties and cities: Capitol region, Amelia County, Brunswick County, Caroline County, Charles City County, Chesterfield County, Cumberland County, Dinwiddie County, Essex County, Goochland County, Greensville County, Hanover County, Henrico County, King and Queen County, King George County, King William County, Lancaster County, Middlesex County, New Kent County, Northumberland County, Nottoway County, Powhatan County, Prince Edward County, Prince George County, Richmond County, Spotsylvania County, Stafford County, Surry County, Sussex County, Westmoreland County, Colonial Heights city, Emporia city, Hopewell city, Petersburg city, Richmond city

From PY 2017 to PY 2020, the Capitol region observed a 26.2% decline in applications (see Figure 5.12 on the following page). However, the Capitol region was unique in that it was the only region to see an increase in applications from PY 2017 to PY 2018. Although the gains were ultimately lost in PY 2019 and PY 2020, an internal review of outreach activities in the region that time may lead to specific interventions that can be replicated within the region and across other regions to increase applications statewide.

**Figure 5.12. Capitol Region Applications, eligibility, waitlist, and number served**



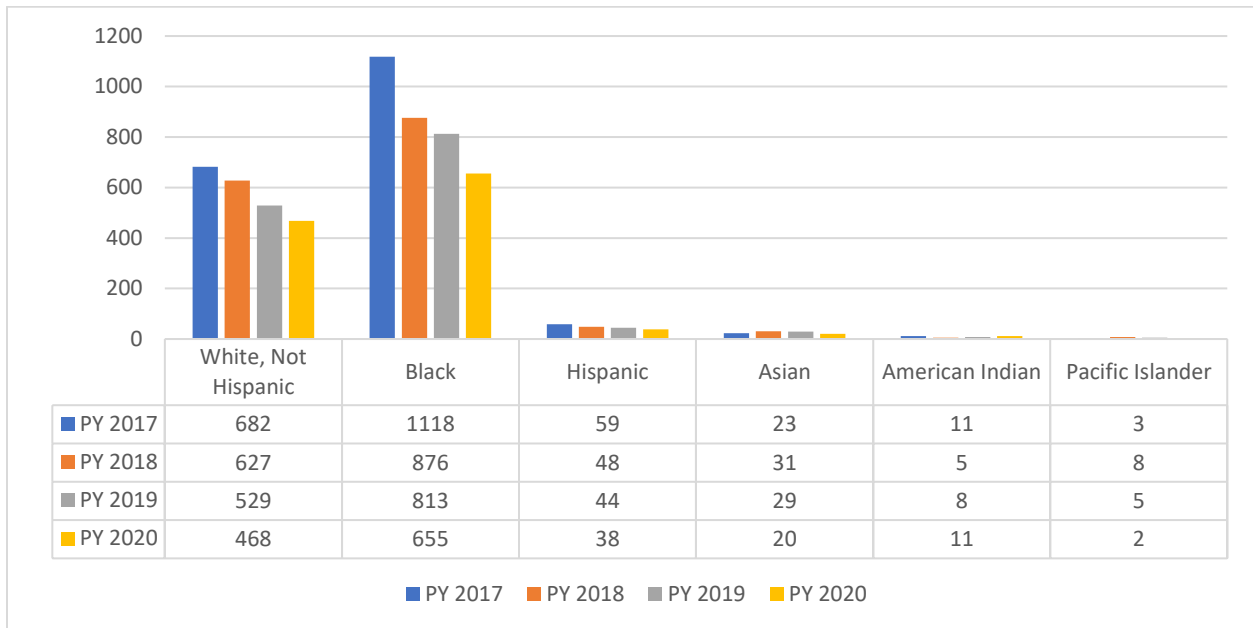
The demographic composition of applicants in the Capitol region largely reflects that of the community (see Figure 5.13 on the following page). However, the number of individuals who are Black or African American appears to be declining at a fast rate than the applications by individuals who are White.

**Hampton Roads Region**

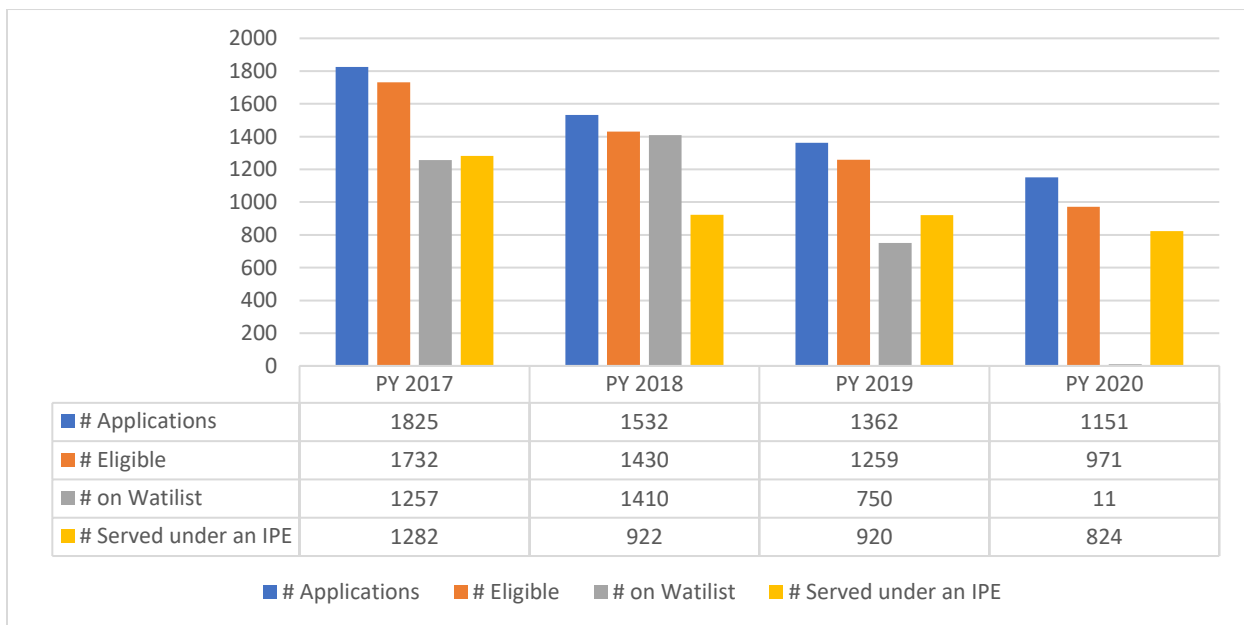
The Hampton Road region consists of the following counties and cities: Accomack County, Gloucester County, Isle of Wight County, James City County, Mathews County, Northampton County, Southampton County, York County, Chesapeake city, Franklin city, Hampton city, Newport News city, Norfolk city, Poquoson city, Portsmouth city, Suffolk city, Virginia Beach city, and Williamsburg city

A 36.9% decrease in applications was observed in the Hampton Road region from PY 2017 to PY 2020 (see Figure 5.14 on the following page). Although all regions had a comparable rate of individuals determined eligible but placed on a waitlist for services, the Hampton Road region had the highest percentage of eligible applicants on a waitlist in PY 2019 (60%) compared to an average of 52% participants on a waitlist in the other regions in the same year.

**Figure 5.13. Capitol region- Applicants by Race from PY 2017 to PY 2020**



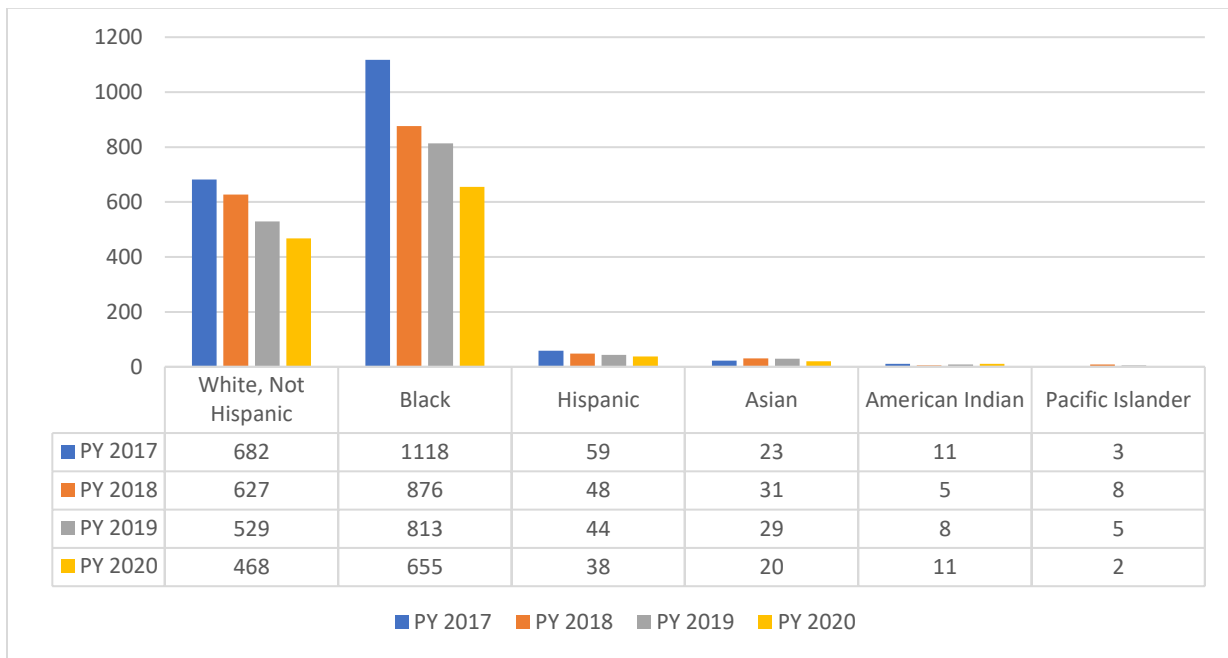
**Figure 5.14. Hampton Roads Region Applications, eligibility, waitlist, and number served**



Similar to the Capitol region, the number, and cumulative percentage of Black or African American applicants appear to have decreased at a fast rate that those of White applicants. Although the disproportionate effect on the pandemic on persons from diverse racial and cultural

backgrounds may help understand these overall decreases in applications, it also appears that this decline preceded the pandemic. For example, from PY 2017 to PY 2018, there was a 22.6% decrease in applications from Black or African American individuals while applications from White individuals decreased by 8.1% in the same year. One potential explanation for this divergence in application rates may be related to the order of selection and members of Black or African American communities disseminating information at a different rate than in other communities. See Figure 5.15 below.

**Figure 5.15. Hampton Roads Region -- Applicants by Race from PY 2017 to PY 2020**

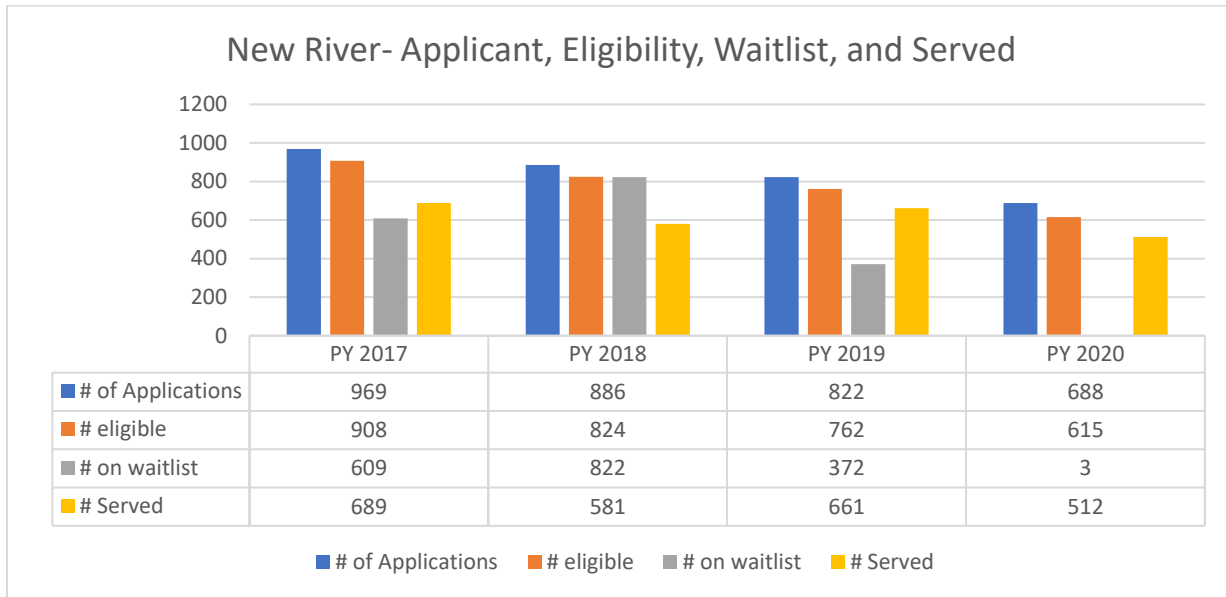


**New River Region**

The New River region consists of the following counties and cities: Alleghany County, Amherst County, Appomattox County, Bedford County, Botetourt County, Campbell County, Charlotte County, Craig County, Franklin County, Halifax County, Henry County, Lunenburg County, Mecklenburg County, Patrick County, Pittsylvania County, Roanoke County, Covington city, Danville city, Lynchburg city, Martinsville city, Roanoke city, and Salem city

The New River region had a 29% decrease in applications from PY 2017 to PY 2019. However, the overall eligibility determination rate dropped by only 4% during this same time period (see Figure 5.16 below).

**Figure 5.16. New River Region Applications from PY 2017 to PY 2020**

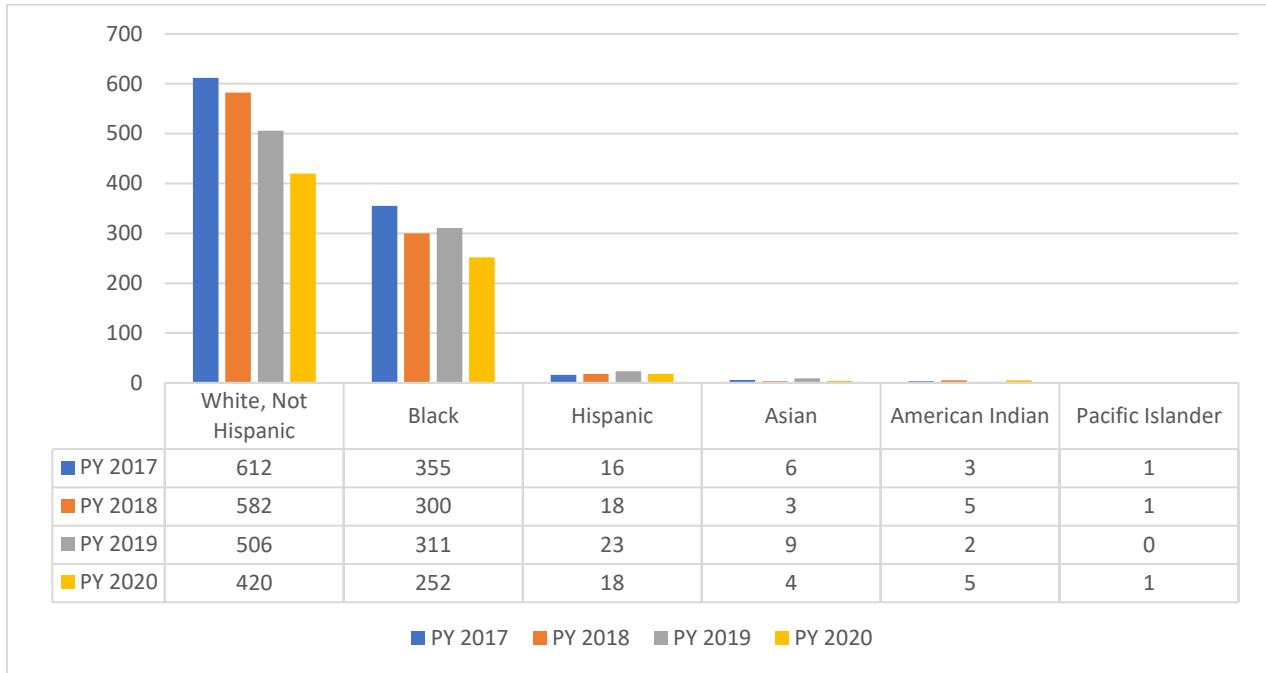


In terms of changes in applications across different groups, the declines were comparable among White (31.4%) and African American (31.0%) groups (see Figure 5.17 on the following page). Although Hispanic individuals represent a small overall fraction of those applying for services in the New River region, the number of applications increased across all years with the exception of the most recent year (PY 2020). As such, the overall population of Hispanic individuals served in this region has trended toward growth over the past four years.

**Northern Region**

The Northern region consists of the following counties and cities: Arlington County, Culpeper County, Fairfax County, Fauquier County, Loudoun County, Madison County, Orange County, Prince William County, Rappahannock County, Alexandria city, Fairfax city, Falls Church city, Fredericksburg city, Manassas city, Manassas Park city

**Figure 5.17. Applications in New River region by Race- PY 2017 to PY 2020**



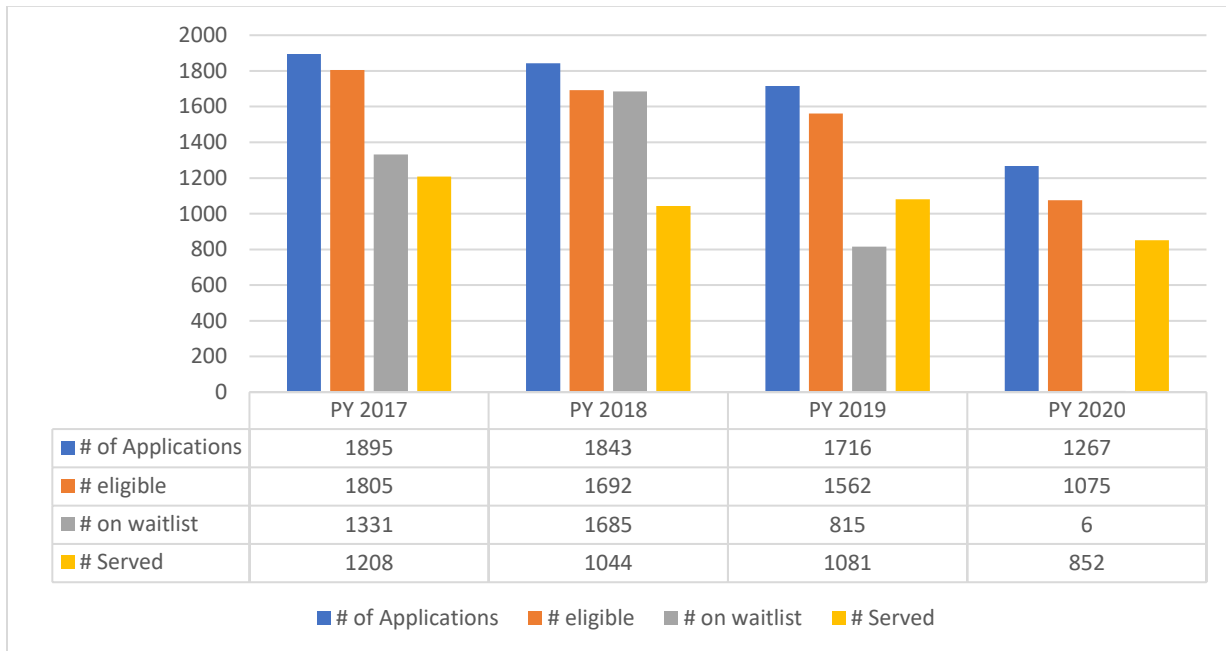
From PY 2017 to PY 2020, a 31.1% decrease in applications was observed. However, the most pronounced decline occurred in the most recent year (see Figure 5.18 on the following page). To place this decline in the appropriate context, from PY 2018 to PY 2019, applications declined by 6.9%; but from PY 2019 to PY 2020, the number of applications dropped by 26.2%. The Covid-19 pandemic is likely the primary factor for the acceleration of the decline in applications. In the absence of the pandemic, it is likely that the change in applications would be much smaller than observed in the actual PY 2020 data.

Similar to the New River region, comparable decreases were observed among White (35.5%) and Black or African American (34.7%) applicants (see Figure 5.19 on the following page). However, changes in Hispanic applications were more pronounced in the Northern region with a 25.8% reduction in applications for this population. A bright spot for the region was that applications from both Hispanic and Asian groups increased from PY 2017 to PY 2018. In addition, the overall decrease among Asian applicants was limited to 9.3% from PY 2017 to PY



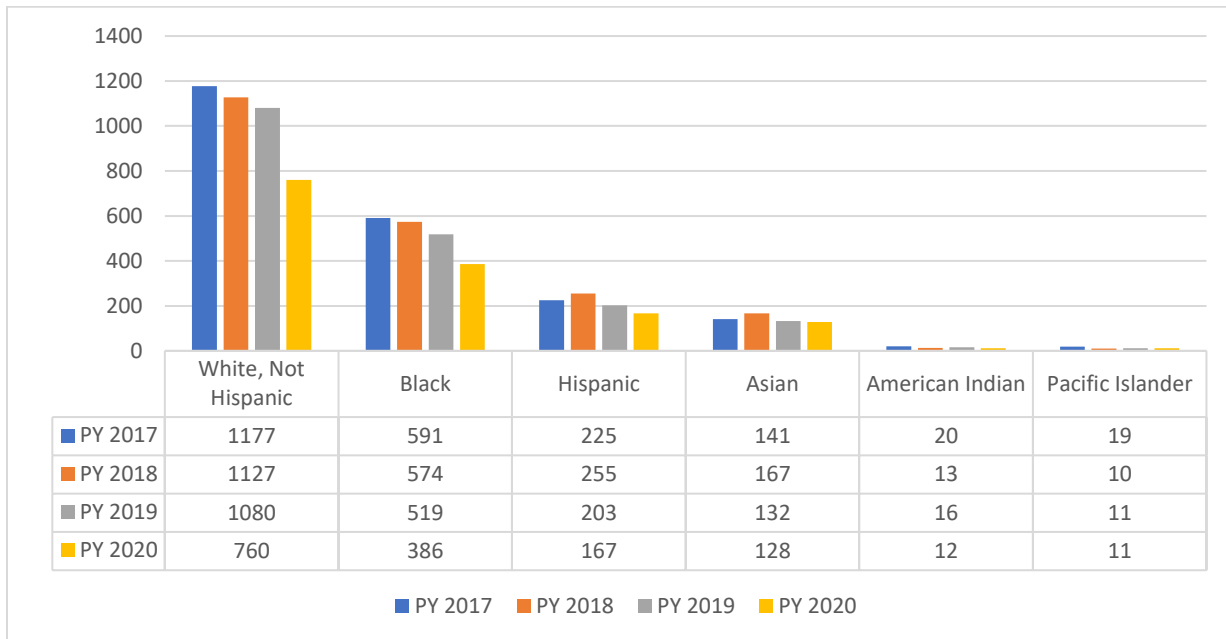
2020. The factors associated with this resilience in the application rate among Asian participants and it may be useful to explore this phenomena to maintain and replicate this finding.

**Figure 5.18. Northern Region- Applicant, Eligibility, Waitlist, and Served**



In examining changes in applications among different racial demographic groups, the Northern region was consistent with the statewide finding that the great decline in applications was among White applicants (See Figure 5.20 on the following page). A positive finding in the Northern region were the increases among Hispanic and Asian applicants in PY 2018. Although these gains were surrendered in PY 2019 and significant declines were observed in PY 2020, it would be beneficial to identify what efforts, if any, were made within the Northern region in PY 2018 that contributed to increased applications among these two groups. Identifying those specific efforts for replication and expansion to other regions may facilitate increased applications statewide of these two underserved populations.

**Figure 5.19. Northern Region Applications by Race- PY 2017 to PY 2020**



**Southwest Region**

The Southwest region consists of the following counties and cities: Bland County, Buchanan County, Carroll County, Dickenson County, Floyd County, Giles County, Grayson County, Lee County, Montgomery County, Pulaski County, Russell County, Scott County, Smyth County, Tazewell County, Washington County, Wise County, Wythe County, Bristol city, Galax city, Norton city, Radford city

The Southwest region exhibited the greatest change in applications from PY 2017 to PY 2020 with a decrease of approximately 41% (see Figure 5.20 on the following page). However, this decline occurred almost entirely in PY 2020 which had a decrease of 37.7% in that year alone. This rapid decline in PY 2020 is most likely associated with the effects of the Covid-19 pandemic as the region gained applications in PY 2019 relative to PY 2018 despite the last quarter of the year occurring during the shutdowns associated with the pandemic. As this region appears to be more rural than other regions of the State, a rebound in applications will rely on

renewing and reinforcing those relationships that resulted in increased interest in the program in PY 2019.

**Figure 5.20. Southwest Region- Applications, determined eligible, waitlist, and served**

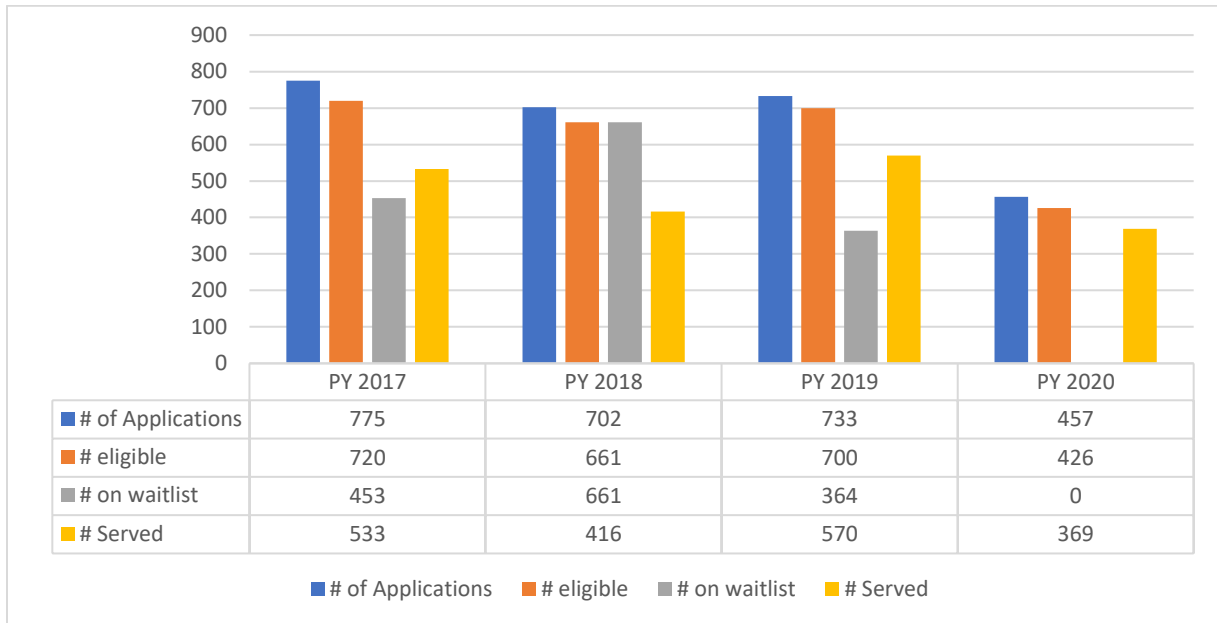
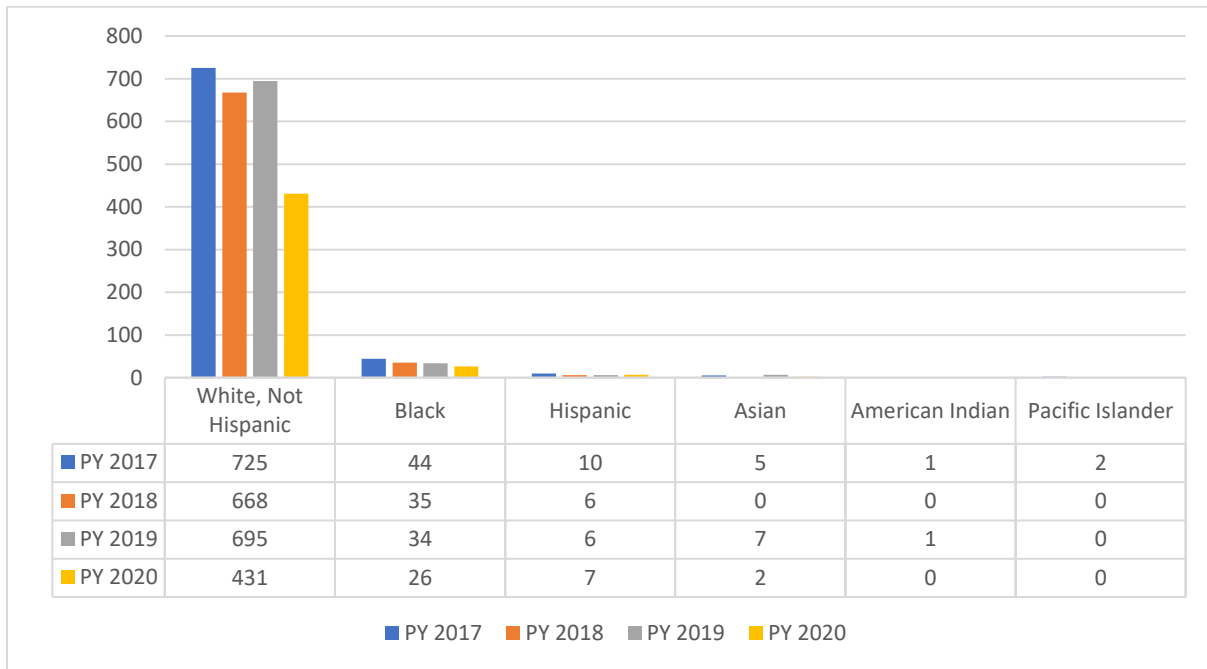


Figure 5.21 on the following page provides an overview of the distribution of applications from PY 2017 to PY 2020 based on race. As evidenced by the data, the population of those served in this region are primarily White. Among this group, applications declined by 41.6% during the four year period but with a majority of the change occurring in the most recent year- PY 2020. It is anticipated that applications would likely rise in PY 2021 as the effect of the pandemic on service provision, the economy, and ultimately individuals living in these areas subside. However, the efforts to increase applications in the Southern region in PY 2019, if replicated, may serve to see a larger rebound in applications in PY 2021 and PY 2022.

**Figure 5.21. Southwest Region- Applications by Race – PY 2017 to PY 2020**

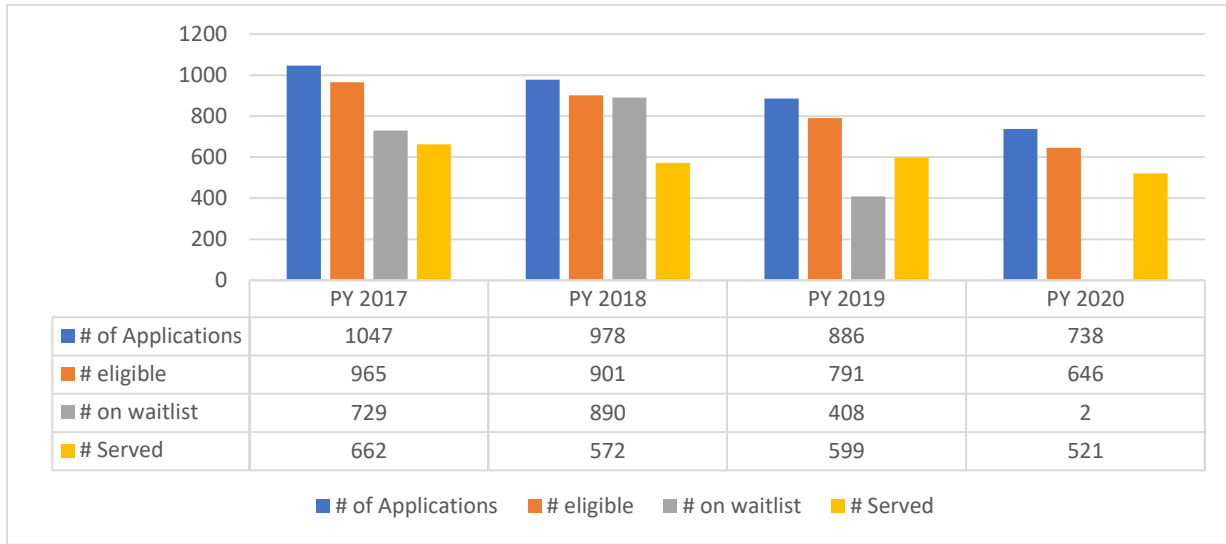


**6<sup>th</sup> District Region**

The 6<sup>th</sup> District region consists of the following counties and cities: Albemarle County, Augusta County, Bath County, Buckingham County, Clarke County, Fluvanna County, Frederick County, Greene County, Highland County, Louisa County, Nelson County, Page County, Rockbridge County, Rockingham County, Shenandoah County, Warren County, Buena Vista city, Charlottesville city, Harrisonburg city, Lexington city, Staunton city, Waynesboro city, Winchester city

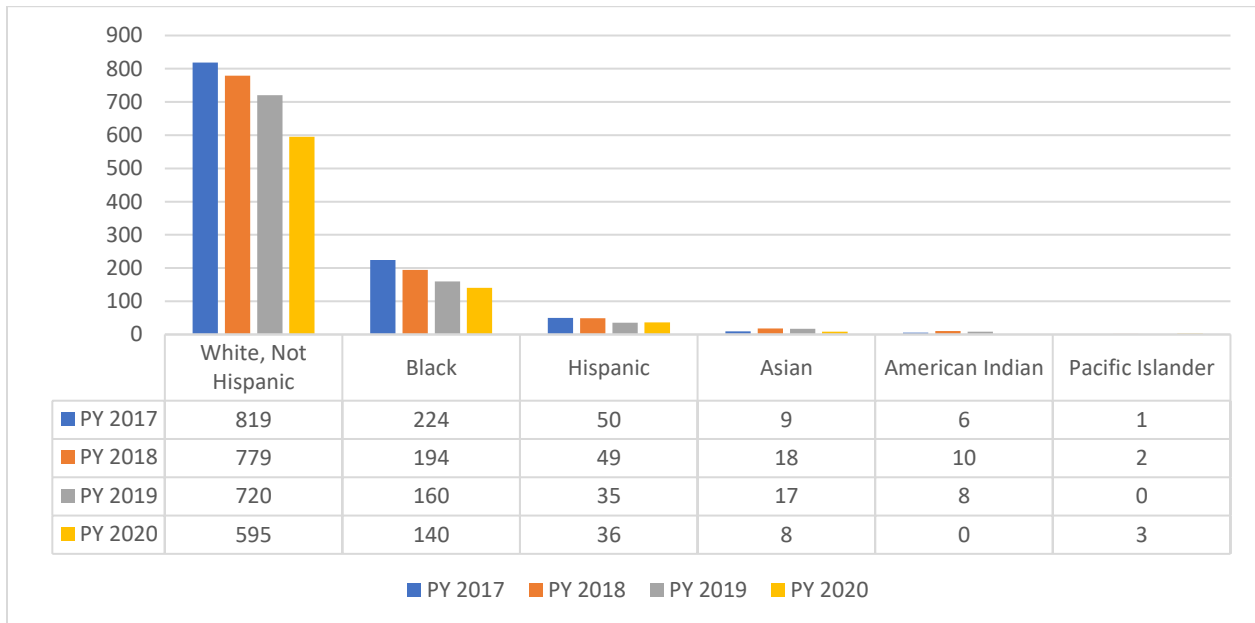
The 6<sup>th</sup> District experienced the most uniform changes in application rates over time (see Figure 5.22 on the following page). Although the overall change in applications from PY 2017 to PY 2020 was 29.5%, this was a more gradual change than was observed in other regions with regular, more modest decreases from PY 2017 to PY 2018 (6.6%), and then PY 2019 (9.4%), and in PY 2020 (16.7%). Although the changes in applications was more severe in PY 2020, it was smaller percentage decline than observed in other regions.

**Figure 5.22. 6<sup>th</sup> District - Applicant, Eligibility, Waitlist, and Served**



Applications among individuals from different racial groups also showed comparable changes to the region across the period of interest. The majority of applicants in the region were White and their applications declined by 37.4% from PY 2017 to PY 2020 (see Figure 5.23 below). Changes between groups were comparable during the same time period indicating a more global phenomenon.

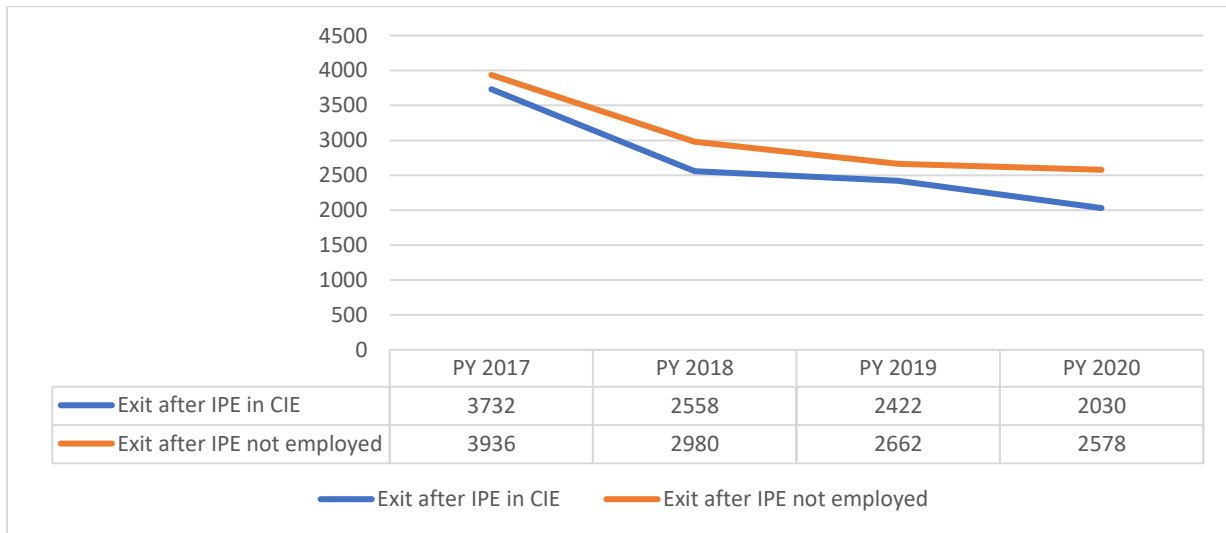
**Figure 5.23. 6<sup>th</sup> Region- Applications by Race from PY 2017 to PY 2020**



**Statewide Exit Data**

The following data represents those individuals who exited from PY 2017 through PY 2020 that exited after being served under an Individual Plan for Employment (IPE). Of note, the overall number of individuals exiting after being served under an IPE decreased from 7,668 in PY 2017 to 4,608 in PY 2020 or an overall change of 40.0%. This change likely reflects a combination of factors including, but not limited to the Covid-19 pandemic and the order of selection implemented by Virginia DARS during this time. During this time period, 10,742 individuals exited in employment after being served under an IPE and represented approximately 46.9% of those individuals who exited the program after being served under an IPE (See Figure 5.24 below). The percentage of those exiting in employment was likely affected by the pandemic as a noticeable divergence is evident in PY 2020 among those who exited in employment and those who did not.

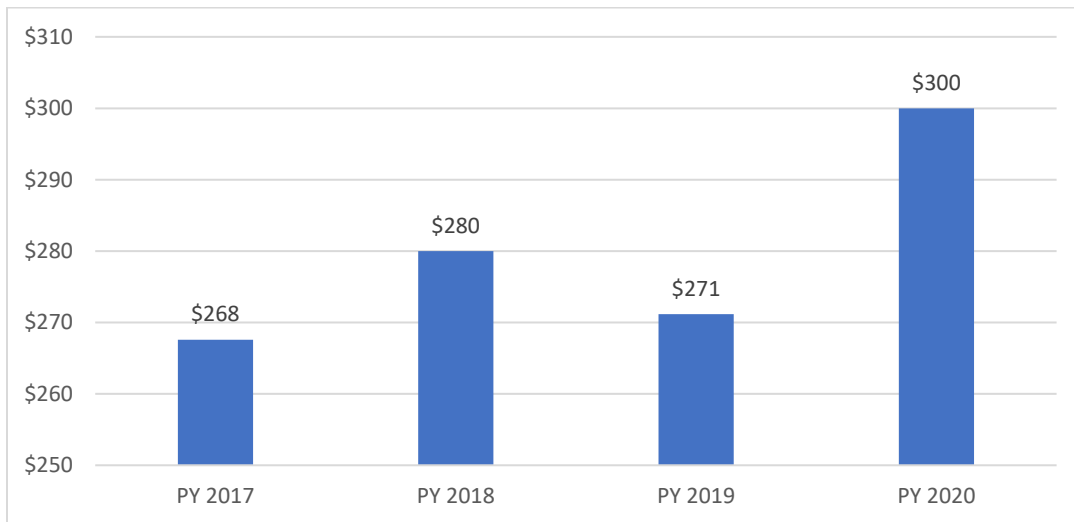
**Figure 5.24. Type of Exit after Receiving Services under and IPE**



On a positive note, during this same time period where the number of individuals exiting the program decreased and the severity of disability of those served either increased or achieved a ceiling level, the quality of employment outcomes increased. As demonstrated in Figure 5.25 on the following page, the median weekly wages at Exit (includes only those who exited in

employment), demonstrate a pattern of annual increase beyond inflationary rates. That is, the increases in median wages is more likely a factor of individuals exiting in positions with increased salaries rather than an artifact of inflation. In real terms, the participants exiting the program were earning approximately \$116 a month or \$1,506 a year more than their counterparts who exited the program in 2019. This amount is significant in that this income level is above the standard used by the Social Security Administration to define substantial gainful activity for Social Security Disability Insurance. Although it is below the median wage for the state (see Appendix E, Table 5.1), this effort represents growth in outcomes in relation to the quality of employment obtained by service recipients. Increases in median weekly earnings were observed among all racial groups over the four years with the highest earnings in PY 2020.

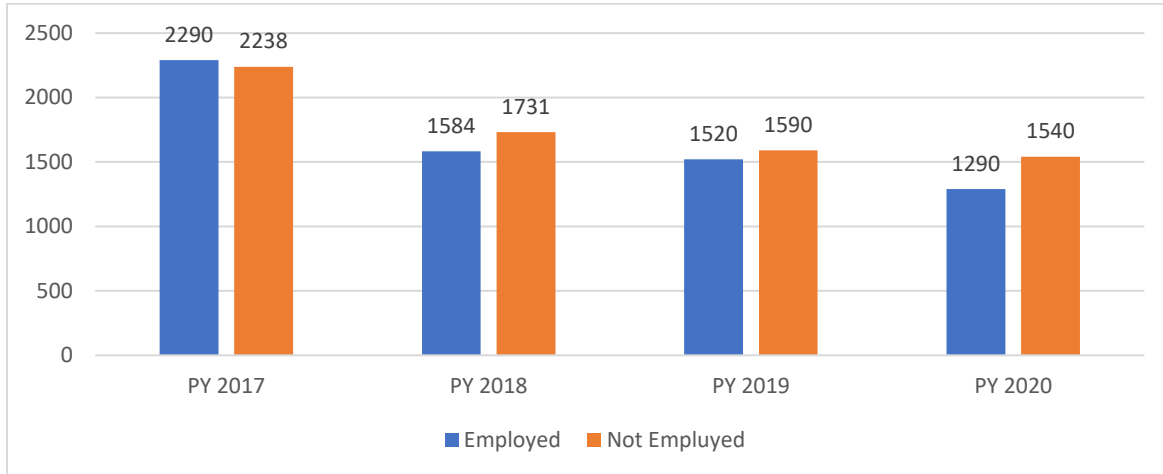
**Figure 5.25. Median Weekly Earnings from PY 2017 to PY 2020**



In terms of employment at exit, the rate at which White participants In terms of employment at exit, the overall number and percentage of White participants decreased from PY 2017 to PY 2020. The overall number of people exiting in employment after services decreased by 43.7% during the period under review (see Figure 5.26 on the following page). However, there was a steep decrease in the number exiting in PY 2018 which is consistent with the implantation

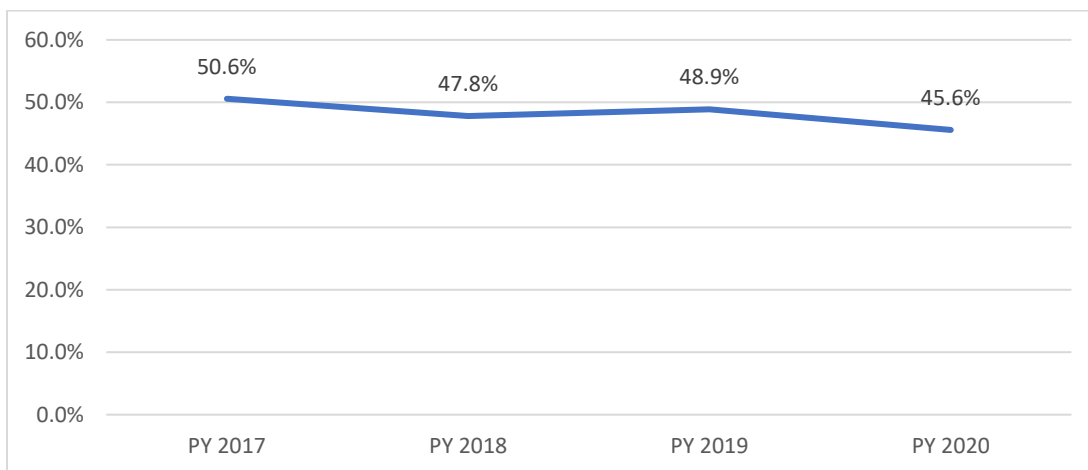
of the order of selection and the generally longer service requirements for persons with most significant disabilities.

**Figure 5.26. Type of Exit after Receiving Services under and IPE for White Consumers**



Despite the decline in total number of individuals exiting, the overall employment rate has remained relatively stable since PY 2018 and through the pandemic (see Figure 5.27 below). Given the increased availability of jobs in PY 2021, VA DARS is well-positioned to see a return to PY 2017 employment rate levels or potentially eclipse the rate observed in that year.

**Figure 5.27. Employment rate for white participants**



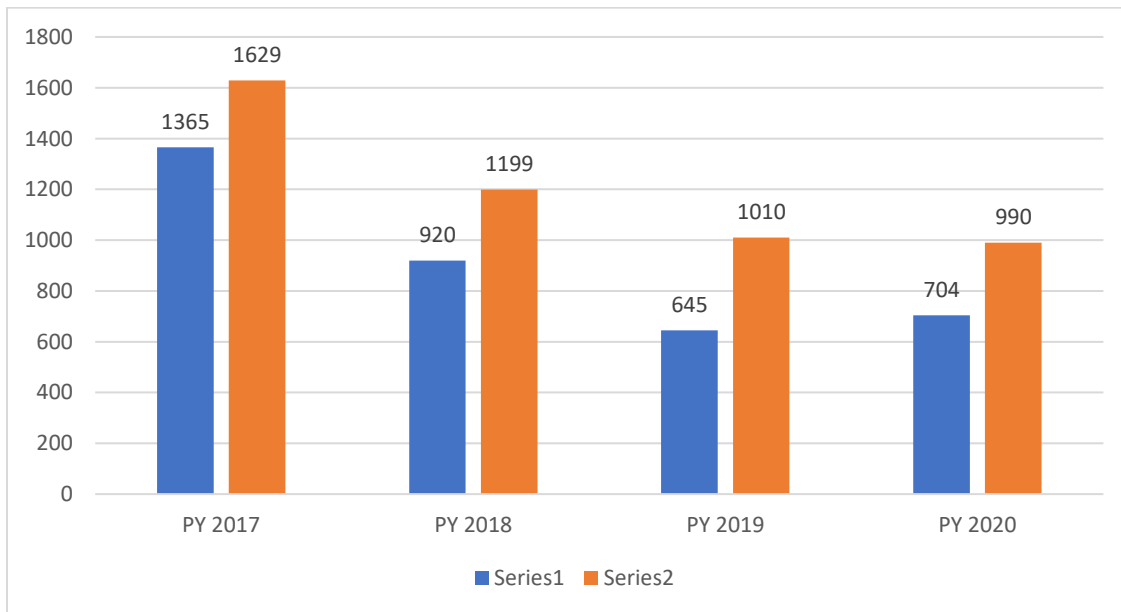
Employment rate is calculated by taking the total number of those who exited in CIE after being served under an IPE and dividing by the total number of those exited after being served under an IPE who exited either in CIE or not employed.



The employment rate is likely to rise in PY 2021 due to several factors. First, the unemployment rate is among the lowest in 40 years. As a result, there is a greater number of jobs available for individuals with disabilities and less competition for those jobs. On a related note, employers are increasingly looking to state vocational rehabilitation agencies to fill open positions. This shift toward demand-side driven recruitment can result in an increased rate of service recipients exiting in employment.

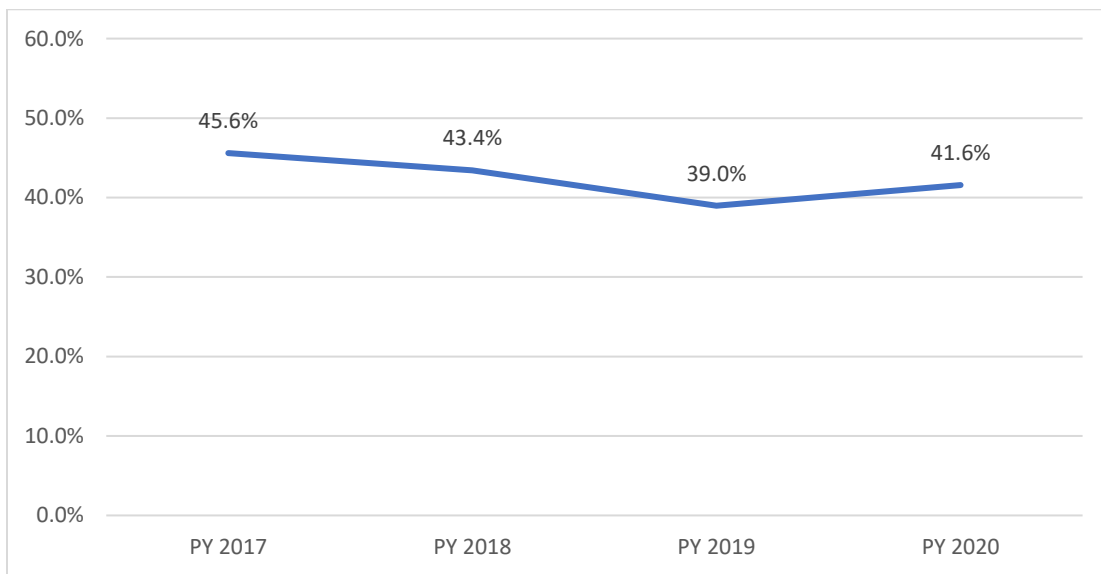
The total number of Black or African American service recipients exiting in employment after being served under an IPE declined by a comparable rate to White participants or by 48.8% from PY 2017 to PY 2020 (see Figure 5.28 below). Again, the initial decrease occurred in PY 2018. On a positive note, the most recent data point represents an increase in the number of Black or African Americans exiting in employment with a 9.1% increase in PY 2020 over PY 2019.

**Figure 5.28. Type of Exit after Receiving Services under and IPE for Black or African-American Consumers**



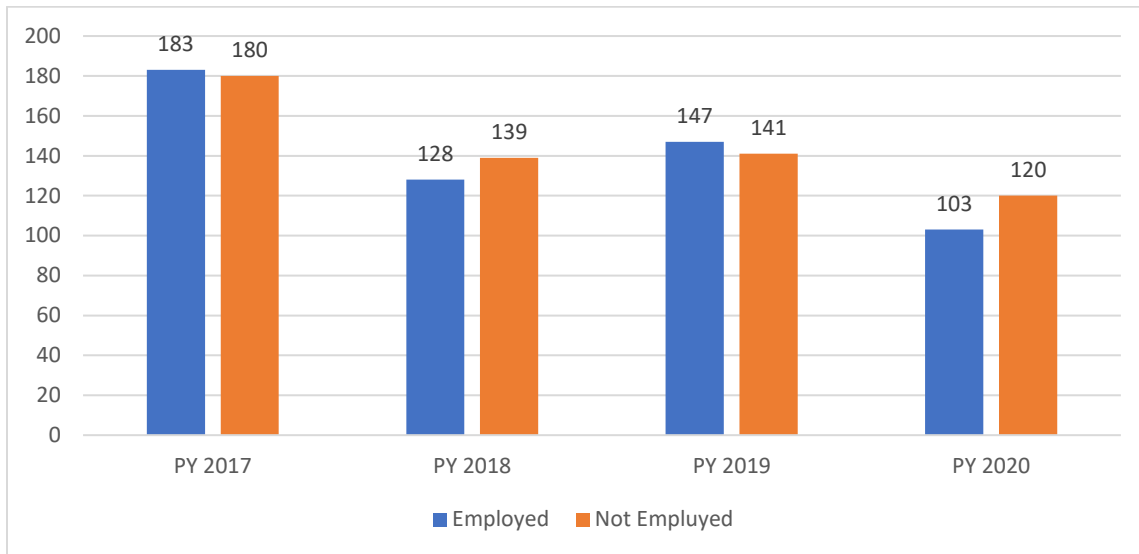
The overall employment rate of Black or African American participants was below that of White participants but followed a similar trajectory (see Figure 5.29 below). However, as with the overall exit in employment, the employment rate for this population increased in PY 2020. This trend in increased employment is likely an artifact of an atypically lower employment rate for Black or African-American in PY 2019. Further, the forces identified in the preceding section will likely return the employment rate for this group to PY 2017 levels if not higher.

**Figure 5.29. Employment rate for Black or African-American program participants**



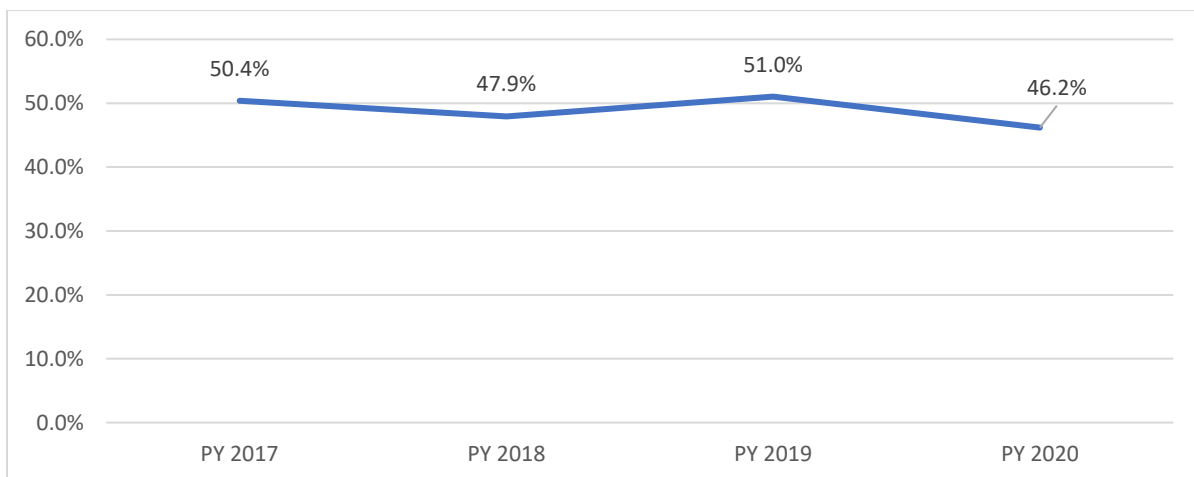
The overall number of Hispanic individuals exiting in employment declined by 43.7% from PY 2017 to PY 2020 (see Figure 5.30 on the following page). The same forces that have been described in prior sections were likely factors in this overall reduction. A positive finding for this population is that the number of Hispanic individuals who exited in employment after receiving services under an IPE was greater than the number who exited without employment after an IPE in two of the four years under review. To increase overall numbers of Hispanic individuals exiting in employment after receiving services under an IPE, VA DARS may need to increase overall applications from this population through focused outreach activities.

**Figure 5.30. Type of Exit after Receiving Services under and IPE for Hispanic Consumers**



As noted above, the employment rate of Hispanic program participants was above 50% in several years under review (see Figure 5.31 below). Although it was the lowest point in PY 2020, this overall rate may return to historical levels as the effects of the pandemic on the economy dissipate. In general, Hispanic individuals were observed to have employment rates comparable to those of White service recipients.

**Figure 5.31. Employment rate for Hispanic program participants**

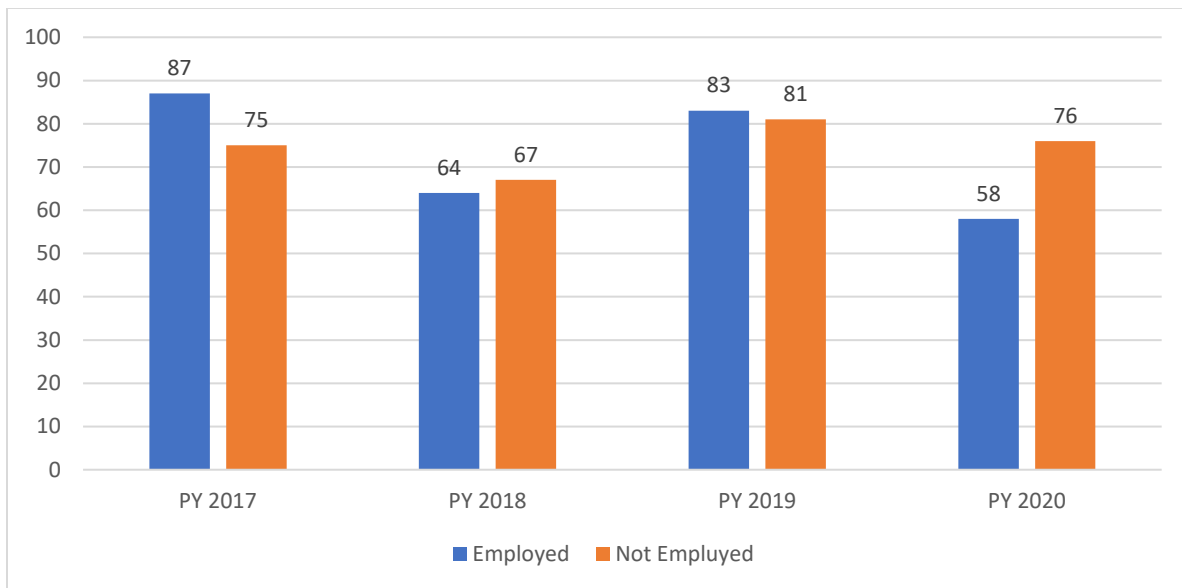


Asian program participants exhibited the lowest decrease in numbers that exited in employment. At 33.3%, this population appears to have the most resilience in employment

outcomes over time. Of note, the overall number of those exiting in employment was approximately the same in PY 2017 and PY 2019 (see Figure 5.32 below). Although numbers are lower in PY 2020, this again may be an artifact of the pandemic and the true trend will not be readily recognized until a later date.

In reviewing the overall employment rate of Asian program participants, it appears to follow a comparable trend of Hispanic program participants with higher employment rates in PY 2017 and PY 2019, only to see a lower rate in PY 2020 (see Figure 5.33 on the following page). This decrease in PY 2020 may be in response to the pandemic and should correct itself in PY 2021 as the economy and opportunities improve.

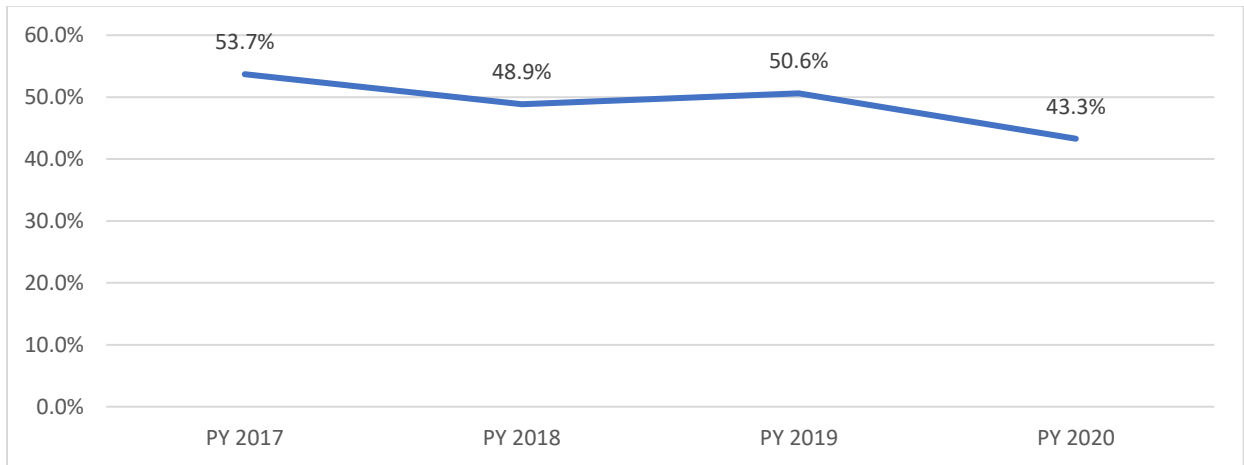
**Figure 5.32. Type of Exit after Receiving Services under and IPE for Asian Consumers**



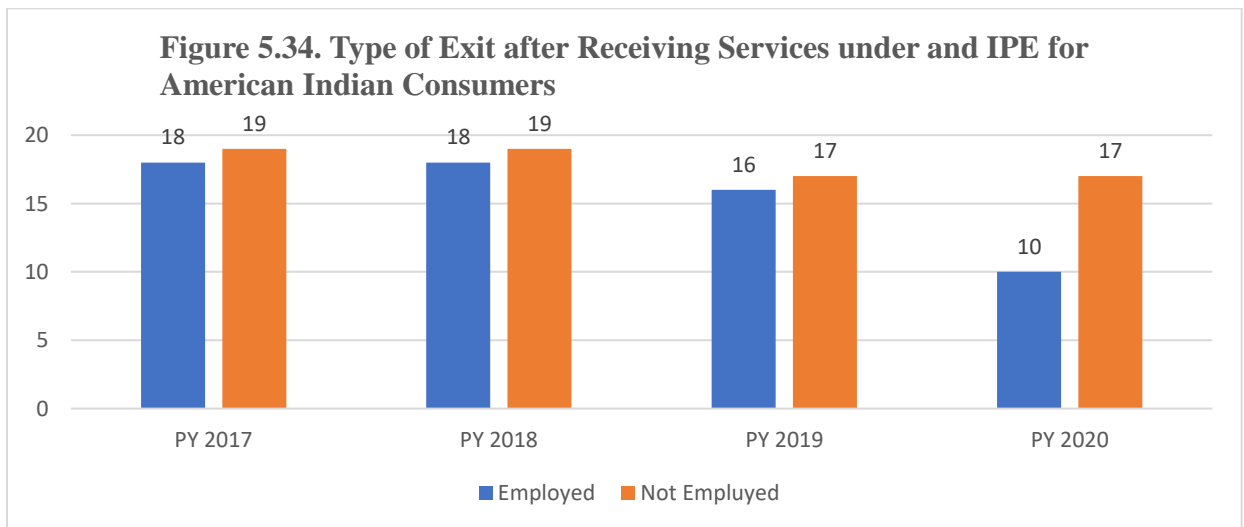
It is worth noting that the declines observed in the employment rate of Asian service recipients in PY 2018 were comparable of those seen in other racial or ethnic groups. The universal decrease in employment rate in PY 2018 was likely a function of VA DARS serving a population of individuals who required more time to complete their vocational rehabilitation programs as a function of the significance of disability and expanding wait list roles. As those

waitlist roles began to decline in PY 2019, a corresponding increase was observed in the number of individuals exiting the program and in the overall employment rate.

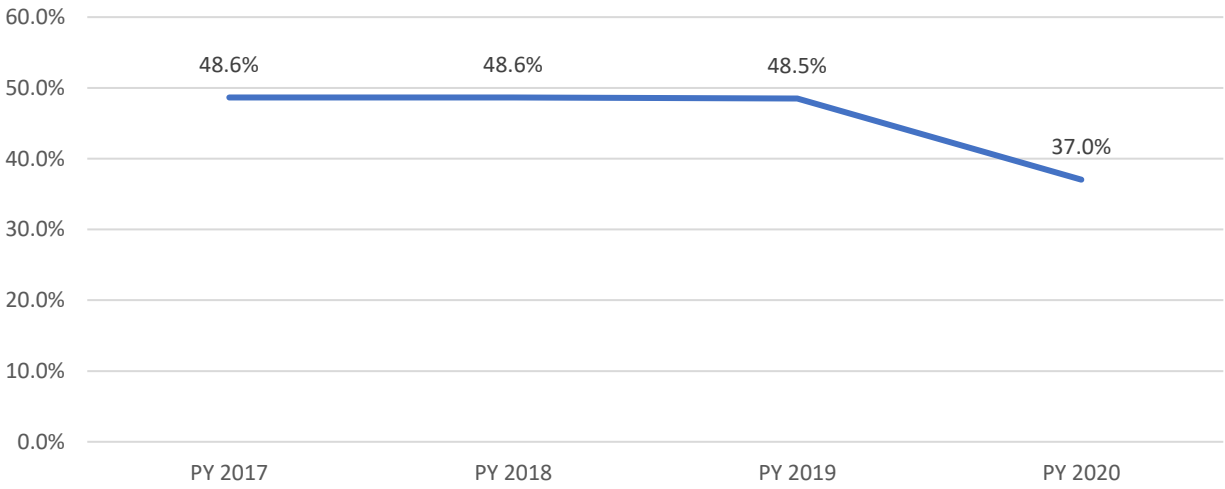
**Figure 5.33. Employment rate for Asian program participants**



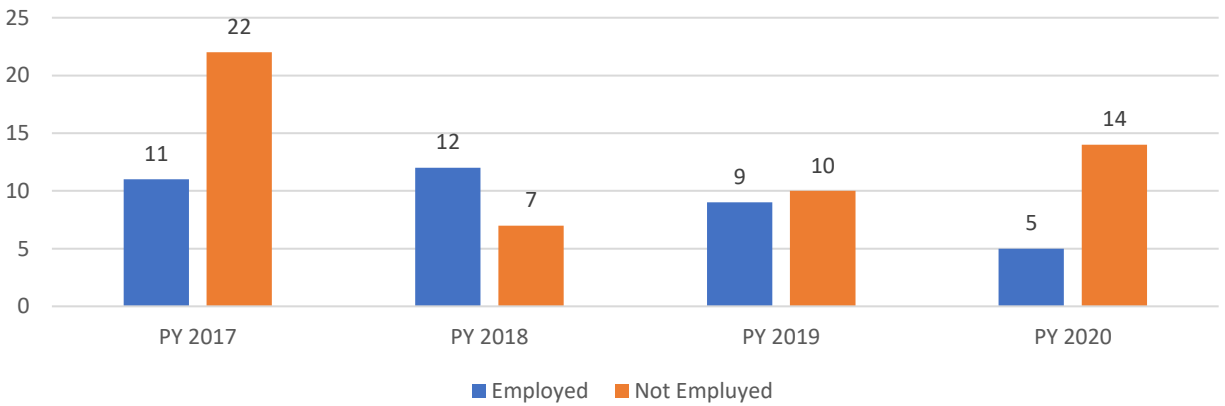
For the last two groups, American Indian and Pacific Islander or Native Hawaiian, the overall numbers of those served are relatively small. As such, caution should be taken in over-interpreting results regarding increases or decreases in the outcomes of these groups over time. Figures 5.34 (below) to 5.37 on the following page provide the outcomes for these groups for informational purposes but comparisons to the larger groups mentioned in the previous section may provide a false impression of the outcomes of these groups.



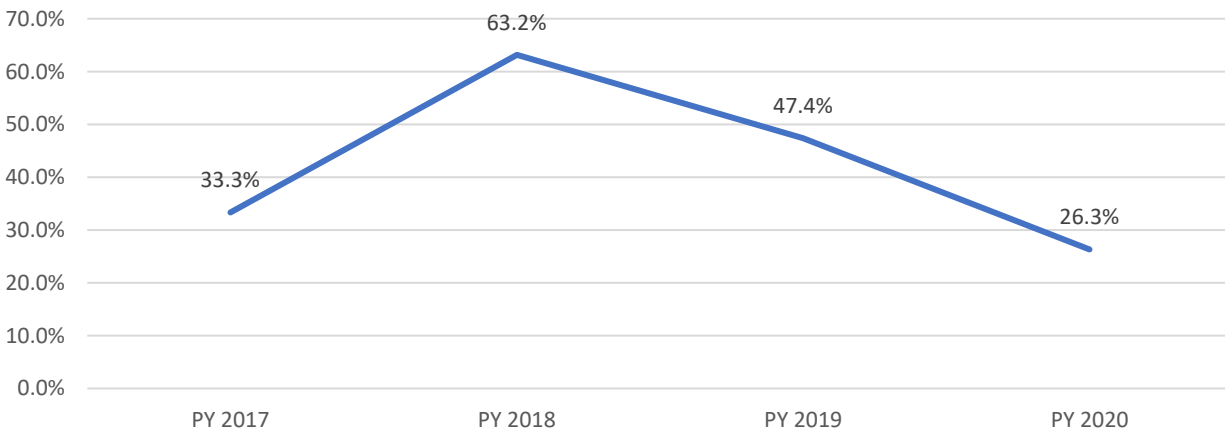
**Figure 5.35. Employment rate for American Indian Consumers**



**Figure 5.36. Type of Exit after Receiving Services under and IPE for Native Hawaiian or Pacific Islander Consumers**

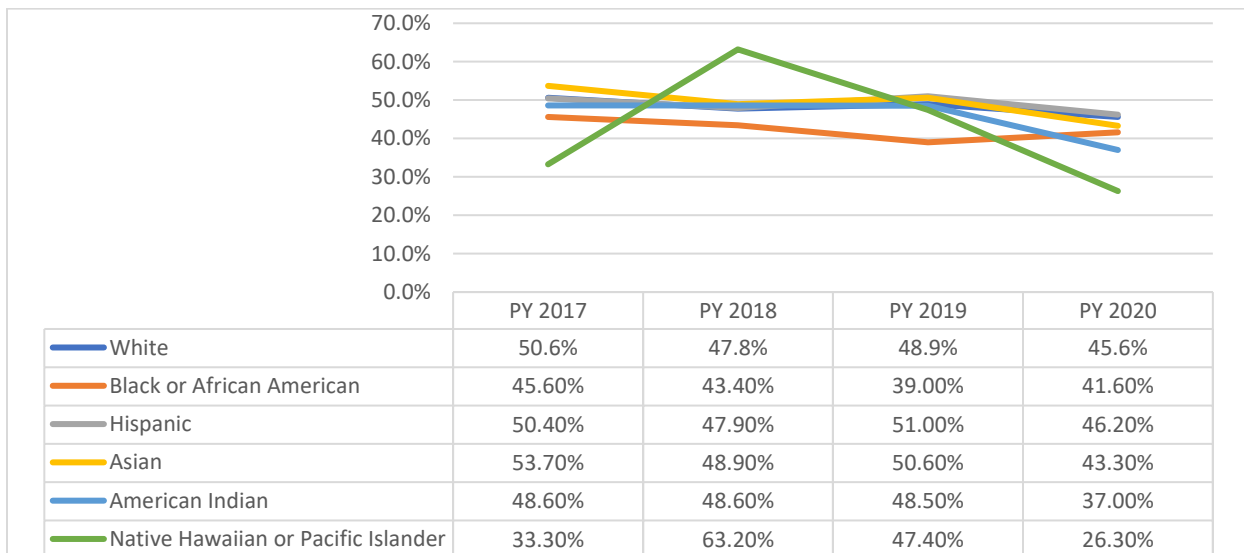


**Figure 5.37. Employment rate for Pacific Islander or Native Hawaiian**



Lastly, the employment rate of each group has been mapped to a single table (see Figure 5.38 below). As noted above, results for Pacific Islander or Native Hawaiian and for Native American have increased variability due to a relatively small sample size. To that end, it is unlikely that the findings for those groups represent a trend, particularly in the context of the outcomes of all the different populations served by Virginia DARS. As demonstrated in the figure below, employment rates for the different groups served by Virginia DARS tend to follow a comparable pattern with modest declines in PY 2018 and PY 2020 with relatively higher performance in PY 2017 and PY 2019. However, the Black or African American group tends to alternate from this pattern. Overall, the employment rate for this population is lower than that experienced by other groups. This effect may be due to issues related to the intersectionality of poverty, limited economic opportunities in geographic areas, or other challenges to obtaining and maintaining work such as safe and reliable transportation. It should also be noted that the gap between this population and the other populations decreased in PY 2020 indicating that Virginia DARS has worked to decrease the employment gap and resolve some of the underlying barriers faced by Black or African American consumers both in response to, and independent of, the Covid-19 pandemic.

**Figure 5.38. Employment rate by race for PY 2017 through PY 2020**



In terms of employment outcomes among different groups of persons with disabilities, Table 5.4 (see Appendix E) provides an overview of employment rate for each of the Primary Source of Impairment group identified in the RSA 911 data for Virginia DARS. Of note in this table is that the best employment rates, among those high incidence service populations (i.e., 100 or more closures per year), from PY 2017 to PY 2020 were among individuals with autism (55%), congenital conditions or birth Injury (53.5%), physical disabilities (51.6%), specific learning disabilities (50.9%), intellectual disabilities (49.9%), drug abuse or dependence (other than alcohol; 49.4%), and Attention Deficit Hyperactivity Disorder (ADHD; 48.4). Conversely, the groups with the lowest employment rates were individuals with schizophrenia (34%) and depressive and other mood disorders (40.4%). In general, there appears to be separation in outcomes between those individuals with physical, intellectual or developmental, and substance-related impairments to those with mental health concerns (see Appendix E, Table 5.4). This separation is likely a product of multiple factors. First, vocational counselors may struggle with providing services to individuals with mental health concerns as their vocational rehabilitation needs may be markedly different than those of other groups. Likewise, due to the potentially episodic nature of mental health concerns, individuals in this disability category may find it difficult to complete a structured program such as those offered through an IPE. Increasing capacity among the agency to support the vocational rehabilitation needs of this population through effective engagement and long-term support planning may serve to increase the likelihood of individuals with mental health concerns exiting in employment.

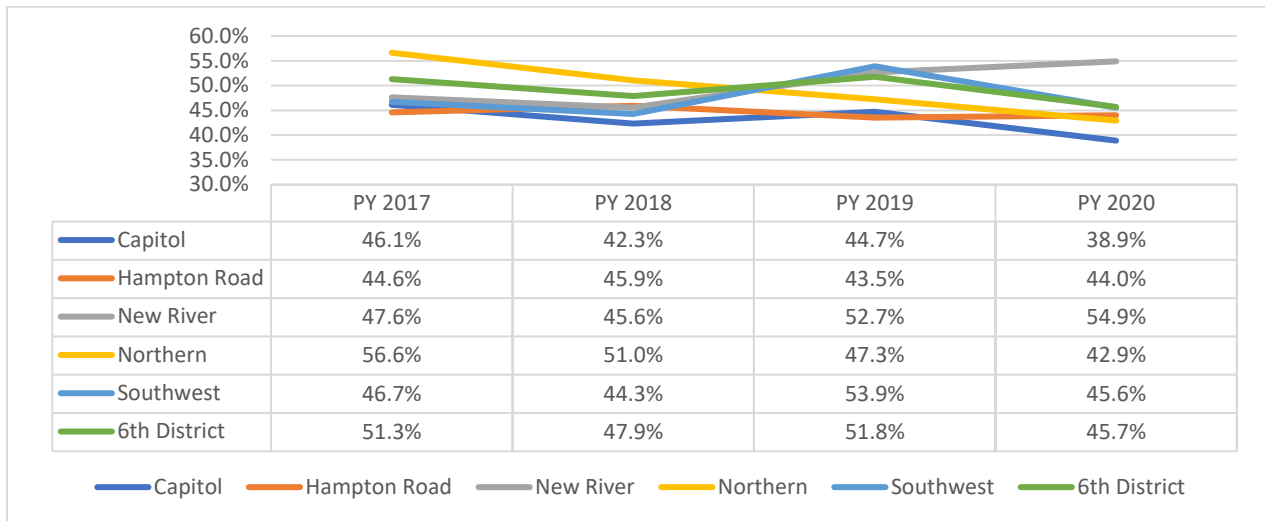


Rates for all disability groups are provided but smaller sample sizes (i.e., low incidence served groups) should be interpreted with caution as these are prone to have greater variability in outcomes that are an artifact of the sample size rather than appreciable trends in the data. However, VA DARS should continue to monitor outcomes among these lower incidence groups to insure comparability in service provision and outcomes.

### **Virginia DARS Regional Exit Data**

In terms of regional outcomes related to employment rate of program participants, the different regions appeared to fall into one of three patterns from PY 2017 to PY 2020 (see Figure 5.39 on the following page). First, among the Steady Decrease group, there were those regions that generally experienced declines from year to year in the overall employment rate (e.g., Northern, Hampton Road, Capitol). Within this group, there may have been a relative plateau between two years, but overall were observed to have a decrease in employment outcomes from PY 2017 to PY 2020. The second group, the 3<sup>rd</sup> Year Growth group, were comprised of those regions (e.g., Southwest, 6<sup>th</sup> District) that had comparable decreases to the Steady Decrease group in PY 2018, but had a surge in employment rate to well above PY 2017 levels in PY 2019. However, the 3<sup>rd</sup> Year growth group were unable to escape the anchoring effect of the pandemic that resulted in a loss of the PY 2019 gains to the point they were below their PY 2017 outcomes. The last group, the Steady Increase group, was generally observed to have increases in each year under review. This group is comprised of the New River region.

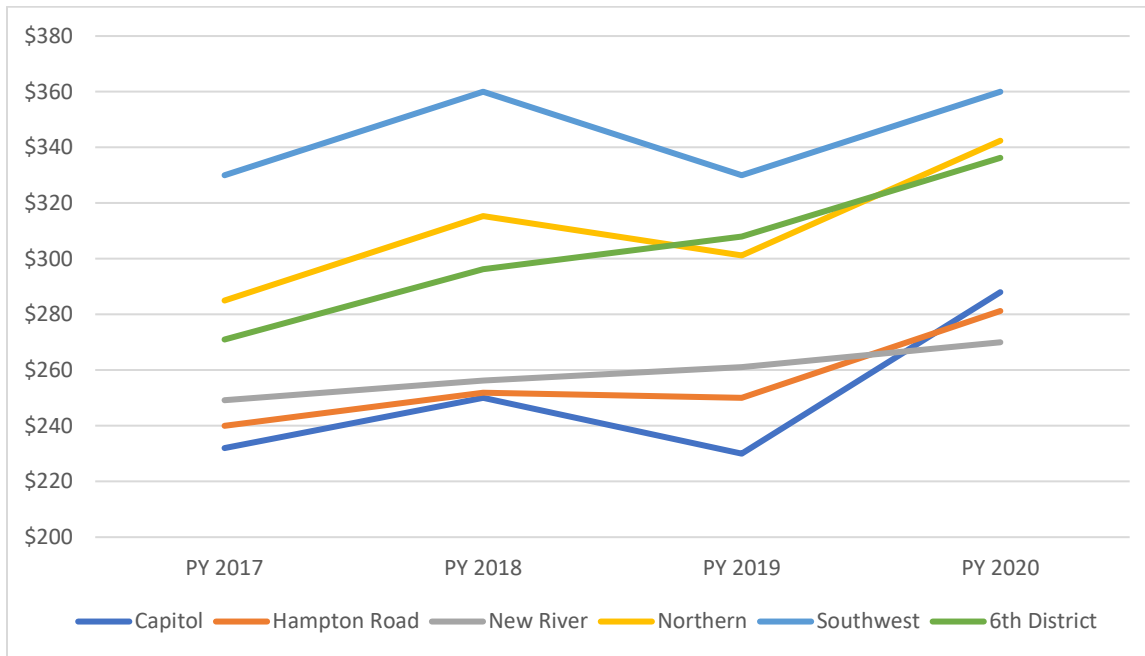
**Figure 5.39. Employment rate by region from PY 2017-PY 2020**



\*Note- The vertical axis markings were reduced to provide greater separation between the lines representing the regions.

Beyond the observed employment rate and related grouping of those observations, an evaluation was conducted of the quality of employment as evidenced by median weekly earnings after exit in employment after being served under an IPE by Region (see Figure 5.40 on the following page). From the table provided, it appears that there are again three distinct distributions in outcomes relative to weekly earnings. A one-way ANOVA revealed that there was a statistically significant difference in weekly earnings between the groups ( $F(5, 11341) = [43.959], p < .001$ ) when looking at the aggregate effect across the entire period. Post hoc comparisons support the finding that participants who were served by the Southwest, Northern, and 6<sup>th</sup> district regions had significantly higher weekly wages after exit in employment than those served in the Hampton Road, New River, and Capitol regions. A comparison of the economies of each of these regions, cost of living, and other considerations may provide an explanation of these variations from region to region.

**Figure 5.40. Median weekly earnings by region- PY 2017-PY 2020**

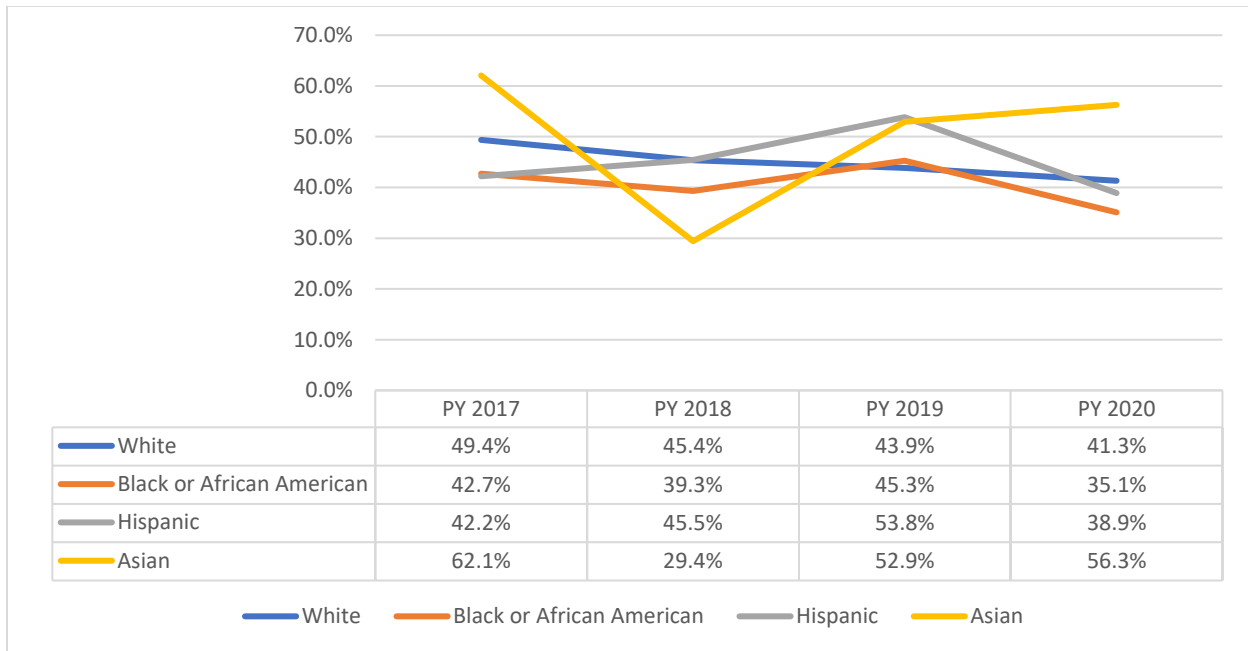


The other regional comparison conducted in this evaluation was to compare the outcomes of different racial or ethnic groups in terms of their overall employment rate. For each region, a determination was made regarding there being a sufficient sample to include in the table but that would be resistant to fluctuations in the data associated with small sample size. As such, the tables provided for the regional data on this topic may omit certain groups due to low (less than 20) individuals exiting from the vocational rehabilitation program in a given year.

In terms of employment rate outcomes in the Capitol Region, Figure 5.41 on the following page provide an overview of the employment rates of White, Black or African America, Hispanic, and Asian participants. The employment rates of the first three groups tend to follow a comparable distribution in each year under review. Although the African American group tends to have a lower employment rate across the period under review, they achieve a comparable outcome in PY 2020. The Asian group is of a smaller sample size and tends to show

a more variable course over time relative to the other higher incidence populations served by Virginia DARS.

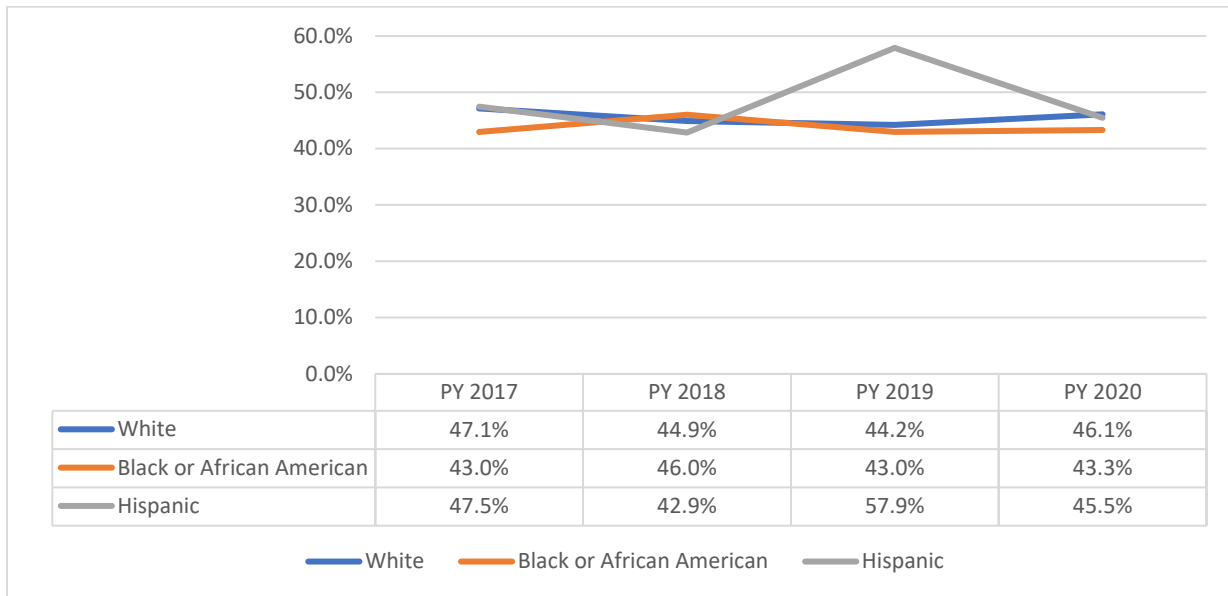
**Figure 5.41. Employment rate by Race for the Capitol region- PY 2017-PY 2020**



Note: The sample sizes for American Indian and Pacific Islander/Native Hawaiian were considered small (N<20/year) which would result in artificial extreme variations in the graphing of employment rate for those groups. As a result, they are not found in Figure 5.41.

For the Hampton Road region, the three groups included in the table were White, Black and African American, and Hispanic. Overall, the Hampton Road region demonstrated consistent outcomes over time in terms of employment rate. These three groups exhibited comparable outcomes across the period under review with the exception of the Hispanic group in PY 2019. In that exceptional year, this population was observed to have a 57.9% employment rate (see Figure 5.42 on the following page).

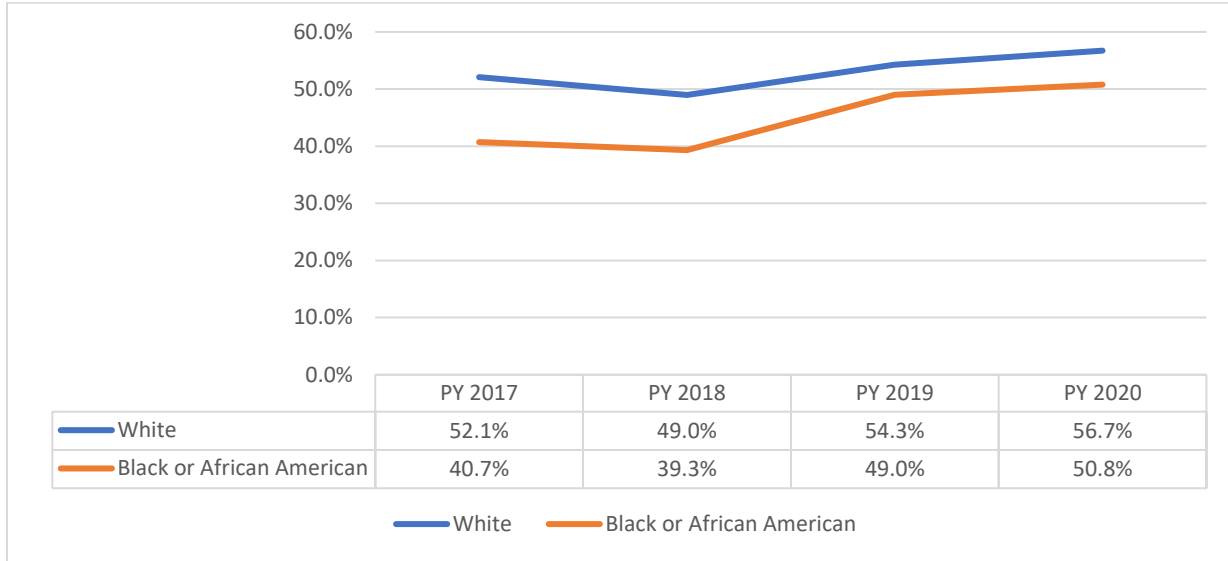
**Figure 5.42. Employment rate by Race for the Hampton Road region- PY 2017-PY 2020**



Note: The sample sizes for Asian, American Indian, and Pacific Islander were considered small ( $N < 20$ /year) which would result in artificial extreme variations in the graphing of employment rate for those groups. As a result, they are not displayed in Figure 5.42.

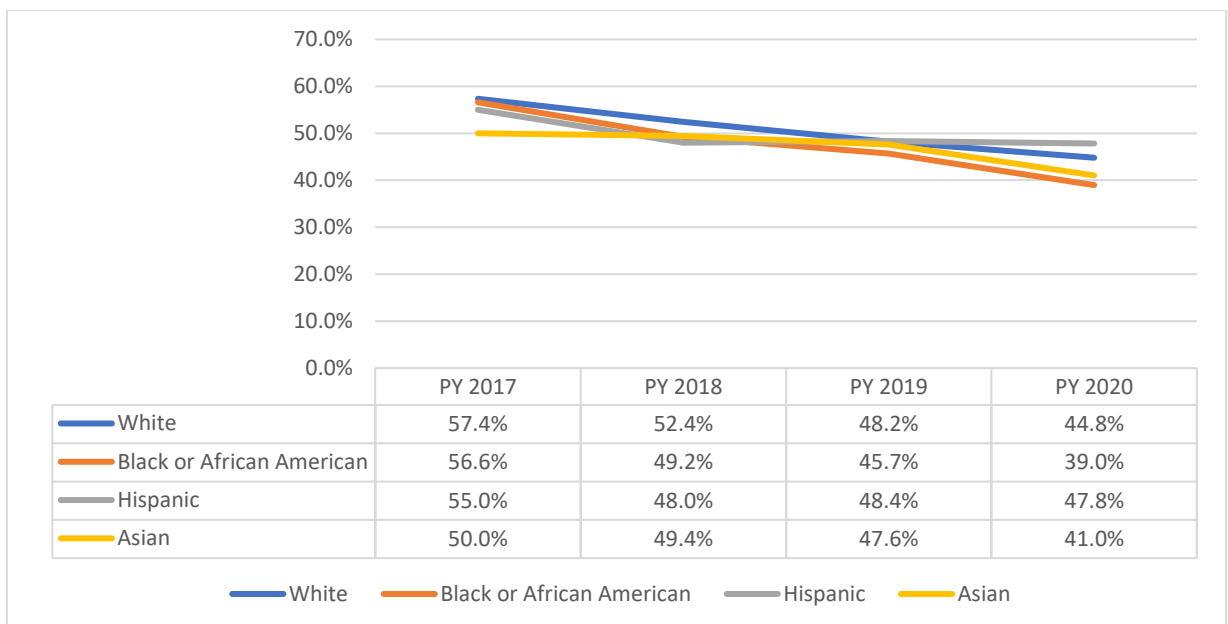
Within the New River region, employment rates for both White and Black or African American participants increased across the period under review (see Figure 5.43 on the following page). In addition, the employment rate gap between these two groups decreased from 11.4% to 5.9% indicating a substantial increase in Black or African American participants exiting in employment by PY 2020. Looking toward PY 2021, VA DARS should continue to work toward closing this gap in outcomes through outreach and information dissemination efforts to local communities and community leaders.

**Figure 5.43. Employment rate by Race for the New River region- PY 2017-PY 2020**



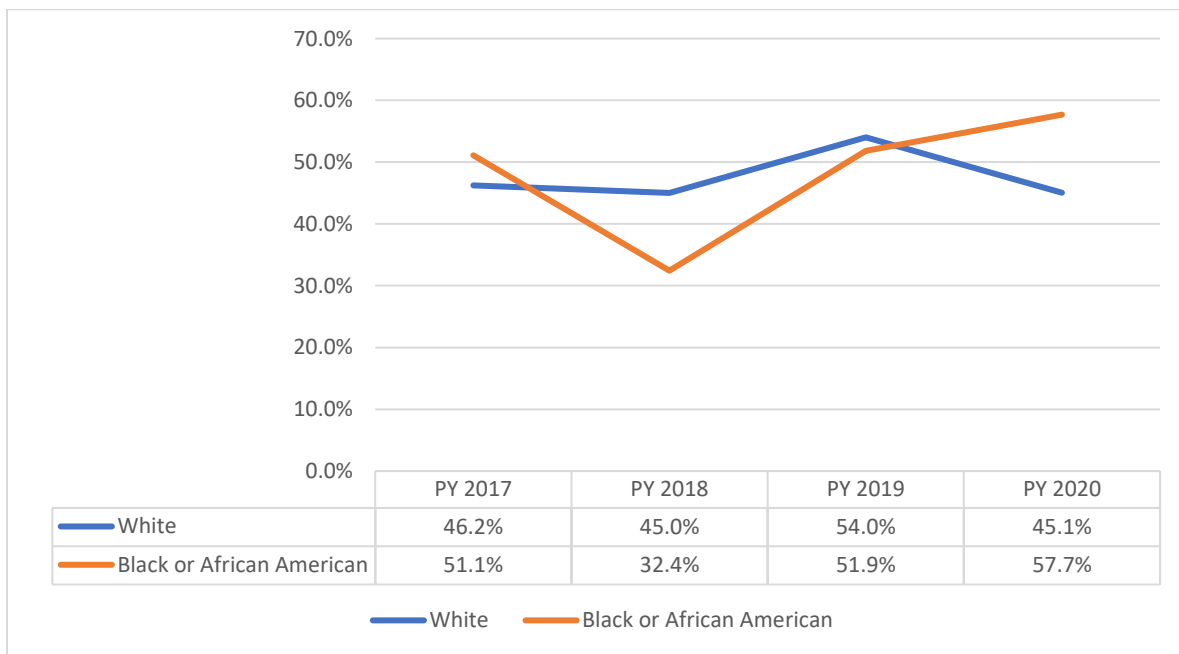
The Northern region exhibited the least differentiation between the four groups assessed in this region. Although overall rates exhibited a decline over the period under review, the effects of this decrease were equally experienced across all of the groups served in this region (see Figure 5.44 below). This likely represents a global challenge to placement in the region in response to local economic conditions.

**Figure 5.44. Employment rate by Race for the Northern region- PY 2017-PY 2020**



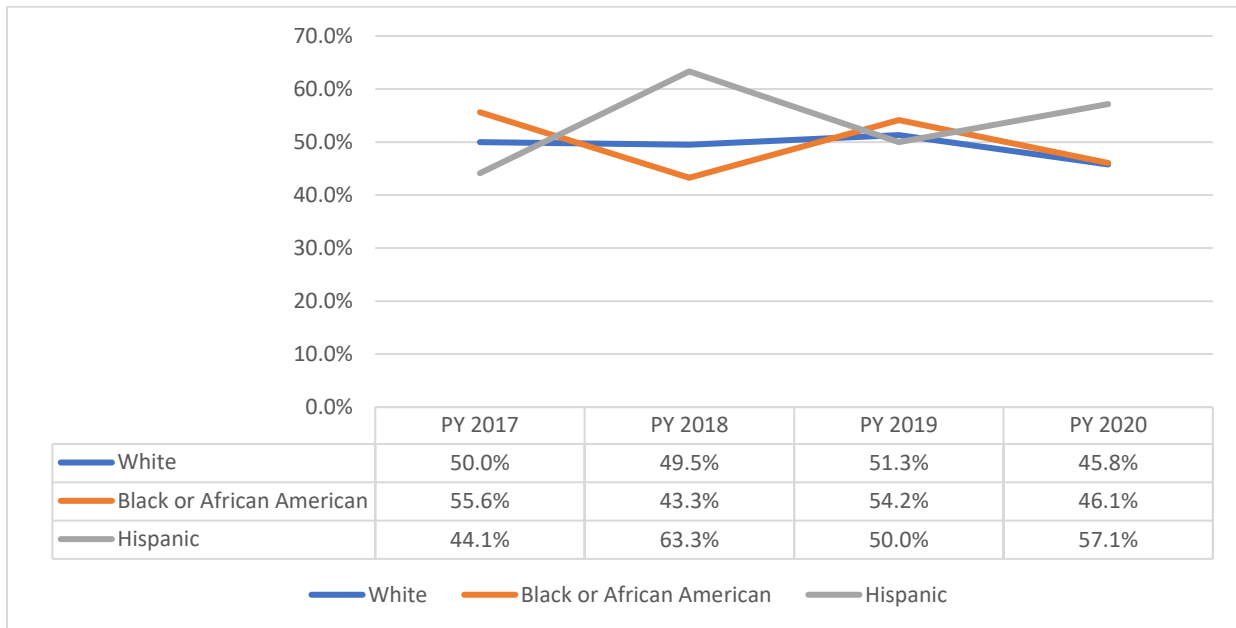
In the Southwest region, the majority of those exiting the program were White. However, the employment rate for Black or African American is also provided as a comparison although they represent a relatively small comparison group prone to greater variability. As noted above, the region saw a general increase in employment rate in PY 2019 that was equally beneficial to both groups reviewed in this region. However, the overall employment rate in PY 2020 returned to approximately PY 2017 levels (see Figure 5.45 below).

**Figure 5.45. Employment rate by Race for the Southwest region- PY 2017-PY 2020**



Of the three groups reviewed for the 6<sup>th</sup> District region, the Hispanic group had the smallest sample size and thus the greatest variability in outcomes (see Figure 5.46 on the following page). Apart from divergence between groups in PY 2018, the overall employment rate declined slightly by PY 2020 but with a limited gap between White and Black or African American groups indicating comparable outcomes after service provision.

**Figure 5.46. Employment rate by Race for the 6<sup>th</sup> District region- PY 2017-PY 2020**



**Comparison of Virginia DARS to Other State Vocational Rehabilitation Agencies**

To help understand the performance of Virginia DARS, a comparison was conducted of the agency to other state vocational rehabilitation agencies. Based on prior needs assessments, the agencies located in Kentucky (now combined agency), Missouri (general), New Jersey (general), and South Carolina (general) were selected for this comparative assessment. In terms of overall employment rate and quality indicators (e.g., employer provided health insurance, average hours worked per week, average hourly wage), these comparison agencies have relatively better outcomes than Virginia DARS. Likewise, in terms of the timeline to determine eligibility, start services, and ultimately exit the program, Virginia DARS for the most part requires more time to complete these tasks. However, without an understanding of the populations served in these states and other relative context, the outcome data presented at the forefront of the table may give a false impression regarding the performance of the agency. First, it is abundantly clear that Virginia DARS serves a greater number and percentage of individuals with most significant disabilities. In determining eligibility for services, this group may require additional time to collect the necessary



information in completing the determination. Likewise, given a greater level of functional impairments in major life areas, the time in services is likely to be longer. Lastly, Virginia DARS is the only agency on this list that has had an order of selection that at least one time point that all service categories were closed. As a result, this increased the average time to start services as well as the percentage of program participants with most severe disabilities (see Appendix E, Table 5.5).

The latter rows in the table indicate that Virginia DARS counts a much higher number and proportion of persons with most significant disabilities among its program participants. This finding affects the outcomes observed in the first six rows as on a national level, persons with most significant disabilities generally have a lower overall employment rate and lower quality of employment outcomes (e.g., hours per week, hourly wage, health insurance) than individuals with significant disabilities.

The findings from the first two sections of this report indicated an overall decrease in applications for services. However, despite having an order of selection in place and implementation of a waitlist, factors that would in their own capacity diminish the number of applications, Virginia DARS showed the second highest resiliency to decreased applications in PY 2020 relative to comparison states. This likely speaks to agency efforts to maintain networks with referral agencies such as secondary education systems and community networks prior to, and during, the pandemic.

Virginia DARS, in comparison to the other state vocational rehabilitations agencies, has demonstrated a high level of dedication to advancing educational outcomes among program participants. It ranks first in participants achieving a credential. Likewise, it has the highest negotiated rate for measurable skills gains (MSG, 46%) among these comparison agencies and achieved the highest proportion of those achieving a measure skills gain in PY 2020. Clearly,

advancing educational opportunities, and the long-term benefits of this approach, have been a solid focus of Virginia DARS.

Multiple references have been made in this report regarding the order of selection and the development of a program participant pool that consists of a higher proportion of persons with most significant disabilities as compared to other state vocational rehabilitation agencies. However, Virginia DARS has placed on emphasis on Career Services resulting in it being the agency with the highest percentage (100%) of program participants receiving at least one service in this area. It has demonstrated solid financial stewardship in its expenditures for this service area as well as for Training Services being positioned among the middle of all the states included in the review (see Appendix E, Table 5.5). Virginia DARS ranks fourth among the percentage of program participants who received Training Services, but given the existing resources and its program participants, the agency appears to have managed funding to the benefit of the greatest number of individuals.

### **Summary and Recommendations**

The Virginia Department of Aging and Rehabilitation Services (DARS) has faced a number of challenges over the past several years and managed them effectively. From PY 2017 to PY 2020, the agency observed a decline in applications across all groups regardless of race/ethnicity or disability. This change in applications began prior to the pandemic but accelerated during that event. However, the finding that Virginia DARS had the second *smallest* decline, in comparison to other state agencies, speaks to efforts to maintain connections to state or community partners such as the secondary education system. This networking is particularly important as it was likely a key factor in the high credential rate and measurable skills gain rate achieved by the agency. As the number and percentage of individuals on a waitlist has greatly

diminished, there will be an opportunity to expand outreach efforts to increase applications, particularly of those from diverse racial and ethnic backgrounds.

In terms of employment outcomes, the findings indicate that while the overall number and percentage of program participants exiting in employment after being served under an IPE declined across the period under review, the median earnings were observed to increase during the same period. This finding corresponds to efforts under the Workforce Innovation and Opportunities Act (WIOA) that focused on the quality of employment outcomes rather than the quantity. Likewise, there were also regional variations in terms of the number, percentage, and quality of employment outcomes. Different regions appear to have been more resistant to changes in the economy due to the Covid-19 pandemic. As each region has its own economic base, an opportunity exists to explore both the nature of the local labor markets and positions that are less likely to be affected by short term fluctuations and have more long term potential. Beyond regional variations, Virginia DARS demonstrated excellence in serving individuals with intellectual and developmental disabilities but had less success in serving those individuals with mental health impairments. The relatively lower performance in employment outcomes among this latter group may be due to environmental concerns, internal capacity to effectively serve this population, or a combination of both. As such, Virginia DARS may need to evaluate the best mechanisms to increase service capacity and resulting employment outcomes for persons with mental health impairments.

In support of Virginia DARS, the following recommendations are offered based on the extant data reviewed in this section of the report. These recommendations are offered to supplement the successes that Virginia DARS has accomplished as it has adapted to WIOA, the pandemic, and internal structures such as the order of selection.

1. It is recommended, that due to a substantial decrease in applications and the waitlist, Virginia DARS should consider engaging in a structured outreach and marketing plan to diverse racial and ethnic groups. In particular, the greatest declines in applications over time have been from Black or African American individuals and the greatest underserved group, Hispanic individuals, who as a function of the difference between the demographic composition of the state and their current application for services.
2. It is recommended that any efforts to increase marketing and outreach of services should be implemented and evaluated toward increasing parity of applications relative to demographic composition of the regions. By increasing proportional representation in regions, the overall proportion of different groups in the state overall will gradually match the state demographic representation.
3. It is recommended that the Virginia DARS continue to work with secondary education systems to promote early engagement in vocational rehabilitation services and maintain those critical pathways to education through credential attainment and measurable skills gains.
4. It is recommended that Virginia DARS review initiatives in select regions that are associated with increasing engagement of persons from diverse racial or ethnic backgrounds in services and replicate those efforts in other regions where feasible.
5. It is recommended that Virginia DARS continues to review WIOA performance measures with staff to promote quality of employment outcomes. Although there appears to be knowledge and effort to attain these standards, the accomplishing of these standards appears to have some regional specificity.
6. It is recommended that Virginia DARS continue its work to engage businesses as part of a larger dual customer approach. In line with the findings of this report, increasing business outreach and engagement through registered apprenticeships and internships, on-the-job training, and customized training components will benefit both these relationships and the employment outcomes, both quantity and quality, of those served by the agency.

## APPENDIX A

### SECTION ONE: INTRODUCTION EMPLOYMENT AND UNEMPLOYMENT

<b>Table 1.1: Cities and Counties in Virginia with Higher Unemployment Rates Compared to the National Unemployment Rate (3.9%), December 2021</b>		
<b>DARS District</b>	<b>County</b>	<b>Unemployment Rate</b>
Capitol	Petersburg City	9.0%
	Emporia City	8.6%
	Greensville Co	6.7%
	Sussex Co	6.2%
	Hopewell City	6.0%
	Colonial Heights City	4.6%
	Dinwiddie Co	4.6%
	Prince George Co	4.1%
Hampton Roads	Franklin City	4.9%
	Portsmouth City	4.7%
	Hampton City	4.0%
	Norfolk City	4.0%
New River	Martinsville City	4.7%
	Danville City	4.3%
	Covington City	4.0%
Southwest	Tazewell Co	4.5%
	Buchanan Co	4.4%

Source: <https://data.bls.gov/lausmap/showMap.jsp>

<b>Table 1.2: Top 20 Counties and Cities in VA with Lower Unemployment Rates Compared to the National Unemployment Rate (3.9%), December 2021</b>		
<b>DARS District</b>	<b>County</b>	<b>Unemployment Rate</b>
Capitol	King and Queen Co	2.0%
	New Kent	2.0%
	Powhatan Co	2.0%
	King George Co	2.1%
Hampton Roads	Poquoson City	2.0%
New River	Botetourt Co	1.9%
	Roanoke Co	2.1%
Northern	Madison Co	1.6%
	Falls Church City	1.7%
	Arlington Co	1.8%
	Rappahannock Co	2.1%
Skyline	Highland Co	1.7%
	Greene Co	1.9%
	Rockingham Co	2.0%
	Albemarle Co	2.1%
	Augusta Co	2.1%
	Buena Vista City	2.1%

**Table 1.2: Top 20 Counties and Cities in VA with Lower Unemployment Rates Compared to the National Unemployment Rate (3.9%), December 2021 (continued)**

DARS District	DARS District	DARS District
Southwest	Grayson Co	1.7%
	Floyd Co	1.9%
	Scott Co	2.1%

Source: <https://www.bls.gov/lau/laucnty20.xlsx>

**Table 1.3: Labor Force Participation and Unemployment Rates for People With and Without Disabilities in the U.S.**

	People with Disabilities (16-64)	People Without Disabilities (16-64)
	2021	2021
<b>Labor Force Participation Rate</b>	35.1%	76.5%
<b>Unemployment Rate</b>	10.8%	5.2%
	January 2022	January 2022
<b>Labor Force Participation Rate</b>	37.5%	76.4%
<b>Unemployment Rate</b>	9.7%	4.3%

Source: ODEP, 2022

**Table 1.4: Management Occupations in Virginia May 2020**

Occupation Title	Employment	Employment per 1,000 jobs	Median Hourly Wage	Annual Mean Wage
Overall	187,740	50.72	\$62.74	\$142,170
Chief Executives	6,480	1.75	>\$100.00	\$236,820
General and Operations Managers	57,600	15.56	\$60.15	\$138,090
Legislators	460	0.13	n/a	\$32,910
Advertising and Promotions Managers	180	0.049	\$59.16	\$135,140
Marketing Managers	5,280	1.43	\$79.50	\$176,640
Sales Managers	6,390	1.73	\$80.02	\$173,770
Public Relations and Fundraising Managers	n/a	n/a	\$71.90	\$165,190
Administrative Services and Facilities Managers	4,840	1.31	\$49.04	\$113,320
Computer and Information Systems Managers	14,900	4.026	\$80.05	\$176,350
Financial Managers	16,510	4.461	\$73.91	\$166,420
Industrial Production Managers	2,330	0.630	\$54.83	\$122,970
Purchasing Managers	2,660	0.718	\$67.61	\$142,160
Transportation, Storage, and Distribution Managers	2,730	0.738	\$48.53	\$107,010

<b>Table 1.4: Management Occupations in Virginia May 2020</b> (continued)				
<b>Occupation Title</b>	<b>Employment</b>	<b>Employment per 1,000 jobs</b>	<b>Median Hourly Wage</b>	<b>Annual Mean Wage</b>
Compensation and Benefits Managers	300	0.080	\$69.33	\$152,830
Human Resources Managers	4,110	1.111	\$65.56	\$142,610
Training and Development Managers	1,150	0.311	\$66.15	\$143,780
Farmers, Ranchers, and Other Agricultural Managers	30	0.008	\$32.53	\$68,390
Construction Managers	5,910	1.598	\$48.88	\$112,110
Education and Child-care Administrators, Preschool and Daycare	1,040	0.281	\$26.29	\$58,590
Education Administrators, Kindergarten through Secondary	7,110	1.922	n/a	\$100,320
Education Administrators, Postsecondary	2,550	0.690	\$48.47	\$119,430
Education Administrators, All Other	1,180	0.319	\$54.47	\$112,210
Architectural and Engineering Managers	4,340	1.173	\$71.94	\$155,680
Food Service Managers	3,320	0.896	\$33.13	\$71,620
Lodging Managers	550	0.149	\$28.92	\$68,220
Medical and Health Services Managers	7,630	2.063	\$52.78	\$118,530
Natural Sciences Managers	1,330	0.359	\$65.03	\$148,490
Postmasters and Mail Superintendents	370	0.101	\$36.99	\$78,970
Property, Real Estate, and Community Association Managers	2,540	0.687	\$38.86	\$93,020
Social and Community Service Managers	2,760	0.745	\$41.05	\$87,890
Emergency Management Directors	270	0.074	\$39.44	\$91,100
Funeral Home Managers	150	0.042	\$54.81	\$119,230
Personal Service Managers, All Other; Entertainment and Recreation Managers, Except Gambling; and Managers, All Other	18,320	4.951	\$66.11	\$139,980

Source: [https://www.bls.gov/oes/2020/may/oes\\_va.htm#\(8\)](https://www.bls.gov/oes/2020/may/oes_va.htm#(8))

<b>Table 1.5: Nonfarm Employment Categories by Jobs (in thousands) and 12-month Percentage Change</b>		
<b>Nonfarm Employment</b>	<b>June 2021</b>	<b>12-month % Change</b>
Total	3,900.2	5.3
Mining and Logging	7.5	10.3
Construction	204.6	3.1
Manufacturing	236.4	4.1
Trade, Transportation, and Utilities	658.9	6.5
Information	64.6	1.3
Financial Activities	204.5	-1.1
Professional & Business Services	771.5	3.9
Education & Health Services	533.8	4.3
Leisure & Hospitality	332.6	26.4
Other Services	181.5	5.9
Government	704.3	1.7

Source: <https://www.bls.gov/eag/eag.va.htm>



## APPENDIX B

### SECTION TWO: CSNA FOCUS GROUPS

<b>Table 2.1: Focus Groups with VA DARS Staff</b>		
<b>District</b>	<b>Registered Participants</b>	<b>VA DARS Participants Attending</b>
Capital	n=7	n=4
Hampton Roads	n=5	n=3
New River	n=5	n=5
Northern	n=9	n=8
Skyline	n=6	n=4
Southwest	n=6	n=5
Mixed District	n=6	n=6
<b>Total: 7 groups</b>	<b>n=44</b>	<b>n=35</b>

<b>Table 2.2: Demographics VA DARS Participants (n=32)</b>	
<b>Job Title</b>	
VR Counselor	n=22 (69%)
Vocational Evaluator	n=4 (13%)
Program Manager	n=3 (9%)
Unit Supervisor	n=2 (6%)
Senior Employment Services Specialist	n=1 3%
<b>Years Employed with VA DARS</b>	
Range	2 to 31 years
Average Length of Time	9.78 years
<b>Education</b>	
Master's Degree	n=30 (94%)
Education Specialist	n=1 (6%)
Associate's Degree	n=1 (6%)
<b>Gender</b>	
Female	n=27 (84%)
Male	n=5 (16%)
<b>Race</b>	
Non-Hispanic Caucasian	n=22 (69%)
African-American	n=8 (25%)
Mixed Race	n=2 (6%)
<b>Age</b>	
Age Range	30 to 65 years
Average Age	51 years old
<b>Geographic Locations</b>	
Suburban Communities	n=12 (38%)
Urban Communities	n=10 (31%)
Rural Communities	n=10 (31 %)

<b>Table 2.3: Questions for the VR Staff Focus Groups</b>	
1.	What groups of individuals would you consider unserved or underserved by VA DARS / vocational rehabilitation?
2.	Does anyone have an example of services provided to individuals from unserved or underserved groups that was successful? How could this be replicated?
3.	The number of applicants to VA DARS has been steadily declining. What can VA DARS do to reach out to people with disabilities including those in the underserved groups discussed previously?
4.	What barriers do people with disabilities encounter when trying to access services from VA DARS?
5.	What can VA DARS do differently to help people with disabilities get and keep good jobs?
7.	What are the barriers to delivering Pre-ETS services in Virginia?
8.	How could these barriers be overcome?
9.	What resources do VR counselors need in order to improve Pre-ETS services in Virginia?
10.	What is the level of coordination between the school systems and DARS and how could the level of coordination be improved?
11.	What rehabilitation services are needed that are not currently available?
12.	What services need to be improved and why do they need improving?
13.	Does anyone have something that they would like to share that has not been discussed?

<b>Table 2.4: Focus Groups VA DARS Staff / Representative Quotes for Underserved or Unserved Populations</b>	
<b>Previously Incarcerated Individuals (Hampton Roads)</b>	
	The problem I've had in the past working with people coming out of the prison system is they have no documentation.... they've been incarcerated for all those years. They don't want to a lot of times admit they have a mental health problem or a substance abuse problem or anything like that - so getting them eligible for services has always been a challenge. I'd say 25% of my case load have criminal backgrounds. Yeah, it's a challenge. It's on top of their mental health, or their disability, cognitive, what not - their criminal background is a challenge.
<b>Previously Incarcerated Individuals (New River District)</b>	
	I spoke to one of the counselors, and she said that basically she feels like she needs more training on barrier-crimes and how companies look at that. We have a major ESO provider who just won't work with sex offenders.
<b>Previously Incarcerated Individuals (Capital District)</b>	
	And we're still trying to build that relationship up to where we can help more people that are coming out of incarceration. We're not getting the referrals that I feel like we should be getting from that system. It's a hard system to get into when you're talking about the criminal justice system and what you're allowed to do within that system and, you know, those kinds of things.

<b>Table 2.4: Focus Groups VA DARS Staff / Representative Quotes for Underserved or Unserved Populations</b> (continued)
<b>Previously Incarcerated Individuals (Northern District)</b>
Every now and then, we get somebody who is a sex offender, and we have vendors who won't even provide a job coach for somebody who is a sex offender, so that can be really hard.
<b>Individuals who are Homeless (Northern District)</b>
I work with [name removed]... they are a rapid rehousing program, and a lot of people have difficulty meeting the criteria to stay in the program, so midway through my work with them, they're homeless. I think I've spent a lot of time trying to find resources because a client has gotten a job and now they don't have a home and there's just nothing out there.
<b>Individuals who are Homeless (Hampton District)</b>
Homelessness - when you've got clients living out of hotels and they have no address, and they say, "Oh, yeah, you can mail it to the hotel." Can we? Will you ever get what we mail you? If a person doesn't have a roof over their head and a good place to shower, they're not going to be ready for work, and that does kind of derail a lot of our processes.
<b>English as a Second Language (Northern VA)</b>
In northern Virginia, we've got a very diverse population, lots of different languages spoken up here. I know culturally getting connected to government services, government assistance, or just asking for help or acknowledging disabilities, a lot of times there's a big cultural divide there, too, so kind of overcoming that bridge in addition to the language can be a challenge.
<b>English as a Second Language (Mixed District)</b>
If we're talking about underserved populations... the people like Spanish speaking and like Hispanic, Latinos, Asian, I think that we don't have a lot of resources for them.
<b>English as a Second Language (Capital District)</b>
I'm seeing a lot more of, like, refugees, English as a second language that I personally feel underprepared for to understand, you know, what's the difference between the language barrier versus what's the TBI or what's the cognitive or intellectual issue .
<b>Substance Abuse (Southwest District)</b>
And I primarily work with substance use disorder caseloads, so those individuals in recovery. And I would say in comparison to just kind of looking at like the finances, financial aspect of it, of the monies that we spend on individuals with other disabilities who aren't in substance use category, I would put my caseload as the more underserved only for the fact that yes, we do have a specialty caseload and a counselor for those individuals, but we're very limited in the amount of monies that we can spend on them.

**Table 2.5: Focus Groups VA DARS Staff/Representative Quotes for Barriers to Services**

<b>Transportation (Capital District)</b>
The ones that I really cannot serve are the ones that have no transportation...so we have a couple of satellite cities not very far from [names of towns removed] all these little towns that do not have public transportation, and they're completely reliant on their own method of transportation to obtain services, either to come to us or just do a job, or they don't have a job and they don't have money to fix their vehicles or their vehicles are beyond our ability and scope to fix.
<b>Transportation (Northern District)</b>
Transportation is a huge issue. I've had parents that want to have their students involved in things, but they work. The traffic in northern Virginia is crazy on a good day. So, you know, kids not having transportation to get to these programs. We can have the best programming available, but if people can't get there, then it's no good.
<b>Access to Internet Services (Mixed District)</b>
Participant #1: Also, high speed internet. When you get outside of the larger communities, you just don't have the internet service. And now we're providing so many services via the internet, virtual services, applying for jobs, you know, sending links to our clients. So, that's another problematic area in providing services.
<b>Access to Internet and Cellphone Services (Southwest District)</b>
A lot of our people do not have cell service or cellphone, internet. It's getting a little better. And probably 50%, they'll say, I have it but it's spotty, or it's not reliable. So, I'm, you know, some of these programs they offer where it is virtual it's difficult for them. Or I have a phone but I have no minutes. That's one that we get quite often.
<b>Funding Limitations (Southwest District)</b>
I would put my caseload as the more underserved only for the fact that yes, we do have a specialty caseload and a counselor for those individuals, but we're very limited in the amount of monies that we can spend on them. So, for example, we are not allowed to pay for substance use treatment. So, that's, to me, that's kind of just ironic considering that's one of their biggest caveats to getting and sustaining employment.
<b>Eligibility Financial Barriers (Northern District)</b>
I feel like the financial eligibility, there should be a differential scale for northern Virginia... - because, you know, \$1,000 here is not the same as \$1,000 in Richmond. So, a lot of people, you know, financially on paper, it looks like they have a lot, but when you have kids...you're paying rent in this area.
<b>Limited Academic Skills / Family Support (Mixed District)</b>
We're sending letters and yes, it would be great if the letters could be better. A lot of times no one in the house has above, you know, a fifth grade reading level or an eighth grade reading level and so the letters often just get kind of pushed to the side and never opened and again, you know, we're telling them stuff that's super important and getting them to sign all of these releases and the application and the plan, but are we really explaining it? I think the era of virtual services and mailing stuff and having things being signed without an actual explanation is going to become a huge problem if there's not follow-up to that. That is just a barrier I see.

<b>Table 2.6: Focus Groups VA DARS Staff / Representative Quotes for Service Issues</b>
<b>Size of VR Caseloads (Mixed District)</b>
The fact that we do have large caseloads keeps people from you know, every week contact. We're only required to do so much but in order to keep a case going along, like [redacted] was saying earlier, a lot of clients are in a huge hurry and they need the job yesterday and they need to overcome their barriers to getting that job week before last to get that job yesterday. And it's difficult when you have 120 clients on a caseload and your time is limited and you can't meet with them again until next month kind of thing.
<b>Size of VR Caseloads (Mixed District)</b>
I think the fact that we do have large caseloads keeps people from every week contact. Like [redacted] was saying earlier, a lot of clients are in a huge hurry and they need the job yesterday and they need to overcome their barriers to getting that job week before last to get that job yesterday. And it's difficult when you have 120 clients on a caseload and your time is limited and you can't meet with them again until next month kind of thing.
<b>Limited Capacity to Provide Services / Building Local Capacity</b>
Vocational evaluation needs to be local. It needs to be in our local offices. It needs to be in a safe place. Woodrow is very threatening for a vast majority of my clients. It's too big. You know, it's like sending people off to college for the first time. And so, you know, if you remember what that felt like when you went to college for the first time, that's what Woodrow feels like to my people. It's not a good feeling.
<b>Language Accessibility (Mixed District)</b>
I do speak Spanish and reaching out to them, I went to – I gave workshops in Spanish. I provide information on what DARS was in Spanish. But when it came to the resources, like they would ask me, hey, can you give me this in Spanish? The only thing that we had were – was a flyer and maybe the release... can we do a video like we did, you know, the pre-ETS video that we have for the English speaking people, why can't we have one in another language like Spanish?
<b>Language Accessibility (Northern District)</b>
I think something that DARS could do or improve upon is just accessibility of information. All of our information is in English, and I had, you know, again, we serve so many individuals and such a diverse population. Fairfax County Public Schools.... offer all their forms and resources in like 18 different languages. The most common languages used up here. We just have one.
<b>Resources (Southwest District)</b>
I don't need an ink pen. I don't need a paper pad. I need an actual flyer that is easy enough for virtually anyone to read through that gets a basic idea of what we do and how to contact us. And it's really hard to go to all of these different meetings or see, you know, what other agencies have with these wonderful little color pamphlets and you know, I've kind of had to squirrel away black and white copies that get pretty bad over time for certain things.
<b>Resources (Northern District)</b>
We don't have the resources.....to refer people. I run across somebody that I feel like needs a speech evaluation or needs, a physiatrist or something like that. Part of the answer that I used to hear was, go out and find somebody. Well, do you want me to manage a caseload, or do you want me to find doctors and all this other kind of stuff because that's kind of a job in itself.

**Table 2.6: Focus Groups VA DARS Staff / Representative Quotes for Service Issues**  
(continued)

**Marketing (Southwest District)**

Participant #1: I think that we as an agency do not do a very good job of marketing ourselves. It needs to be consistent...even if you get a no one time, you need to go back three months, six months later, talk to folks again because their needs may change.

Participant #2: A majority of our clients are, you know, younger, and they're using – utilizing social media for all aspects, for jobs, for networking, for – to understand different programming. And I see these other places such as you know, our local CSB, and they have our 401 Center which is a drop-in center for clients and they host meetings and social gatherings and et cetera.

**Marketing (Northern District)**

I think DARS needs to do a better job of marketing. We really need to have a team of people that are really hitting the streets. I think, you know, we have business development managers and job placement people that are really hitting up employers and things, but other than some of the counselors, you know, being able to reach out to some of the community resources, I think we really need somebody that is actually able and their job is to go out and promote our services because a lot of people don't know who we are or that services are available.

**Marketing (Hampton District)**

Like I said getting out there and hitting up those agencies that we work with. Inviting them to staff meetings, even if they're virtual. Just trying to get the word out. I guess you call it the old-fashioned way but just trying to get out there and market and re-introduce to those maybe that we lost during COVID just to try to kind of get the ball rolling again.

**Table 2.7: Focus Groups VA DARS Staff / Representative Quotes for ESO Service Issues**

**Limited ESOs (Capitol District)**

We've also lost -- you know, [names removed of the vendors], So we've lost three vendors over the last seven years. And, plus, I don't even think that it's allowed anymore, but the community-based, you know, work adjustment training program at [name remove], that was a good program and really beneficial to us, but it's gone.

**Limited ESOs (Mixed District)**

I think a lack of vendors is an issue for us. Having choice and competition for services to provide services.

**Limited ESOs (Southwest District)**

My client base is all the way down to the tip of Virginia and it is difficult to be able to get consistent ESO services in our area, and I understand why, because in order for them to expand into our area, they have to have the trained staff available and they also have to have enough of a client base that is going to sustain their business in our area.

**Table 2.7: Focus Groups VA DARS Staff / Representative Quotes for ESO Service Issues**  
(continued)

<b>ESO Staff Turnover (Northern District)</b>
I think my major concern with ESOs has been their turnover. It seems like we find some coaches that are really good and we probably overload that coach because they're such a good advocate for our clients. They get our clients jobs. I don't know, maybe they get burnt out and they move onto something else. So, I wonder if it's - there's a way that we could help ESOs with turnover. Is it that they need to be paid more in order to retain good coaches? Do they need to limit caseload size? I don't know. But the turnover is a big deal. Clients will go through three or four job coaches and not know who to call when they're having a problem, so that affects their employment outcomes as well.
<b>ESO Staff Turnover (Mixed District)</b>
We have probably about five ESOs that we use in our area, but they are all very short staffed, so we actually have waiting lists and the waiting list is like March some – March, some April. But they're all working. They have – well, a number of them have been successful at finding jobs for the people. But like, the waiting list is a barrier now because now we've got these people working but now we have more people that need to work.
<b>ESO competence issues (Capitol District)</b>
Situational assessments can be a good tool, but you have to determine the validity of the results, so being able to really understand, you know, are the ESOs, do they know what they're doing? Are they getting what you need them to get from that?
<b>ESO competence issues (Northern District)</b>
I think our ESOs are struggling more than normal. COVID has impacted things greatly. They're bringing people on in order to keep things moving. I know one vendor said, oh, I've got someone starting on Tuesday. Well, that following Wednesday, they were in an intake already..... what is the appropriate amount of training? Are they really being trained? Are they even being trained.....on how disability impacts employment? Are they being trained about talking to employers about tax incentives? Are they talking about accommodations? What does that formal training look like? It doesn't appear that it's happening.

**Table 2.8: Focus Groups VA DARS Staff/Representative Quotes for Pre-ETS Service Issues**

<b>Developing Partnerships (Capital District)</b>
I know that across the state there are a lot of school districts that do not cooperate or don't want our services. And I'm wondering if that could be cleared up if there was clearer language in the MOUs about.....you know, who does what, and that's agreed upon up front and it's not quite so loose.....but there's nothing really in there about the level of participation and the effort that they have to put in and vice versa.



**Table 2.8: Focus Groups VA DARS Staff/Representative Quotes for Pre-ETS Service Issues** (continued)

**Developing Partnerships / Relationships (Northern District)**

I feel like there's a lot of pushback when it comes to providing services in the schools or during the school day. We can do as much as we can as counselors and staff in the field to try to develop those relationships, but we can't change a whole school system at the local level here. I think there needs to be more involvement maybe from VDOE to influence or encourage that partnership because, at the end of the day, we are - we're not here to compete, we're here to collaborate and help serve in a combined mission.

**Pre-ETS Training Need (Northern District)**

I think some evidence-based curriculum would be very helpful for our staff. I feel like it would probably make a lot of them feel more comfortable in providing Pre-ETS like they have a sense of direction. A lot of our staff comes from a counseling background and we weren't trained to develop lesson plans and curriculums.... I do think some maybe training or acquirement of requiring evidence-based curriculums that's going to target the five core pre-ETS would be very helpful. I don't think that would necessarily help with the collaboration with the school, but I think that would help our staff feel more confident about their resources for providing Pre-ETS.

**Pre-ETS Training of DARS Staff (Northern District)**

I do think it would help with collaboration because I think if counselors felt comfortable delivering the service, they would do a better job at it, and then the school staff would see like, oh, this is a really great program, the students are really engaged, and we need to do more of this.

**Recruitment of Students for Pre-ETS (Northern District)**

You come and get the parent's information and let the parents call us. I think that we want to be looking at that process again because more than likely the PADs [parents] don't follow up or call. So, the idea is the parents who call are the ones who are going to be the most interested, which is true. But at the same time, there's a whole host of individuals that we are not even connecting with.

**DARS Access to Students (Northern District)**

Specifically in [name removed] County, there's been a hard line drawn that we can't come in and provide services, so then we're left to after-school, and then it becomes that transportation or the availability of the parents to bring them. If we think about the underserved or unserved populations, those parents might be working multiple jobs. They might be working odd shifts where they can't just bring their student to the office at 4:00. So, lots of - it's definitely a wheel and it's all interrelated.

**Collaboration with Schools (Northern District)**

I do think it would help with collaboration because I think if counselors felt comfortable delivering the service, they would do a better job at it, and then the school staff would see like, oh, this is a really great program, the students are really engaged, and we need to do more of this.



<b>Table 2.8: Focus Groups VA DARS Staff/Representative Quotes for Pre-ETS Service Issues</b> (continued)
<b>Development of Resources (Capital District)</b>
Like if you could just give us...here's our monthly topic and here's a PowerPoint and here's some things, some tangible activities you could do, whether their reading level is here or here, go forth and make it your own. But, like, for each of us to be spending an hour to five hours out of the month creating the wheel is ridiculous. It's just ridiculous.
So I think a good use of pre ETS money would be to have somebody for the state, maybe who has an educational background and could speak some of that verbiage, to be developing these lesson plans that people can just go forth and recreate and, you know, just tweak a little bit. But for all of us to be going through all of these materials is just it's a waste. It's a waste of time.
<b>Staffing Concerns (Southwest District)</b>
Pre-ETS services, I love working with the kids, but it's just really hard. You're constantly putting on different hats and there's so many, you know, data entries and you may go and you may spend fifteen minutes but then you're coming back to the office and your thirty minutes are longer trying to, you know, coordinate services or write your actual service note. It's just – it's really, and I mean, it's so detailed. I would love to see more time with the clients and to be able – I really think that we need more pre-ETS staff personally.
<b>Staffing Concerns / Large Caseloads and Paperwork Demands (Southwest District)</b>
So, I started this school year with 250-plus referrals, new people to see.... And I really like what we do and I really like working with our clients. This is a job that I feel really good about when I feel like I'm actually able to do it. But when you couple putting a counselor with two school systems, and you have VR and pre-ETS, it's essentially like having four caseloads. And then on top of that, we have so much of the paperwork that [redacted] was talking about versus the client facetime. And I feel like eleven years ago, I spent 70% of my time talking to clients, 30% documenting, and now I feel that that's backwards.

<b>Table 2.9: Representative Quotes for Promising Practices</b>
<b>Evidence-based Curricula (Northern District)</b>
I think some evidence-based curriculum would be very helpful for our staff. I feel like it would probably make a lot of them feel more comfortable in providing pre-ETS like they have a sense of direction. I know there are lots of different paths to get into rehab counseling, but a lot of our staff comes from a counseling background, and we weren't trained to develop lesson plans and curriculums.

**Table 2.9: Representative Quotes for Promising Practices** (continued)

**Expanding Partnerships with Colleges (Capitol District)**

The other area that I'm becoming more interested in is working with the college students. And though we've been working with a lot of students recently from James Madison University that have been identified as having a disability, I really feel like it might be more, well, just as useful to reach out to the community college system. And, you know, if these students are identified early on as a community college student, we can help them throughout their college career. We can help with, you know, career exploration, and all of those things. So that is -- that's a resource that I would kind of like to tap into if that's a possibility.

**Credentialing (Northern District)**

I think that DARS is going towards credentialing - a focus on credentialing our consumers. There's got to be a medium ground between community service training and a Woodrow Wilson. Some of our clients might do well at Woodrow, but Woodrow may not provide the breadth of training certificates to get that credentialing, where the community service does, but the community service academic environment is not conducive to support our clients who might need more support...but for someone to...get their credentialing, sometimes they can't navigate the academics at the pace that the community college goes.

**Telehealth (Skyline District)**

On the plus side, I feel like with some of the virtual meetings, serving some of those rural folks, if they have Internet, has been easier with virtual meetings than making them come just to, you know, an hour away for an appointment. But, you know, sometimes -- like even my clients that were staying at a homeless shelter somehow still had a smartphone and could, you know, open an app and do a Google meet or a Zoom or something like that to still receive services. Now, whether it ended in employment is a different thing. But, you know, that they found services that they were able to connect with us in a way that maybe they weren't able to before with other limitations.

**Expanded Part-time and Summer Work Opportunities (Southwest District)**

I used the ESOs this summer with our paid work experience and it was successful. We had -- I had four high school students who did good work and then it did lead to part-time positions and with one, the job coach stayed and did a little bit more with that one client.

**Benefits Counseling (Mixed District)**

We need to switch more of that to the front end so that we can start the counseling in terms of, you know, the monetary benefits and the reward of working, looking for fulltime employment and helping the client understand that a little bit better.

<b>Table 2.10: Focus Groups with ESOs</b>	
<b>District</b>	<b>Number of ESO Staff Attending</b>
Capital	6
Northern	8
ESO Mixed Group	13
ESO Mixed Group	6
<b>Total: 4 groups</b>	<b>n=33</b>

<b>Table 2.11: Demographics ESO Participants (n=25)</b>	
<b>Job Title</b>	
Executive Management (e.g., CEO, President, Director of Operations)	n=11 (44%)
Program Manager or Supervisor	n=9 (36%)
Unit Director	n=4 (16%)
Counselor	n=1 (4%)
<b>Years Employed with ESO</b>	
Range	4 months to 32 years
Average Time	9.42 years
<b>Education</b>	
Master's Degree	n=15 (60%)
Bachelor's Degree	n=8 (32%)
Associate's Degree	n=1 (4%)
No response	n=1 (4%)
<b>Gender</b>	
Female	n=17 (68%)
Male	n=6 (24%)
Prefer not to say	n=1 (4%)
No response	n=1 (4%)
<b>Race</b>	
White or Caucasian	n=20 (80%)
Black or African-American	n=2 (8%)
Hispanic or Latino	n=1 (4%)
Biracial or Multiracial	n=1 (4%)
No response	n=1 (4%)

<b>Table 2.11: Demographics ESO Participants (n=25) (continued)</b>	
<b>Age</b>	
Age Range	28 to 64 years
Average Age	51 years old
<b>Geographic Locations</b>	
Suburban Communities	n=10 (40%)
Urban Communities	n=9 (36%)
Rural Communities	n=6 (24 %)
<b>ESO Districts Represented (n=15)</b>	
Capital	n=2
Hampton Roads	n=2
New River	n=1
Northern	n=4
<b>ESO Districts Represented (n=15) (continued)</b>	
Skyline	n=1
Southwest	n=2
Capitol & Hampton Roads	n=1
Capitol, New River, & Skyline	n=2

<b>Table 2.12: Questions for the ESO Staff Focus Groups</b>
<ol style="list-style-type: none"> <li>1. What groups of individuals would you consider unserved or underserved by VA DARS / vocational rehabilitation?</li> <li>2. Does anyone have an example of services provided to individuals from unserved or underserved groups that was successful? How could this be replicated?</li> <li>3. The number of applicants to VA DARS has been steadily declining. What can VA DARS do to reach out to people with disabilities including those in the underserved groups discussed previously?</li> <li>4. What do you think ESOs are doing really well in this region?</li> <li>5. What is the need for ESOs to provide Pre-ETS services in your region?</li> <li>6. How could ESOs contribute to providing Pre-ETS services in your region?</li> <li>7. What resources do ESOs need in order to improve Pre-ETS services in Virginia?</li> <li>8. What is the level of coordination between ESOs and DARS and how could the level of coordination be improved?</li> <li>9. What rehabilitation services are needed that are not currently available in this region?</li> <li>10. What services need to be improved and why do they need improving?</li> <li>11. Does anyone have something that they would like to share that has not been discussed?</li> </ol>

<b>Table 2.13: Focus Groups ESO / Representative Quotes for Underserved or Unserved Populations</b>
<b>Previously Incarcerated Individuals (Capital District)</b>
It seems to be folks who are twice exceptional. And so, when I say that, I mean, you know, maybe they have a disability, but they also have a history of incarceration, so doubling down on some of those barriers. There are services to support, but I don't see a lot of integration of those services to ensure that we're capturing all those needs.
<b>Individuals with Intellectual Disabilities (Mixed District)</b>
I think they struggle with people with intellectual disabilities particularly those people on the waiver who have a lot of disabilities. So we have DBHDS telling us everybody can work, they should go to DARS, and then DARS says, "Oh, they can't work, they can't do this." So then we struggle with - at what point can we say we're just go to waiver. I think there's a lot of confusion and a lot of misrepresentation around the folks on the waiver and the people with intellectual disabilities that are more - have more challenges.
<b>Culturally and linguistically diverse groups (Northern District)</b>
I would ask that DARS look at the percentage of ethnicities and income levels of individuals served and families to see if they were comparable to the general population of Virginia in a particular county. And if they're not comparable, more outreach to specific communities may be needed.
<b>Individuals with Brain Injury (Capital District)</b>
I've seen, you know, folks with brain injuries have a hard time accessing services because there's no case management system whereas other disability groups have more case management.
<b>Individuals residing in rural areas (Mixed District)</b>
I know we've been asked to go to some rural areas and there's always a hesitancy to do that because it can be obviously costly for an organization and we would be effective being able to do that.
<b>Veterans (Mixed District)</b>
Veterans groups, as well. I'm assuming a lot of veterans in the different types of services are in need, as well. I know the VA has their programs, but they can't reach out to every single one. So we'd love to get to help out in that area, if possible

**Table 2.14: Focus Groups ESO / Representative Quotes for Barriers to Services**

<b>Communication (Capital District)</b>
I think it starts at a higher level, so integration across the leadership and strategic planning, ensuring that, you know, executive leadership is looking at strategies that breach the silos. We all talk about that in our individual company.
<b>Communication (Capital District)</b>
I think maybe if there can be some communication between DARS and like the community colleges and there be, you know.....did they still have a case manager so that there would be additional support for them because the college, you know, our [community] college here has two campuses, you know, with, whatever, so many couple thousand kids and they have two counselors. It's like, you know, it's just the numbers are overwhelming.
<b>Pandemic (Capital District)</b>
It has been challenging that level of communication because I think formerly we were used to being able to traipse through the office and see people and have team meetings and be there in person together and maybe have those sidebar conversations about a client in between. Now you can't do that. You're on Zoom ... and you don't have the opportunity to kind of maybe staff cases and talk about that kind of stuff. .... DARS has done a good job of late of trying to rebuild that and I guess just staying on that track because now they have an ESO capacity building meeting that's coming up, they're trying to do more forums, and so I think they're on the right track.
<b>Communication (Northern District)</b>
And, also, even with, you know, organizations that are disability specific and offering to provide information that they can share on their website or with their listserv to help job seekers in Virginia and youth to know that they're there and in local communities. I get calls sometimes from people adults who are 40, 50 years old who have never heard of DARS or they have a documented disability, they don't know about the services.
<b>Access to Internet Services (Capital District)</b>
I think it's really about identifying the folks that are hard to get back in touch with, right, you know; because they don't have a case manager maybe, or maybe, you know, don't have internet, or maybe illiterate, or all those things. I think those are the folks that continue to fall through the cracks.
<b>Hiring Qualified Staff (Capital District)</b>
I've had a challenge.....to be more competitive with our salary because the qualifications are still such that you don't have to hire somebody with a college degree, nor do we want to. But they keep talking about the fact that they should be a QDDP or a QMHP or however the grade, but there really is nothing that says that right now. So, with my county system, they [do not want to pay them] as much, so I've had to revamp how supported employment training specialists are in the community one-on-one with consumers. They just really stress the importance and value of embedding degree of professionalism that we need with this pop [population] - with this, you know, type of an employee in order to get competitive salaries so good people will want the job.

**Table 2.14: Focus Groups ESO / Representative Quotes for Barriers to Services** (continued)

**Marketing (Northern District)**

And DARS may need to think more outside of the box to reach people that we typically do not serve. So perhaps faith based organizations, libraries, et cetera. Those are really great ideas. So maybe places [those] are not as obvious to us about connecting with people who might be looking for employment or need services. Libraries are great ideas. That gets a lot of different people.

**Large Caseloads / Community Colleges (Capital District)**

I think maybe if there can be some communication between DARS and like the community colleges..... our [community] college here has two campuses, you know, with, whatever, so many couple thousand kids and they have two counselors. It's just the numbers are overwhelming.

**ESO Staff Knowledge and Training (Northern District)**

I'm constantly asking DARS to come train staff on DARS, and they've been wonderful in doing that. But any type of training resources from a DARS perspective just to assist providers in making sure that that true understanding from the DARS perspective is given to staff. You know, I can talk to my staff all day long about DARS services and what they do, but I really think it needs to come from DARS what their expectations are, you know, whatever it is, documentation, what they're looking for from a job developer or a job coach in the placement and training services or the job development services. That really should be communicated from DARS to our staff.

**Table 2.15: Focus Groups ESO / Representative Quotes for Pre-ETS Services**

**ESO Staffing Concerns**

So I started with one we call them employment transition specialists. And then it seemed like DARS was, like.... Let's get it done. And so we hired another person. And then things really slowed down, and we weren't able to retain the one person. And now, like, things are picking up again. And so it's very hard to plan from an ESO's perspective in our budget of how many referrals are we actually going to be getting this year? Should we allocate a full time person? Should we allocate a part time person? ..... I know that they can't promise a certain number of referrals every year, but at least some consistency for us to be able to run the program.....

**ESO Staffing Concerns (Northern District)**

And we get so, so many referrals in the summer months for work experiences, and we're not able to serve them all....And so then we said no to other people because we had gotten too many referrals. ....I know that, for instance, there are some pre ETS students who are in college where we could probably do that work experience at any point in time. It doesn't have to be during the summer. So some -- and I think we are seeing that. We're starting to get some more work experiences in the fall and in the winter. So I think that's starting to finally change a little bit.

**Table 2.15: Focus Groups ESO / Representative Quotes for Pre-ETS Services** (continued)

**Individual Services versus Group Activities (Mixed District)**

Outside of the school, I think it's better to have the one-on-one services personally with students. Again, for that transportation issue. I know the idea at some point was to do a lot of group activities outside of school, but again, if they can't - trying to align schedules of a lot of high school kids outside of high school is problematic, but the one-on-one services have been very beneficial where we can focus on that one student's career goal and really focus on, "Okay, these are the places you're interested in, let's talk to these employers. Let's do these job shadows." Just very individualized, customized services that way.

**Marketing / Awareness (Northern District)**

I think what would be really helpful is if DARS had sponsored fairs out in the community. Schools would be a great idea. The public school system would be a great idea, even the charter school system or private school systems. But if they had, you know, educational fairs or provider fairs.....you know, provider get-together, where people can, come..... So if they had something that was, you know, geared for people who aren't receiving service just to learn about, you know, the services DARS offers and then also have a place for vendors or ESOs who work with DARS to also set up there so that each individual can kind of learn about different providers out there.

**Table 2.16: Focus Groups ESO / Representative Quotes for Facilitators to Services**

**Collaboration/Team Meetings (Northern District)**

You know, first of all, DARS has been fantastic in terms of the monthly meetings. They used to be weekly, I think, to be honest. Just all of a lot of great information sharing. Some of the counselors that I worked with or that my organization worked with, very collaborative, lots of team meetings, you know, just lots of, you know, brainstorming what we think is best.

**Training (Northern District)**

.....And that could very well be as simple as having maybe regional maybe regional trainings or conferences that would include the DARS counselors so that they could, you know, talk about some of the strengths that have happened in the course of a quarter or, you know, every six months or so within that region. So just, you know, maybe that's something along the lines of identifying what the ESO really needs in order to fulfill the contractual terms. That might be helpful for the staff that are the DSPs that are supporting the services and working with the population.

**Relationship with DARS (Mixed District)**

Any time we can build the relationship with the DARS counselor and have the entire team on board we have better outcomes. So I would just say that relationship with each individual DARS counselor is very important and drives success.



**Table 2.16: Focus Groups ESO / Representative Quotes for Facilitators to Services** (continued)

<b>Relationship with DARS (Mixed District)</b>	
We're more successful when we have a DARS counselor who's willing to brainstorm with us, to think outside of the box with us. I think it's important to remember that job searching, there's some trial and error. I think for a while, there was an expectation of if you request a certain number of hours, we need to know exactly ahead of time how you're going to use those. You and the client have to work together to see who's hiring, what they're hiring for, and to job match. So you need some hours to do that and you need some hours to get creative. Especially at the times when we were getting maybe four hours a month to work with a client - you never get a good momentum because you use the hours halfway through the month.	
<b>Staffing for ESOs (Northern District)</b>	
I wouldn't call it like the looming DSP [Direct Service Professional] crisis, but that would be really helpful if they had something that was geared towards, you know, this Health and Human Services, you know, supported employment, pre ETS kind of IDD field, that would be really that would be really cool.	
<b>Staffing for ESOs (Northern District)</b>	
So DARS has been really great hosting capacity meetings, capacity building meetings with a lot of ESOs who might be having those challenges. We've had a couple now. I think some of it is going to be that a lot of the DSP positions we have available are entry level positions, and we don't have a lot of career job coaches, career employment development specialists, and people do move on to other things.	

**Table 2.17: Demographics Individuals with Disabilities as Participants (n=15)**

<b>Disability</b>	
Autism	n=11 (73%)
Developmental Disability	n=4 (27%)
<b>Gender</b>	
Female	n=8 (53%)
Male	n=7 (16%)
<b>Age</b>	
Age Range	22 to 64 years
Average Age	33 years old
<b>VA DARS</b>	
Currently a VA DARS client	n=3 (20%)
Not familiar with VA DARS	n=2 (13%)
In school not receiving services	n=1 (7%)
Denied services	n=5 (33%)
Received services / achieved an employment outcome	n=2 (13%)
Received services / did not achieve an employment outcome	n=2 (13%)

**Table 2.18: Focus Group Questions for Individuals with Disabilities and Family Members**

1. Can someone give us an example of their positive experiences with services from VA DARS?
2. What services were helpful to your family member in preparing for and getting a job?
3. What services did your family member need that were not available or not provided?
4. What barriers do people with disabilities encounter when trying to access rehabilitation services from VA DARS?
5. What can VA DARS do differently to help people get and keep good jobs?
6. What groups of individuals would you consider unserved or underserved by VA DARS / vocational rehabilitation?
7. Has anyone's family member received services from an Employment Service Organization (ESO)?
8. What rehabilitation services are needed that are not currently available in this area?
9. What services need to be improved and why do they need improving?
10. Does anyone have something that they would like to share with VA DARS that has not been discussed?

**Table 2.19: Focus Groups Individuals with Disabilities and Family Members**

**Difficulty accessing services**

If you apply for something and then you have to wait for, I don't know, I'm not sure what the wait time is for us, for my family, but it's – we had to re-sign up because they closed it. Needed to revisit it because of a job. So, it hasn't really helped anything. But wait time

**“Doing it ourselves”**

They took him – they didn't take him out anywhere to assess him. But they came to the places that he volunteered because I took him since he was in eighth grade volunteering. So it was like I was trying to train him from the beginning to follow directions and stuff. And I just knew ahead of time it was going to take more than three months to flat out leave him.

**Need for wraparound supports**

She was told by her DARS representative, she had to wait until her son got on the Medicaid waiver to get a long-term – the attendant to take over from the job coach, the vendor, because he needed a one-to-one permanently to be able to be supported in the job. But the whole three months that they would have to phase out, they couldn't serve him until he got a Medicaid waiver, or he had an attendant who could stay on the job with him and supervise him. So that was disappointing, he so wants to work.

**Ineffective services**

I met with the second person and they gave me a whole bunch of advice that was completely different. It was just – like, the first one – the first one basically just wanted me to lie a lot on my resume and apply for jobs that I didn't meet all the qualifications for. And then like the second one just – they just kept talking about how I should like talk about all my problems and like how terrible my life was so that people would feel bad and give me a job.

<b>Table 2.19: Focus Groups Individuals with Disabilities and Family Members</b> (continued)
<b>Lack of qualified vendors</b>
I believe that we need more variety. I mean, my son's – they gave – the suggestions they gave were fast food, because that's where they had places to look, or inside grocery stores. And my son didn't – wasn't, at the time, able to be aware of his surroundings so he couldn't do the grocery carts because I heard that's what, basically, they would be doing.
<b>Staff competence and training</b>
The first job coach was a bust, didn't show up most of the time. The second one, I think they changed agencies. And then – so she didn't – once my daughter got fired from the one job, she wasn't – I was the one that had to work with the business because DARS wasn't working with them at all, the vendor. And then we finally got a – went through autism services with Mr. Kriner, which took months upon months to get. And then my daughter found her own job at McDonalds. And then we actually got a job coach to come and help with that.
<b>Breakdown in collaboration</b>
I had my sister trying to help me out with some of this and I wanted to bring her along but like, the first meeting and they said that she wasn't allowed. And then later on, I just – I just didn't go to the last appointment because it was just – I found it unhelpful and nobody ever contacted me back after that.
<b>Ignored by DARS</b>
I finally went and made my own arrangements to go visit that facility when we just got ignored over and over again, I'd say for six months, by the VR counselor. She wouldn't answer emails about it. She wouldn't answer when we were in her office. There were other things that were more important, at least we thought, education being at the top of that pile. So we kind of - I will point a finger at ourselves. We kind of went, "Okay, maybe that's what we have to give in order to get the greater benefit," but nothing worked out as it should have, could have, was promised.
<b>Confusion about process</b>
That created a whole other system and delay of everybody. You know, they arranged a meeting, but forgot to invite us. And people were sick in the hospital for two weeks. Nobody told us they were in the hospital. It's just one – it's one thing after the other with DARS of not doing stuff.

<b>Table 2.20: Focus Groups Individuals with Disabilities and Family Members DARS Services and Funding Streams</b>
<b>Pre-ETS experiences</b>
I had a pretty easy experience signing [my child] up for Pre-ETS services. And doing our intake was pretty straightforward when we – excuse me – contacted the Chesapeake office. And we had a really nice gentleman who got us set up, and then the lady who did our – and she was very thorough in explaining, and very kind with [my child] when he was basically saying he did not want to speak to her. He was very upset that he had to have this phone call. And so anyway, she was able to do that.

**Table 2.20: Focus Groups Individuals with Disabilities and Family Members DARS Services and Funding Streams (continued)**

<b>Work-related skills training experiences</b>
And luckily, we landed out of the school system and into the DARS system. And now, we have Ms. Holiday, and she's been wonderful. And we've gone and met with her many times. And she's doing this whole application, coaching, and interviewing, and different programs and things. So, I mean, I feel very good about it and the relationship that we have with her. We've also signed up for several other, you know, programs that, hopefully, she meets. But in the meantime, we're working towards – you know, we've done a resume and job skills. And so it's been an ongoing process. I'm pleased with it.
<b>Transportation experiences</b>
Transportation money was on paper. We were never given any idea his first entire year how to access it. The school had a probably padded number there of almost \$2,000, the DARS figure was only \$475. They gave him gas cards so he could hitch rides from one part of [state] to [city name]. Hitch rides with another student, but still, hitch a ride in the winter with someone that he really didn't know.
<b>Customized employment experiences</b>
I think the customized employment option is something that would be amazing if it could be implemented. I think the barrier is that as much as maybe [staff member] wants to do this program, I don't know if it's a staffing issue, if it's not the right vendor, but it would be great to happen. Like an IEP, you would really be customizing it to the person's strengths. Like [Parent A]'s son, you know, with – I mean, he's a big, strong guy. [Parent B]'s daughter, she's super smart, does have some social communication and facial blindness, too, so she has some other comorbidities. [Parent C], and [Parent D], and even [Parent E], we all have some mixtures of barriers to certain type of things. But I think if you could really individualize the employment experience, they have a lot to offer. We just have to be very innovative, and I think we've had to kind of reach out past our VR services and be creative on our own, which is what we would hope to have DARS' help with.
<b>Autism service experiences</b>
The problem that we've had with my daughter being a straight-A student, people think that she didn't need any help with the Pre-ETS or every – you know, with the social skills. And that's what she needs the help with. You know, there's a big difference between getting an A on a class or something and the real-world work life. They don't – and the school didn't get that, and DARS doesn't, and the vendors don't really get that.
<b>DARS outreach and webinars</b>
[My granddaughter] is still in school. She's 19. And she had never been enrolled in any of the DARS things that I guess she was supposed to have – or could have been – from 14 on. And we kind of got the ball rolling. I took some of the – I participated in some of the autism webinars, and learned about other DARS programs, and explored those, and reached out to people in Richmond, and signed my granddaughter up for those.

## Appendix C

### SECTION THREE: CSNA ONLINE NEEDS ASSESSMENTS

<b>Table 3.1: Job Title (n=125)</b>	
<b>Degree</b>	<b>n/%</b>
Vocational Rehabilitation Counselor	84 (67.2%)
VR State Agency Director	2 (1.6%)
VR Training Coordinator / Staff Development	0 (0.0%)
VR Services Coordinator	3 (2.4%)
Other	36 (28.8%)

<b>Table 3.2: Respondents' Degree (n=125)</b>	
<b>Degree</b>	<b>n/%</b>
Associate degree	2 (1.6%)
Bachelor's degree	13 (10.4%)
Master's degree	98 (78.4%)
Doctorate (e.g. PhD, Ed.D)	2 (1.6%)
Other	10 (8.0%)

<b>Table 3.3: Location of Respondents by VA DARS District (n=124)</b>	
<b>District</b>	<b>n/%</b>
Capital District	20 (16.1%)
Hampton Roads District	24 (19.4%)
New River District	13 (10.5%)
Northern District	28 (22.6%)
Southwest District	16 (12.9%)
<b>District</b>	<b>n/%</b>
Skyline District	18 (14.5%)
Central Office in Richmond	5 (4.0%)

<b>Table 3.4: Respondents' Gender (n=124)</b>	
<b>Gender</b>	<b>n/%</b>
Woman	99 (79.8%)
Man	21 (16.9%)
Transgender	0 (0.0%)
Non-binary/non-conforming	0 (0.0%)
Other	0 (0.0%)
Prefer not to respond	4 (3.2%)

<b>Table 3.5: Race / Ethnicity (n=124)</b>	
<b>Gender</b>	<b>n/%</b>
Asian or Pacific Islander	0 (0.0%)
Black or African American	28 (22.6%)
Hispanic or Latino	3 (2.4%)
Native American or Alaskan Native	0 (0.0%)
White or Caucasian	85 (68.5%)
Multiracial or Biracial	1 (0.8%)
A race/ethnicity not listed here	1 (0.8%)
Prefer not to respond	6 (4.8%)

<b>Table 3.6: Age of Respondents (n=122)</b>	
<b>Age Range</b>	<b>n/%</b>
26 - 30 years old	3 (2.5%)
31 - 35 years old	10 (8.2%)
36 - 40 years old	15 (12.3%)
41 - 45 years old	10 (8.2%)
46 - 50 years old	19 (15.6%)
51 - 55 years old	22 (18.0%)
56 - 60 years old	23 (18.9%)
61 - 65 years old	17 (13.9%)
66 - 70 years old	3 (2.5%)

<b>Table 3.7: Which disability represents the majority of the clients on your caseload? (n=122)</b>	
<b>Disability</b>	<b>n/%</b>
Intellectual and Developmental Disabilities	40 (32.8%)
Psychosocial	21 (17.2%)
Cognitive	19 (15.6%)
Other Mental Impairments	17 (13.9%)
Hearing	7 (5.7%)
Mobility/Ambulatory	1 (0.8%)
Vision	0 (0.0%)
Other Physical impairments	0 (0.0%)
Other	17 (13.9%)

<b>Table 3.8: Which population do you work with the most? (n=121)</b>	
<b>Client Population</b>	<b>n/%</b>
Individuals with the most significant disabilities including individuals with multiple impairments	32 (26.4%)
Individuals with serious mental illnesses	17 (14.0%)

**Table 3.8: Which population do you work with the most? (n=121) (continued)**

Client Population	n/%
Transition-aged youth (14 - 24)	16 (13.2%)
Individuals with intellectual disabilities	13 (10.7%)
Individuals with autism	9 (7.4%)
Individuals with learning disabilities	9 (7.4%)
Individuals with substance use disorders	7 (5.8%)
Individuals with sensory disabilities	2 (1.7%)
Individuals that are racial or ethnic minorities	0 (0.0%)
Individuals with brain injury	0 (0.0%)
Individuals with criminal backgrounds	0 (0.0%)
Other	16 (13.2%)

**Table 3.9: Which population do you feel is the most unserved / underserved by VA DARS? (n=124)**

Population	n/%
Veterans	35 (28.2%)
Individuals with the most significant disabilities including individuals with multiple impairments	19 (15.3%)
Individuals with criminal backgrounds	17 (13.7%)
Individuals that are racial or ethnic minorities	9 (7.3%)
Individuals with brain injury	5 (4.0%)
Individuals with serious mental illnesses	5 (4.0%)
Transition-aged youth (14 - 24)	5 (4.0%)
Individuals with sensory disabilities	4 (3.2%)
Individuals with learning disabilities	3 (2.4%)
Individuals with autism	3 (2.4%)
Individuals with learning disabilities	3 (2.4%)
Other	12 (9.7%)

**Table 3.10: Which population do you feel is the SECOND most unserved / underserved by VA DARS? (n=117)**

Population	n/%
Individuals with brain injury	22 (18.8%)
Individuals with criminal backgrounds	22 (18.8%)
Veterans	14 (12.0%)
Individuals with the most significant disabilities including individuals with multiple impairments	13 (11.1%)
Individuals with sensory disabilities	8 (6.8%)
Individuals that are racial or ethnic minorities	7 (6.0%)
Individuals with serious mental illnesses	6 (5.1%)
Individuals with substance use disorders	5 (4.3%)
Individuals with autism	4 (3.4%)



**Table 3.10: Which population do you feel is the SECOND most unserved/ underserved by VA DARS? (n=117) (continued)**

<b>Population</b>	<b>n/%</b>
Individuals with learning disabilities	3 (2.6%)
Transition-aged youth (14 - 24)	2 (1.7%)
Individuals with intellectual disabilities	1 (0.9%)
Other	10 (8.5%)

**Table 3.11: Reasons That Specific Populations are Unserved / Underserved by VA DARS**

<b>Veterans</b>
Veterans tend to be served more by the VA [Veterans Administration] than DARS.
I think because the VA is available for this population, they will choose to go there first.
Very small percent of Veterans apply/receive DARS services. That could be because they connect with the Veterans Administration and feel they have more access to services (medical)
Most Veterans I have worked with seem to pursue employment options through the V.A. Many also have substance abuse issues which makes them more of a specialty case load, as well. I also suspect most DARS staff have limited experience working with Veterans because of the above.
Given all the categories, this is the category I see represented least on caseloads during my tenure at DARS. In the localities that I have worked in, outreach has not always been consistent or fruitful in either direction and in the few instances where I have worked with Veterans, there have been challenges to coordinate services and synchronize goals/objectives so that everyone is working together.
We do not get referrals from the VA Hospital or Fort Lee. For some reason it seems that Vet's don't know about DARS or don't feel like DARS would be a good resource for them.
Veterans are not aware that they can receive services from DARS.
<b>Criminal Backgrounds</b>
While our office occasionally has clients with criminal backgrounds, it's not as frequent as other types of clients. Also, we do not do outreach into jails or with any local reentry type programs on a regular basis.
Experience working this populations and trying to identify vocational training and willing employees to hire individuals with boundary charges and criminal history. limitations in services to some community based programs and ESOs that may be beneficial (ex. Goodwill does not provide entry level program supports to sex offenders more training about how to best serve this population
There is a shortage in job opportunities for individuals with criminal backgrounds, especially in the rural areas. Most individuals lack education, housing, transportation and other resources to assist with obtaining and maintaining employment. Majority would like permanent positions or that does not require.
Many of our clients have criminal backgrounds, and I do not believe we have any specialized supports (for lack of a better word) for placing them in employment. For example, best practices guides, interagency connections at a high level, etc. I could be wrong also.



<b>Table 3.11: Reasons that Specific Populations are Unserved/Underserved by VA DARS</b> (continued)
<b>Criminal Backgrounds</b>
Sometimes it has been challenging to provide the best opportunities for someone with a criminal background to thrive in the employment field. Depending on their criminal background they may not qualify for some of the types of work that would allow them to make a good livable wage or work in certain environments therefore leading them to feel discouraged about meeting their long term goals.
It feels harder to make connections/find tools to creatively work with job seekers with a felony record. The choices for employment are more limited in our area.
<b>Pre-ETS Transition-Age Youth</b>
School systems often refer the most significantly disabled population. The middle of the road and those with more mild disabilities or learning disabilities are often underrepresented on my caseload in particular. This population is hugely under represented.
I would say at this time that the most underserved are transition age youth. With the pandemic, services are spotty. In the past, we have done very well with youth, and I am sure we will again in the future, but for right now, the pandemic makes it harder to serve the youth because you never know if they will be in school or not, and if the school will let you in to see them.
There are many transition aged youth that DARS is not reaching due to staffing & poor school relationships.
School systems often refer the most significantly disabled population. The middle of the road and those with more mild disabilities or learning disabilities are often underrepresented on my caseload in particular. This population is hugely under represented.
There are quite a few underserved, it is hard to pick just one. I choose learning disabilities because I have been told that a number of parents and students do not feel that they would need or be eligible for DARS if they just have a 504 or ADHD or a learning disorder. So many of the other populations listed above are underserved due to lack of resources to meet their needs, overloaded caseloads, lack of transportation, lack of access to technology, etc.
With counselors having dual caseloads, it is difficult to give the time to serve high school aged (Pre-ETS) consumers as the VR consumers are time-consuming.
The individuals are generally educated in contract or private schools. There has been some progress made with the introduction of pre-employment services, but there remains a disconnect to moving the students from Pre-ETS to VR services. Application T is underutilized to assist with identifying students who are able to benefit from services. There needs to be better collaboration between the CSB, DARS, families and residential group homes.
There are many students in the school system with ID and Down Syndrome, but they are no longer being referred as much as they used to be. Autism diagnosis has taken over and priority with the school system.
There needs to be more specialized staff working with transition students in order to provide the services that they deserve.
<b>English as a Second Language</b>
I believe the Hispanic community is underserved. It is possible that due to a lack of Spanish speaking counselors, the information is not reaching the Hispanic community.
Lack of culturally and linguistically competent service providers for our clients.

**Table 3.11: Reasons that Specific Populations are Unserved/Underserved by VA DARS**  
(continued)

<b>Ethnic/Racial Minorities</b>
There are a significant no. of ethnic/ racial (transition aged youth which do not have the support of their parents or educators which do not appear to believe in the student's ability to succeed. In my catchment area we are having very little ability in securing referrals from the Public schools which I serve.
I do not believe that we fully reach this group of people, often times due to the use of the word disability in cultures that may not view themselves as disabled or where there is a larger stigma regarding disability. When I worked with individuals through the TANF grant project, I frequently used the term barrier instead of disability as this allowed for more acceptance by the client for services to move forward. This was across racial and ethnic lines, maybe more along socioeconomic lines.
<b>Deaf and Hard of Hearing</b>
There is a lack of culturally and linguistically competent service providers for this population locally and perhaps statewide. Oftentimes, interpreters are needed in order for D/HH to succeed in reaching their employment goals. Most vendors are clueless about how to handle D/HH clients and RCDs have to step in educating them countless times.
Lack of job coaches, trainers and other vendors who use ASL or have significant experience in working with those with hearing loss, including Late Deafened, Deaf-Blind, Cochlear Implants, Deaf and multiple disabilities.
Limited specialized service providers, i.e. ASL fluent psychologists to provide testing are located in the Charlottesville area and travel all over VA for the VR Counselors for the Deaf. May take months for clients to be seen. While hearing clients receive services by local providers in a timely manner. Agency pays for services, i.e. job coaches, and then we have to continually tell the job coach how to serve the client and what job accommodations can be made for our clients. No, the client does not understand you when you talk if he/she is an ASL user and we told you to get an interpreter. Don't belittle our clients and their need for accommodations.

**Table 3.12: Barriers to Accessing DARS Services**

<b>Potential Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Accessibility to DARS (limited public transportation)	8 (6.5%)	49 (39.8%)	66 (53.7%)
Disability-related transportation issues (n=121)	4 (3.3%)	56 (46.3%)	61 (50.4%)
Limited social / family supports (n=122)	2 (1.6%)	77 (63.1%)	43 (35.2%)
Access to technology (Internet, text, phone, etc.) (n=123)	9 (7.3%)	71 (57.7%)	43 (35.0%)
Client frustration with speed of service delivery (n=122)	9 (7.4%)	74 (60.7%)	39 (32.0%)
Knowledge of available DARS services and supports (n=122)	19 (15.6%)	68 (55.7%)	35 (28.7%)
Limited understanding of how work impacts benefits (n=122)	29 (23.8%)	66 (54.1%)	27 (22.1%)
Communication issues / language barriers (n=122)	28 (23.0%)	72 (59.0%)	22 (18.0%)

<b>Table 3.12: Barriers to Accessing DARS Services (continued)</b>			
<b>Potential Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Limited services and supports in this DARS district (n=121)	43 (35.5%)	60 (49.6%)	18 (14.9%)
Inadequate assessment (n=122)	50 (41.0%)	57 (46.7%)	15 (12.3%)
Limited interagency collaboration (n=122)	43 (35.2%)	65 (53.3%)	14 (11.5%)
Difficulty completing the application (n=123)	62 (50.4%)	47 (38.2%)	14 (11.4%)
Other challenges related to the physical location of the DARS office (n=123)	53 (43.1%)	58 (47.2%)	12 (9.8%)
Developing, with clients, the tasks and supports needed to accomplish the vocational goal (n=121)	32 (26.4%)	79 (65.3%)	10 (8.3%)
Inadequate disability-related accommodations (n=118)	49 (41.5%)	61 (51.7%)	8 (6.8%)
Developing an achievable vocational goal with clients (n=121)	38 (31.4%)	76 (62.8%)	7 (5.8%)
Difficulty completing the Individualized Plan for Employment (n=122)	62 (50.8%)	54 (44.3%)	6 (4.9%)
Developing rapport with clients (n=122)	84 (68.9%)	38 (31.1%)	0 (0.0%)

<b>Table 3.13: Other Barriers to Accessing Services as Suggested by Respondents</b>	
<p><b>Access Barriers</b></p> <ul style="list-style-type: none"> <li>• Transportation to potential work opportunities</li> <li>• Lack of public transportation always a barrier:</li> <li>• Access to office due to being sex offender as we are surrounded by schools</li> <li>• Limited broadband access for clients in remote areas</li> </ul>	<p><b>Client's Disability/Motivation as Barriers to Services</b></p> <ul style="list-style-type: none"> <li>• Client commitment to program and helping themselves</li> <li>• Follow through of consumer</li> <li>• Client Financial Contribution</li> <li>• Client buy in/effort in own Voc. Rehab.</li> <li>• Criminal backgrounds</li> <li>• Knowing how to use technology including cell phones</li> <li>• Resume development, especially for technical jobs</li> </ul>
<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Communication within DARS team</li> <li>• Communication accessibility</li> <li>• Parents of students treat DARS Staff like they are entitled--used to getting that from the schools</li> </ul>	<p><b>DARS Barriers to Services</b></p> <ul style="list-style-type: none"> <li>• Time schedule</li> <li>• VR Staff abilities or high turnover rate within the agency</li> <li>• DARS Staff Capacity Limitations (vacancies)</li> <li>• Increased time needed to document services</li> <li>• AWARE system is cumbersome; no reference manual</li> </ul>

<p><b>Collaboration as Barriers to Service</b></p> <ul style="list-style-type: none"> <li>• Limited access to transition students at school</li> <li>• Inappropriate referrals from community agencies</li> <li>• Vendor Staff Capacity Limitations</li> <li>• Quality service with vendor</li> </ul>	<ul style="list-style-type: none"> <li>• Job database that pulls together Indeed, Career Index Plus, etc. in one place</li> <li>• Resource directory (online) with description of services we can print sections to refer clients</li> <li>• Use of DARS terminology for the clients</li> <li>• Letters and forms not in words client understands more legal than user friendly</li> <li>• Limited understanding of sensory needs as it relates to employment</li> <li>• Lack of coordination with the aging unit</li> <li>• Services for clients who are responsible for cost services</li> </ul>
<p><b>Limited Recourses</b></p> <ul style="list-style-type: none"> <li>• Vocational Evaluation</li> <li>• Limited access to vocational evaluation services</li> <li>• Underutilization of vocational evaluation services</li> <li>• Access to ASL interpreters</li> <li>• Lack of counselor specialization</li> </ul>	<p><b>Limited Knowledge of DARS Services as a Barrier</b></p> <ul style="list-style-type: none"> <li>• Parents do not know we exist</li> <li>• Understanding scope of services available through VR</li> </ul>

<b>Table 3.14: Potential Barriers to Accessing Services for Transition-Age Youth</b>			
<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes A barrier</b>	<b>Often a barrier</b>
Engaging families of youth in vocational planning (n=118)	7 (6.0%)	81 (68.6%)	30 (25.4%)
Disability-related transportation issues (n=119)	11 (9.2%)	65 (54.6%)	43 (36.1%)
Limited social / family supports (n=120)	11 (9.2%)	75 (62.5%)	34 (28.3%)
Accessibility to DARS (limited public transportation) (n=119)	17 (14.3%)	52 (43.7%)	50 (42.0%)
Knowledge of available DARS services and supports (n=120)	19 (15.8%)	69 (57.5%)	32 (26.7%)
Access to technology (Internet, text, phone, etc.) (n=119)	23 (19.3%)	67 (56.3%)	29 (24.4%)
Communication issues / language barriers (n=120)	32 (26.7%)	77 (64.2%)	11 (9.2%)
Limited understanding of how work impacts benefits (n=120)	32 (26.7%)	63 (52.5%)	25 (20.8%)
Developing an achievable vocational goal with clients (n=120)	33 (27.5%)	74 (61.7%)	13 (10.8%)
Client frustration with speed of service delivery (n=119)	35 (29.4%)	66 (55.5%)	18 (15.1%)
Developing, with clients, the tasks and supports needed to accomplish the vocational goal (n=119)	36 (30.3%)	71 (59.7%)	12 (10.1%)
Limited Interagency collaboration (n=120)	40 (33.3%)	66 (55.0%)	14 (11.7%)

<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes A barrier</b>	<b>Often a barrier</b>
Other challenges related to the physical location of the DARS office (n=119)	47 (39.5%)	58 (48.7%)	14 (11.8%)
Inadequate disability-related accommodations (n=119)	49 (41.2%)	64 (53.8%)	6 (5.0%)
Inadequate assessment (n=119)	50 (42.0%)	59 (49.6%)	10 (8.4%)
Limited services and supports in this DARS district (n=119)	50 (42.0%)	53 (44.5%)	16 (13.4%)
Access to Pre-ETS services (n=119)	51 (42.9%)	55 (46.2%)	13 (10.9%)
Difficulty completing the application (n=120)	56 (46.7%)	53 (44.2%)	11 (9.2%)
Difficulty completing the Individualized Plan for Employment (n=120)	63 (52.5%)	52 (43.3%)	5 (4.2%)
Developing rapport with clients (n=120)	72 (60.0%)	45 (37.5%)	3 (2.5%)

<b>Barriers</b>	<b>Level of the Barrier</b>
Limited access to students in school	Often a barrier
Collaboration with school systems	Sometimes a barrier
Developing an appropriate employment goal	Often a barrier
Time schedule	Often a barrier
Advocating for the students while the family does not provide support	Often a barrier
Enough time with students	Often a barrier
Need to train clients how to use accommodations	Often a barrier
Limited community resources for parents/family	Often a barrier
Need to enhance motivational interviewing	Sometimes a barrier
DARS Staffing Capacity Issues	Sometimes a barrier
Vendor Staffing Capacity Issues	Sometimes a barrier
COVID has kept DARS physically out of schools. Youth require FTF engagement due to short attention spans. Serving youth who are not ready for work (9 & 10th grades) takes away too much time from working with VR side of caseload. Please go back to a split caseload.	Often a barrier
Lack of transportation to jobs is a significant issue in VA	Often a barrier
Not familiar with labor market for the area	Sometimes a barrier
Social Security and DARS don't seem to work closely together to determine whether an individual is to disabled to work.	Often a barrier
Disability acceptance from family	Often a barrier
Where is future planning to deal with decrease of supported employment or basic task jobs that significantly disabled individuals can perform? We still need sheltered workshops for some individuals. The waiting list and lack of response from Supported Employment Team is not up to par with other DARS services.	Often a barrier

<b>Barriers</b>	<b>Level of the Barrier</b>
DARS can only get referrals from schools where the relationship is positive and since COVID schools have become extremely political and less concerned about the students' needs	Often a barrier
Student, family, and school schedules competing for time	Often a barrier
Access to the schools:	Often a barrier
Differing priorities for schools vs VR priorities	Often a barrier
Lack of parent support	Often a barrier

<b>Response Yes/No</b>	<b>n/%</b>
Yes	49 (41.5%)
No	69 (58.5%)

<b>Potential Barriers for Clients from Racial or Ethnic Minorities</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Access to technology (Internet, text, phone, etc.) (n=53)	1 (1.9%)	28 (52.8%)	24 (45.3%)
Accessibility to DARS (limited public transportation) (n=53)	1 (1.9%)	29 (54.7%)	23 (43.4%)
Knowledge of available DARS services and supports (n=52)	1 (1.9%)	28 (53.8%)	23 (44.2%)
Limited social / family supports (n=53)	1 (1.9%)	33 (62.3%)	19 (35.8%)
Client frustration with speed of service delivery (n=52)	2 (3.8%)	33 (63.5%)	17 (32.7%)
Disability-related transportation issues (n=53)	4 (7.5%)	30 (56.6%)	19 (35.8%)
Communication issues / language barriers (n=54)	4 (7.4%)	30 (55.6%)	20 (37.0%)
Limited understanding of how work impacts benefits (n=52)	5 (9.6%)	27 (51.9%)	20 (38.5%)
Limited interagency collaboration (n=52)	8 (15.4%)	32 (61.5%)	12 (23.1%)
Developing an achievable vocational goal with clients (n=51)	9 (17.6%)	36 (70.6%)	6 (11.8%)
Developing, with clients, the tasks and supports needed to accomplish the vocational goal (n=53)	9 (17.0%)	33 (62.3%)	11 (20.8%)
Difficulty completing the Individualized Plan for Employment (n=53)	10 (18.9%)	35 (66.0%)	8 (15.1%)
Difficulty completing the application (n=53)	11 (20.8%)	28 (52.8%)	14 (26.4%)
Inadequate assessment (n=53)	12 (22.6%)	32 (60.4%)	9 (17.0%)
Limited services and supports in this DARS district (n=53)	12 (22.6%)	30 (56.6%)	11 (20.8%)
Developing rapport with clients (n=53)	14 (26.4%)	30 (56.6%)	9 (17.0%)



<b>Table 3.18: Write-in Barriers to Accessing Services for Clients from Racial or Ethnic Minorities</b>	
<b>Barriers</b>	<b>Level of the Barrier</b>
Lack of connecting with other agencies	Often a barrier
Awareness of services	Often a barrier
DARS has little community inclusion	Often a barrier
Misunderstanding of cultural aspects as to why people do not follow through with services	Often a barrier
Their cases assigned to the counselor of different background/ethnicity:	Often a barrier
Mental health prevent the clients from understanding the services	Often a barrier
The counselors have no knowledge of their clients' background/culture	Often a barrier
Limited knowledge of Afghan refugee issues	Often a barrier
General awareness of DARS	Sometimes a barrier
Standardized psychological testing not available for people of different cultural background	Often a barrier
Limited cultural awareness from Staff	Often a barrier
Historical mistrust of a government agency	Often a barrier
Staff insensitivity	Sometimes a barrier
Limited language capabilities with ESO/employers	Sometimes a barrier
Limited VRC/Staff with experience with certain ethnic population & cultural understanding	Sometimes a barrier

<b>Table 3.19: Services Representing the Greatest Client Need (n=120)</b>	
<b>Services</b>	<b>n/%</b>
Transportation	33 (27.5%)
Job Search and Placement Assistance	15 (12.5%)
Job Readiness Training	13 (10.8%)
Mental health treatment	12 (10.0%)
Supported Employment Services	10 (8.3%)
Occupational/Vocational training	6 (5.0%)
Vocational Assessment	4 (3.3%)
Assistive Technology Assessment / Devices	3 (2.5%)
Education	3 (2.5%)
On-the-Job Training and Support	3 (2.5%)
Substance abuse treatment	3 (2.5%)
Benefit planning assistance	2 (1.7%)
Vocational Rehabilitation Counseling and Guidance	3 (2.5%)
Disability Diagnosis and Treatment	1 (0.8%)
Medical treatment	1 (0.8%)
Vehicle modification assistance	1 (0.8%)
Personal Assistance Services	0 (0.0%)

Service	Yes, this is an unmet need	Neutral	This need is being met
Transportation (n=119)	71 (59.7%)	34 (28.6%)	14 (11.8%)
Mental health treatment (n=118)	49 (41.5%)	38 (32.2%)	31 (26.3%)
Job Readiness Training (n=119)	38 (31.9%)	23 (19.3%)	58 (48.7%)
Substance abuse treatment (n=119)	38 (31.9%)	55 (46.2%)	26 (21.8%)
Occupational/Vocational training (n=119)	32 (26.9%)	43 (36.1%)	44 (37.0%)
Job Search and Placement Assistance (n=119)	24 (20.2%)	23 (19.3%)	72 (60.5%)
Vocational Assessment	24 (20.3%)	28 (23.7%)	66 (55.9%)
Medical treatment (n=119)	24 (20.2%)	61 (51.3%)	34 (28.6%)
Personal Assistance Services (n=119)	24 (20.2%)	67 (56.3%)	28 (23.5%)
On-the-Job Training and Support (n=119)	21 (17.6%)	35 (29.4%)	63 (52.9%)
Disability Diagnosis and Treatment (n=119)	20 (16.8%)	48 (40.3%)	51 (42.9%)
Assistive Technology Assessment / Devices (n=120)	19 (15.8%)	39 (32.5%)	62 (51.7%)
Education (n=119)	18 (15.1%)	50 (42.0%)	51 (42.9%)
Supported Employment Services (n=119)	17 (14.3%)	22 (18.5%)	80 (67.2%)
Vehicle modification assistance (n=118)	14 (11.8%)	67 (56.3%)	38 (31.9%)
Benefit planning assistance (n=120)	14 (11.7%)	14 (11.7%)	92 (76.7%)
Vocational rehabilitation counseling and guidance	4 (3.4%)	11 (9.3%)	103 (87.3%)

Service	Comment
SE JD for professional jobs	Yes, this is an unmet need.
In-Home Services For Executive Fx	Yes, this is an unmet need.
Vocational evaluation	Yes, this is an unmet need.
Need for training on how to use AT	Yes, this is an unmet need.
Support for consumers with traumatic brain injuries	Yes, this is an unmet need.
Work adjustment training for job readiness	Yes, this is an unmet need.
Reasonable accommodation	This need is being met.
Pre-ETS services	This need is being met.

Services	Very Good	Acceptable	Poor
Vocational Rehabilitation Counseling and Guidance (n=117)	78 (66.7%)	36 (30.8%)	3 (2.6%)
Benefit planning assistance (n=119)	65 (54.6%)	50 (42.0%)	4 (3.4%)
Supported Employment Services (n=118)	50 (42.4%)	59 (50.0%)	9 (7.6%)
Assistive Technology Assessment / Devices (n=118)	55 (46.6%)	52 (44.1%)	11 (9.3%)
Vehicle modification assistance (n=118)	24 (20.3%)	82 (69.5%)	12 (10.2%)
Job Search and Placement Assistance (n=119)	52 (43.7%)	54 (45.4%)	13 (10.9%)



<b>Services</b>	<b>Very Good</b>	<b>Acceptable</b>	<b>Poor</b>
Education (n=119)	24 (20.2%)	80 (67.2%)	15 (12.6%)
Disability Diagnosis and Treatment (n=118)	29 (24.6%)	73 (61.9%)	16 (13.6%)
Occupational/Vocational training (n=120)	37 (30.8%)	66 (55.0%)	17 (14.2%)
On-the-Job Training and Support (n=118)	48 (40.7%)	53 (44.9%)	17 (14.4%)
Vocational Assessment (n=119)	53 (44.5%)	45 (37.8%)	21 (17.6%)
Personal Assistance Services (n=118)	14 (11.9%)	76 (64.4%)	28 (23.7%)
Medical treatment (n=118)	18 (15.3%)	71 (60.2%)	29 (24.6%)
Job Readiness Training (n=119)	39 (32.8%)	49 (41.2%)	31 (26.1%)
Substance abuse treatment (n=118)	12 (10.2%)	61 (51.7%)	45 (38.1%)
Customized Employment Services (n=118)	11 (9.3%)	56 (47.5%)	51 (43.2%)
Mental health treatment (n=118)	13 (11.0%)	53 (44.9%)	52 (44.1%)
Transportation (n=119)	12 (10.1%)	37 (31.1%)	70 (58.8%)

<b>Service</b>	<b>Quality</b>
Center for Independent Living support/ services	Poor
Reasonable Accommodation	Acceptable
Placement Counselor	Poor
One statewide database with all resources for disabled persons	Poor
Collaboration between Job Placement & VRC	Poor
VRC handling both PE & VR caseload. Please separate. The return on the investment is not on par with the individuals who need to actual job placement and counseling	Poor
Long wait times for appropriate training programs / or not accepted when training is needed for goal	Poor
Waiting list for MH treatment can effect ability to move forward	Poor
Medical treatment available in Northern VA given Medicaid rates is often difficult to find	Poor

<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Mental health issues (n=121)	0 (0.0%)	49 (40.5%)	72 (59.5%)
Limited or no work experience (n=120)	6 (5.0%)	50 (41.7%)	64 (53.3%)
Workplace social skills (Limited or inadequate skills) (n=120)	0 (0.0%)	60 (50.0%)	60 (50.0%)
Disability-related transportation issues (n=120)	6 (5.0%)	55 (45.8%)	59 (49.2%)
Challenging Behaviors (n=121)	3 (2.5%)	59 (48.8%)	59 (48.8%)
Convictions for criminal offenses (n=119)	4 (3.4%)	62 (52.1%)	53 (44.5%)

<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Job skills (Limited or inadequate skills) (n=121)	4 (3.3%)	64 (52.9%)	53 (43.8%)
Job search skills (Limited or inadequate skills) (n=120)	12 (10.0%)	60 (50.0%)	48 (40.0%)
Perceptions regarding the impact of income on Social Security benefits (n=120)	8 (6.7%)	65 (54.2%)	47 (39.2%)
Housing issues (n=122)	3 (2.5%)	76 (62.3%)	43 (35.2%)
Education or training (Limited or inadequate skills) (n=119)	10 (8.4%)	68 (57.1%)	41 (34.5%)
Parental / Family Support (n=120)	3 (2.5%)	78 (65.0%)	39 (32.5%)
Employers' perceptions about employing people with disabilities (n=119)	15 (12.6%)	67 (56.3%)	37 (31.1%)
Unpredictability of health and medical needs (n=119)	4 (3.4%)	87 (73.1%)	28 (23.5%)
Substance abuse issues (n=121)	11 (9.1%)	82 (67.8%)	28 (23.1%)
Communication Barriers (n=121)	18 (14.9%)	77 (63.6%)	26 (21.5%)
Childcare issues (n=119)	12 (10.1%)	84 (70.6%)	23 (19.3%)
Job Availability (n=119)	28 (23.5%)	68 (57.1%)	23 (19.3%)
Funding (n=118)	29 (24.6%)	69 (58.5%)	20 (16.9%)
Mobility Limitations (n=119)	13 (10.9%)	89 (74.8%)	17 (14.3%)
Disability-related personal care concerns (n=119)	11 (9.2%)	93 (78.2%)	15 (12.6%)
Accommodation Needs (n=119)	24 (20.2%)	86 (72.3%)	9 (7.6%)

<b>Service</b>	<b>Comment</b>
The clients utilizing the services provided- engagement, commitment	Often a barrier
Reasonable Accommodation	Sometimes a barrier
Wait time for services at WWRC	Often a barrier
WWRC including PREP with Training questionably appropriate	Often a barrier
Not enough professionals with degrees in the field to fill open positions	Often a barrier
Not enough vendor who provide job placement services; serious shortage of professionals outside of large cities & Northern VA	Often a barrier
High cost of living in VA	Often a barrier
Lack of job skills training and courses in high schools--replaced by SOL and high stakes testing	Often a barrier
Accessible Community Resources	Sometimes a barrier
Perceptions clients have about the overall expectations of DARS services	Often a barrier
Not understanding their disability	Often a barrier

<b>Potential Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Limited or no work experience (n=115)	7 (6.1%)	31 (27.0%)	77 (67.0%)
Job search skills (Limited or inadequate skills) (n=113)	10 (8.8%)	42 (37.2%)	61 (54.0%)
Job skills (Limited or inadequate skills) (n=114)	9 (7.9%)	44 (38.6%)	61 (53.5%)
Other Transportation issues (n=114)	7 (6.1%)	49 (43.0%)	58 (50.9%)
Social skills (Limited or inadequate skills) (n=113)	2 (1.8%)	60 (53.1%)	51 (45.1%)
Education or training Living (Limited or inadequate skills) (n=113)	9 (8.0%)	61 (54.0%)	43 (38.1%)
Challenging Behaviors (n=115)	3 (2.6%)	69 (60.0%)	43 (37.4%)
Parental / Family Support (n=115)	7 (6.1%)	69 (60.0%)	39 (33.9%)
Disability-related transportation issues (n=112)	10 (8.9%)	65 (58.0%)	37 (33.0%)
Perceptions regarding the impact of income on Social Security benefits (n=114)	15 (13.2%)	62 (54.4%)	37 (32.5%)
Mental health issues (n=115)	4 (3.5%)	80 (69.6%)	31 (27.0%)
Employers' perceptions about employing youth with disabilities (n=112)	14 (12.5%)	68 (60.7%)	30 (26.8%)
Job Availability (n=112)	25 (22.3%)	61 (54.5%)	26 (23.2%)
Communication Barriers (n=114)	13 (11.4%)	78 (68.4%)	23 (20.2%)
School to work transition planning (n=114)	19 (16.7%)	74 (64.9%)	21 (18.4%)
Employment Service Organizations' ability to provide services (n=114)	26 (22.8%)	67 (58.8%)	21 (18.4%)
Interagency transition planning (n=113)	26 (23.0%)	70 (61.9%)	17 (15.0%)
Funding (n=113)	47 (41.6%)	51 (45.1%)	15 (13.3%)
Disability-related personal care concerns (n=113)	17 (15.0%)	82 (72.6%)	14 (12.4%)
Housing issues (n=114)	34 (29.8%)	68 (59.6%)	12 (10.5%)
Access to PRE-ETS services (n=112)	49 (43.8%)	52 (46.4%)	11 (9.8%)
Convictions for criminal offenses (n=113)	61 (54.0%)	42 (37.2%)	10 (8.8%)
Other health issues (n=113)	9 (8.0%)	96 (85.0%)	8 (7.1%)
Accommodation Needs (n=112)	36 (32.1%)	68 (60.7%)	8 (7.1%)
Mobility Limitations (n=113)	19 (16.8%)	87 (77.0%)	7 (6.2%)
Substance abuse issues (n=111)	36 (32.4%)	69 (62.2%)	6 (5.4%)

<b>Potential Barriers for Clients From Ethnic and Racial Minorities</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Other transportation issues (n=119)	12 (10.1%)	56 (47.1%)	51 (42.9%)
Job search skills (Limited or inadequate skills) (n=119)	11 (9.2%)	64 (53.8%)	44 (37.0%)
Education or training Living (Limited or inadequate skills)	12 (10.0%)	64 (53.3%)	44 (36.7%)
Communication Barriers (n=118)	15 (12.7%)	62 (52.5%)	41 (34.7%)
Perceptions regarding the impact of income on Social Security benefits (n=120)	14 (11.7%)	65 (54.2%)	41 (34.2%)

**Table 3.27: Barriers to Achieving Employment Goals for Clients from Ethnic and Racial Minorities** (continued)

Potential Barriers for Clients From Ethnic and Racial Minorities	Not a barrier	Sometimes a barrier	Often a barrier
Limited or no work experience (n=119)	10 (8.4%)	69 (58.0%)	40 (33.6%)
Job skills (Limited or inadequate skills) (n=119)	11 (9.2%)	69 (58.0%)	39 (32.8%)
Mental health issues (n=119)	8 (6.7%)	74 (62.2%)	37 (31.1%)
Housing issues (n=120)	13 (10.8%)	70 (58.3%)	37 (30.8%)
Disability-related transportation issues (n=118)	14 (11.9%)	69 (58.5%)	35 (29.7%)
Social skills (Limited or inadequate skills) (n=118)	7 (5.9%)	77 (65.3%)	34 (28.8%)
Convictions for criminal offenses (n=118)	17 (14.4%)	70 (59.3%)	31 (26.3%)
Parental / Family Support (n=119)	11 (9.2%)	80 (67.2%)	28 (23.5%)
Job Availability (n=119)	31 (26.1%)	65 (54.6%)	23 (19.3%)
Other health issues (n=117)	10 (8.5%)	85 (72.6%)	22 (18.8%)
Employment Service Organizations' ability to provide services (n=119)	33 (27.7%)	64 (53.8%)	22 (18.5%)
Challenging Behaviors (n=118)	15 (12.7%)	83 (70.3%)	20 (16.9%)
Substance abuse issues	17 (15.2%)	77 (68.8%)	18 (16.1%)
Funding (n=119)	49 (41.2%)	54 (45.4%)	16 (13.4%)
Disability-related personal care concerns (n=118)	19 (16.1%)	86 (72.9%)	13 (11.0%)
Accommodation Needs (n=118)	30 (25.4%)	79 (66.9%)	9 (7.6%)
Mobility Limitations (n=118)	20 (16.9%)	86 (72.9%)	8 (6.8%)

**Table 3.28: Changes to Better Assist DARS Clients**

Change	Not needed	Somewhat needed	Significant need
More streamlined processes (n=117)	9 (7.7%)	36 (30.8%)	72 (61.5%)
Better data management tools (n=118)	16 (13.6%)	41 (34.7%)	61 (51.7%)
Smaller caseload (n=117)	14 (12.0%)	43 (36.8%)	60 (51.3%)
Increased access to Vocational Evaluators (n=117)	20 (17.1%)	38 (32.5%)	59 (50.4%)
More administrative support (n=117)	19 (16.2%)	42 (35.9%)	56 (47.9%)
Additional training for ESOs (n=118)	16 (13.6%)	49 (41.5%)	53 (44.9%)
Improved business partnerships	14 (11.8%)	53 (44.5%)	52 (43.7%)
More effective community-based service providers (n=118)	17 (14.4%)	57 (48.3%)	44 (37.3%)
Better assessment tools (n=118)	21 (17.8%)	54 (45.8%)	43 (36.4%)
Increased options for technology use to communicate with clients (n=119)	13 (10.9%)	63 (52.9%)	43 (36.1%)
Increased outreach to clients in their communities (n=118)	15 (12.7%)	61 (51.7%)	42 (35.6%)
Additional training for VR staff (n=118)	14 (11.9%)	67 (56.8%)	37 (31.4%)
Decreased procurement time (n=117)	24 (20.5%)	74 (63.2%)	19 (16.2%)
More supervisor support (n=117)	57 (48.7%)	45 (38.5%)	15 (12.8%)

<b>Table 3.29: Write-in Responses for Needed Changes</b>	
<b>Change</b>	<b>Comment</b>
More marketing to parents of special education students	Significantly needed
Increase collaborations with CSB's	Significantly needed
Increased collaboration with CIL's	Significantly needed
Less time doing clerical work/allow more time to provide G&C	Significantly needed
Decreased waiting time to access VR services	Significantly needed
Electronic Signature Capabilities	Significantly needed
Increase counselor positions	Significantly needed
Dedicated staff to provide Pre-ETS services	Significantly needed
More Voc. Evaluators	Significantly needed
A more organized way to provide meaningful services to Pre-ETS students vs. meeting data points	Significantly needed
VR counselor could use training in the areas they choose & deem needed in their job as counselors, and/ or for their CRC	Significantly needed
Admin staff does admin work - VRC do Counseling/Groups - match educational skills - we have MS level staff doing clerical work and HS diploma staff doing job club. Makes no sense!!	Significantly needed
Include Placement in the Evaluation/training process- we are loners in the world of Voc. Rehab and we play a vital role in the process	Significantly needed
Accountability for managers who display unethical behaviors, targeting of VRCs, and falsification of records. More of a voice for VRCs under unethical managers.	Significantly needed
Include Placement in the Evaluation/training process- we are loners in the world of Voc. Rehab and we play a vital role in the process	Significantly needed
Standard protocol for training new counselors. Some new VRCs can shadow or have a manager or an experienced counselor shadow them as they learn. However, in some offices there was no shadowing at all for new counselors since the manager said it wasn't her job to train the new VRC. However, the new VRC was not allowed to shadow or be shadowed by other VRCs either. The new counselor was forced to wait to learn what could be gleaned from the NCST. This is insufficient since most people learn by doing.	Significantly needed

<b>Table 3.30: ESOs are able to Meet Clients' Vocational Rehabilitation Service Needs (n=113)</b>	
<b>Response</b>	<b>n/%</b>
Yes	76 (67.3%)
No	37 (32.7%)

<b>Table 3.31: Reasons ESOs are Unable to Meet Clients' Service Needs</b>			
<b>Statement</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
Client barriers prevent successful interactions with vendors (n=118)	30 (25.4%)	57 (48.3%)	31 (26.3%)
Difficulty promoting career pathways for clients (n=119)	50 (42.0%)	44 (37.0%)	25 (21.0%)
Insufficient Funding (n=119)	21 (17.6%)	48 (40.3%)	50 (42.0%)
Insufficient staffing (n=121)	95 (78.5%)	16 (13.2%)	10 (8.3%)
Lack of communication between DARS and the ESOs (n=118)	30 (25.4%)	39 (33.1%)	49 (41.5%)
Lack of communication between ESOs and clients (n=118)	25 (21.2%)	55 (46.6%)	38 (32.2%)
Language barriers (n=118)	22 (18.6%)	50 (42.4%)	46 (39.0%)
Need for staff training (n=120)	64 (53.3%)	41 (34.2%)	15 (12.5%)
Not enough ESOs available in this district (n=119)	59 (49.6%)	33 (27.7%)	27 (22.7%)
Quality of the ESO services (n=119)	42 (35.3%)	46 (38.7%)	31 (26.1%)
Staff capacity to make placements in higher wage jobs / nontraditional jobs (n=120)	77 (64.2%)	32 (26.7%)	11 (9.2%)

<b>Table 3.32: Write-in Reasons ESOs are Unable to Meet Clients' Service Needs (n=)</b>	
<b>Training Need</b>	<b>Comment</b>
Availability of staff to provide CE	Agree
Insufficient trained staff for specialized services (Customized employment, TBS, PEERS)	Agree
Ability of VRC to accompany ESOs to see where clients are going and what assessments are completed with the client.	Agree
Staff capacity for Pre-ETS and CE services	Agree
Staff turnover is high:	Agree
Other language capabilities	Agree

<b>Table 3.33: Staffing</b>
Need more ESO's and more agencies that will hire our students.
Have more coaches so the turnaround time is faster.
More staff, more training, and ESO's need to follow rules and policies set by DARS in relation to consumers.
Reduce coaching turnover
Hire culturally and linguistically competent staff to meet the needs in their community and referral base.
We need more qualified ESO providers and job coaches at the ESO's. All of the vendors I use are good providers. One stood out as a leader due to the former staff who worked there. I knew that with this ESO I would always have a professional, capable, caring job coach for my client and that the client would have a job coach as soon as he/she and I were ready for one. That has changed when several very competent people left this ESO.
Having more ESO staff, especially more so in rural areas to provide consumers with informed choice.



**Table 3.33: Staffing** (continued)

Hire more staff but most importantly ESO's need to pay their staff a competitive wage to reduce the turnover of staff. DARS has been doing a lot for Job Shadowing month in Feb and have launched a paid work experience program with Pre-ETS. As of last year when the program was launched there were NOT enough vendors to handle the referrals.

Make the staff more diverse in order to provide needs of ALL clients. Focus more on the quality of services.

**Table 3.34: Training**

Staff training and certifications to support client needs. Better understanding of DARS services and supports offered and the process to move forward with certain steps. Understanding the Employment Goal is what we are looking to meet and not just any job that is hiring and not in agreement with the goal.

Train ESO's to do job development and foster relationships with employers on their own time so that they can provide quality placements.

Train staff on accommodation needs of all disabilities.

We need more ESOs and less turnover, better training for ESOs, and ESOs ability to assist consumers in applying to higher wage/more professional jobs.

Have more staff that are able to work individuals with sensory impairments. Have more training on how to approach difficulties with clients from a different perspective (ie, a client with hearing loss and autism feels overwhelmed, instead of just continuing to push, step back and think about how the client views the situation to help the client get unstuck).

They need to be trained more thoroughly before working with clients. Some are thrown out to sink or swim and much time is wasted redoing paperwork that was submitted incorrectly. Time that could have been spent with the client.

**Table 3.35: Procedures and Practices**

Follow DRS timelines for RFA's, invoices/reports, follow IPE goal, collaborate with VRC's

ESO's need to make certain (like the DARS Counselors) that this is the right placement for the client and not just a way to make a paycheck (for the client or for the ESO!) Job placement/ matching takes a lot of time, and rushing it often leads to an unhappy and frustrated client and counselor.

Allowing for additional funds for ESO's mid-month if client got a job instead of expecting the counselor to submit for funding next month, which causes the job coach to lose the potential job for the client due to funding being delayed in being obtained for several weeks. If ESO's could seek funding as soon as position is determined - that would save a lot of potential placements.

ESO's need to understand the IPE for the client from the start and provide needed feedback if they are finding it is not a good fit, work with Placement team, and provide improved communication so all involved are on the same page. Often times, they are our eyes and ears and updates should be provided frequently.

Read plans, follow employment goals and instructions from VRC supervising the case. Good stewardship of service authorizations. Maintaining focus and pride in making career type placements.

**Table 3.36: Services**

Reach out for ancillary services such as DARS AT services for technology and sensory needs. ABA support is often needed but difficult to find.
Shift their focus from merely getting someone a job to engaging the consumer in a career path.
Closer coordination of client services based on Trial Work or IPE goals agreed upon by the DARS Counselor and client (ie, conducting accurate and informative situational assessments that are needed to determine eligibility or assess ability, not straying from goals, ESO willingness to interrupt or end services in a more timely manner, etc.)
Understand that DARS isn't about just getting a job. Our focus is now on developing a career that will support the client and create a path to advancement if the client is capable. Also, the ESOs should not write fluff. Give us the hard truth about skill deficits and employability issues. ESOs should be more accountable to the hours requested.

**Table 3.37: Communication and Collaboration**

Communicate with DARS team on actions and progress
More communication with VR counselors.
Better communication with DARS counselors.
Follow the client's employment goal instead allowing them to find another employment that has not met the IPE. Have a team meeting if a client want to find another employment that is not in their IPE. Improved communication between ESO and VRC.
Communicate with clients and DARS counselors constantly.
Communicating with VRC before significant changes are made in strategies for job development and job site training when they are needed.
More collaboration with VRC, client, and potentially Vocational Evaluator to identify reasonable steps for client to take to achieve positive work outcomes.
ESO's sometimes need to speak with DARS VRC's more often when they see a situation is about to arise with a client so that teamwork between VRC's and JC's can occur to circumvent wasting jobs.
Communication with DARS counselors, and an increase in Spanish speaking job coaches/vendors.
Communication needs to be more adequate and clear between the coach and with the client/family on next steps, concerns, how efforts are progressing. Better communication with ESO and DARS counselor about reaching stability for follow along and it being better explained/communicated to client and family. ESO's need to be more informative when they have waiting list for services or be delayed in providing certain services such as WISA.
ESO's need to be WILLING to take sign language classes and learn the deaf culture. This will build a good rapport with deaf clients with ease. Better than relying on an interpreter for everything throughout the job coach services.



<b>Table 3.38: Frequency of Working with the Workforce Development Center (n=121)</b>	
<b>Frequency of Interaction</b>	<b>n/%</b>
Very frequently	15 (12.4%)
Somewhat frequently	28 (23.1%)
Infrequently	65 (53.7%)
Not at all	13 (10.7%)

<b>Table 3.39: Effectiveness of the Workforce Development Centers (n=120)</b>	
<b>Effectiveness of Services</b>	<b>n/%</b>
Very effectively	4 (3.3%)
Effectively	35 (29.2%)
Not effectively	46 (38.3%)
They do not serve individuals with disabilities	3 (2.5%)
No opinion	11 (9.2%)
I don't know	21 (17.5%)

<b>Table 3.40: Workforce Development Center Improvements</b>			
<b>Services</b>	<b>Does not need improving</b>	<b>Somewhat Needs Improving</b>	<b>Needs significant improvement</b>
Physical accessibility (n=109)	60 (55.0%)	39 (35.8%)	10 (9.2%)
Programmatic accessibility (n=109)	21 (19.3%)	65 (59.6%)	23 (21.1%)
Staff training on how to work with individuals with disabilities (n=111)	16 (14.4%)	41 (36.9%)	54 (48.6%)
Including individuals with disabilities when purchasing training for their clients (n=110)	18 (16.4%)	55 (50.0%)	37 (33.6%)
Partnering more effectively with DARS (n=112)	17 (15.2%)	47 (42.0%)	48 (42.9%)
Outreach to individuals with disabilities to increase / improve knowledge of services (n=112)	14 (12.5%)	51 (45.5%)	47 (42.0%)
Communicating with clients who have language barriers (n=110)	31 (28.2%)	57 (51.8%)	22 (20.0%)
Communicating with DARS counselors (n=111)	16 (14.4%)	47 (42.3%)	48 (43.2%)

<b>Area for Improvement</b>	<b>Comment</b>
Professionalism	Needs significant improvement
Perhaps they could provide job leads to DARS offices also	Needs significant improvement
Perhaps develop specific skills' training they could teach, with approval of DARS Job Placement Counselors	Needs significant improvement
Engage transition students to training earlier	Needs significant improvement
Needs to communicate with nondisabled people	Needs significant improvement
Presentation of services offered at the one stops and accommodations that they offer	Needs significant improvement
I have never heard of anyone there who knows ASL	Needs significant improvement
Staff have no clue about arranging interpreters and think that's something DARS should be doing	Needs significant improvement

<b>Training Needs</b>	<b>Not needed</b>	<b>Somewhat needed</b>	<b>Significant need</b>
Competitive integrated employment (n=116)	80 (69.0%)	30 (25.9%)	6 (5.2%)
Supported employment services (n=116)	62 (53.4%)	40 (34.5%)	14 (12.1%)
Reducing / Eliminating 14c Special Wage Certificates (n=114)	51 (44.7%)	47 (41.2%)	16 (14.0%)
Benefits Planning / How work impacts benefits (n=117)	47 (40.2%)	57 (48.7%)	13 (11.1%)
Assistive technology services and devices (n=117)	43 (36.8%)	54 (46.2%)	20 (17.1%)
Pre-employment transition services (Pre-ETS services) (n=115)	41 (35.7%)	55 (47.8%)	19 (16.5%)
Family Involvement and Support (n=115)	40 (34.8%)	53 (46.1%)	22 (19.1%)
Outreach to diverse populations (n=116)	39 (33.6%)	48 (41.4%)	29 (25.0%)
Self-advocacy (n=116)	38 (32.8%)	62 (53.4%)	16 (13.8%)
Disability Inclusion Policies and Practices (n=116)	36 (31.0%)	58 (50.0%)	22 (19.0%)
Developing Business Partnerships (n=117)	35 (29.9%)	61 (52.1%)	21 (17.9%)
Customized employment (117)	33 (28.2%)	48 (41.0%)	36 (30.8%)
Job Accommodations (n=116)	33 (28.4%)	67 (57.8%)	16 (13.8%)
Unconscious racial or ethnic bias (n==114)	33 (28.9%)	59 (51.8%)	22 (19.3%)
Dual Customer approaches (114)	30 (26.3%)	64 (56.1%)	20 (17.5%)
Distance or remote rehabilitation counseling services (118)	28 (23.7%)	57 (48.3%)	33 (28.0%)
Self-employment (n=116)	28 (24.1%)	42 (36.2%)	46 (39.7%)
Internships/apprenticeships (n=116)	20 (17.2%)	48 (41.4%)	48 (41.4%)
Services to increase career pathways (e.g., STEM fields, etc.) (n=117)	18 (15.4%)	62 (53.0%)	37 (31.6%)
Supporting clients with convictions for criminal offenses (n=115)	14 (12.2%)	57 (49.6%)	44 (38.3%)

<b>Table 3.43: Write-in Training Needs (n=10)</b>	
<b>Training Need</b>	<b>Comment</b>
What services can CIL's provide?	Significantly needed
What services can BIS provide to help clients be successful?	Significantly needed
What services can Workforce Centers provide?:	Significantly needed
Disability bias	Significantly needed
Recognize the inclusive language	Significantly needed
Ethics training for CRC credits	Significantly needed
long-term remote work	Significantly needed
Develop a large flowchart with brief explanations of all state & community services under categories like Transportation, Food Insecurity, Medical, Mental Health, etc.	Significantly needed
Supporting clients with substance abuse	Significantly needed
Supporting clients with traumatic brain injury	Significantly needed

<b>Table 3.44: Awareness and Understanding of VA DARS Services</b>
DARS does not market their services well as a whole. DARS needs to work more on reaching out to community services to ensure our agency is marketed well to aid more people. DARS also relies heavily more on numbers and less on the quality of services with the consumers. Counselors have large caseloads and cannot provide quality service to each consumer.
Information about DARS can be confusing to clients and families. Community partners often share misleading information so expectations for services can be skewed. When people realize that we are here to address disability related barrier to employment and develop feasible
The lack of knowledge about our agency and its services.
Marketing of the agency is poor on a local level. Marketing materials are extremely low.
Misunderstanding / unaware of the scope of VR
DARS visibility within the community.
Lack of community resource referrals due to lack of understanding of the agency and its services as well as many other community resource programs having perceived similar programs.
Oddly enough some families just don't know about DARS at all. I serve as the point person for referrals for my offices in the Capital District and there are times when I have conversations with parents and they have no idea about DARS and the services we provide.
Transportation Lack of Awareness of services provided
IWD do not have anyone to educate them on our services in a lot of cases if they are not in school.
Consumers may have multiple needs, but do not really understand that DARS' focus is on employment and the services needed to help them achieve employment.
Most of the time they just don't know we exist.
They are unaware that DARS exists.
Lack of community level knowledge (e.g. advertising)
The title of our agency
Lack of knowledge that DARS exist to work with them. Their assumptions that VR works with people with SSI, or SSDI only.

<b>Table 3.45: Transportation and Accessibility Participant Comments</b>
Transportation is a significant barrier in rural areas
VA must develop a state-wide transit service that will benefit workers, employers, elderly and tourism. It must be easy to use, safe and allow rural Virginians to access educational, job, medical and recreational needs that will also support the needs of disabled individuals. We should start with electric vans and buses & connect to rail transit.
Often the poorest of the poor face significant barriers that are socio/economic related, such as accessing offices by public transportation can be overwhelming, lack of technology access- especially during the pandemic has been a significant barrier (as in not having the technology, or understanding of how to make it work or lack of internet connection)
The service area of the Wytheville is large with much travel involved. Our VRCs meet with consumers in public libraries and other public places because it is too far for our consumers to travel. Using these itinerary points has worked well for the consumers and the VRCS.
Some offices are not located near the bus routes. Some offices requires people to walk a great deal of distance to get to the site. Some offices are located near the heavy traffic zone prevent clients to walk across safely.
Some offices are very accessible, others are not. I would caution that to assume DARS is not transportation friendly is not the case. It is only the case for some offices.
Our office is underserved in some remote areas because of the lack of transportation.
Four respondents did not elaborate on their comment related to lack of transportation and said the following: <ul style="list-style-type: none"> <li>• Location and transportation</li> <li>• Transportation</li> <li>• Lack of Transportation.</li> <li>• Lack of Transportation.</li> </ul>

<b>Table 3.46: Website / Remote Accessibility</b>
The website is not user friendly and the video that explains DARS services leans on specific disabilities and age groups that does not appear to be inclusive.
The VA DARS website, compared to some other state's sites, is overly complicated and difficult to navigate. For those clients who look for services via the internet at the library, school, phone, and computer, they become frustrated trying to find information relevant to their needs in an easy to find format and in an easy to read and comprehend format.
Internet capabilities.
Difficulty understanding on the phone and lack of technology/internet access to do teleconferencing.
Since services have gone more virtual, it is very hard for consumers to sign necessary paperwork to continue with services. Any ROIs need to be printed, signed, and scanned back or sent through the mail. Also, the link for the electronic signature for the IPEs is very hard for many consumers to understand and sign electronically. It would be very nice if we could have DocuSign for all documents for ease of services for counselors and consumers. This would also make interagency services more efficient.

**Table 3.47: Ethnic and Racial Minorities / Language Accessibility**

I am glad to see more staff members of color. I believe this helps individuals with disabilities of color feel more at ease, making it easier for them to share their needs with the VR counselor.
Some of the ethnic minorities may have a historical mistrust of federal/state government agencies and feel that they will not, as a minority receive fair or equitable services from the agencies.
Language differences are challenging and stressful for staff and likely the client's, too. More frequent training on how to utilize remote interpreters for atypical languages (not Spanish or ASL) could be helpful.
Again the local vendor providers are lacking in cultural and linguistic skills in working with D/HH youths and adults.
Sometimes the information isn't there. Especially with minority communities, or those that aren't from the US, they may not have the resources or access to anyone that can inform them that DARS services even exist.
Do not speak English
Socioeconomic barriers create challenges in and of themselves that DARS may not be able to resolve; these issues are the same but exacerbated if ethnic or minority backgrounds.

**Table 3.48: Referral and Eligibility**

Some are discouraged in applying if they are currently employed, even if they are employed in a dead end job. Some clients are discouraged in applying if they are viewed as an expensive case.
The first step is a barrier in some places. Referral Process - inconsistent from office to office. Some offices do not give an intake appointment
The length of the VR process at DARS. Often it can take weeks (4-5) to get an intake appointment then it takes another 8 weeks to determine eligibility. There doesn't seem to be a sense of urgency that the clients often feels when they come to us.

**Table 3.49: Pre-ETS Services and Family Concerns**

Also, having the dual caseloads now (Pre-ETS and VR), they are essentially working two full-time positions in one and can only provide so much to each group. The burn-out rate has increased and the pay does not match the work we all do. It's becoming more difficult to stay passionate and continue the quality services we used to provide.
With the Pre-ETS population it has been very hard to get the client's AND parents attention what DARS does. I have tried unsuccessfully to do this with Job Clubs. It seems as though when we try to imitate contact the reaction is like we are telemarketers trying to get
Parents do not seem to understand the difference between pre-ETS service and VR and do not understand having to reapply for service after graduation or in their senior year and get frustrated with the counselor with having to access services twice. Why not have the same application for both and just have counselor understand that until they are 16 the student cannot have or participate in paid services.
Often a family member has limitations that impact our individuals.
Limited family support

**Table 3.50: COVID-19**

At times, it is difficult for clients to get all the information together to help them to move services forward. COVID 19 closures has increased the difficulty in getting some information and/or accessing services that would help DARS services be more accessible (such as limited DMV hours, DMV requiring appointments for services, DSS providing virtual services).

COVID has had major impact on in person services and many disabilities benefit from hands on services vs. remote or virtual.

The office isn't located on a public transportation bus route. Things weren't as bad prior to COVID--since COVID the school population and general population I feel is burnt out from masks, vaccinations, politics and living virtually.

The pandemic has definitely had an impact on referrals. Relationships with many community partners have lapsed, due to the strain on staff and turnover - these relationships will need to be rekindled. The school systems have also experienced a great deal of stress and turnover, which has impacted the number of Pre-ETS referrals. DARS referrals do not always seem to be a priority for school partners, when they are experiencing such staffing shortages and high levels of stress.

**Table 3.51: Homelessness**

Homeless individuals required to have an address/phone/internet availability and the ability to utilize computers in the community with COVID shut downs.

Lack of housing

Lack of collaboration between the agencies (VR, SSA, Housing, Food banks and shelters)

**Table 3.52: Miscellaneous Comments**

Referring a client to Supportive Employment has been a black hole. No response, no contact from the team in our area.

Work more closely with SSA to determine who will not be able to work and have that decision stand. The state does not need to end sheltered workshops. They are appropriate for some individuals with disabilities.

Resume prep & interview is huge need, especially for higher paying job. More Paid Work Experiences, especially for older clients, younger clients and motivated clients with no work experience

**Table 3.53: Client / Service Changes**

Faster engagement of the client in the VR process. Intakes should be scheduled within a few days of referral and eligibility determinations should happen shortly thereafter.

DARS need to push WWRC to change the Vocational Evaluation program it is out dated and poorly supervised. DARS needs to go back to it being one case load of VR status for all clients just make the difference be with who can receive paid service and who cannot.

Assisting with realistic vocational goals, quality supportive employment services, and funding for training (provided it is realistic) and supports once employed.



**Table 3.53: Client / Service Changes** (continued)

<p>Taking the time to provide a comprehensive plan of action for services, working together as a team between the Voc. Rehab and Job Placement Services when identifying careers/jobs with Clients. Also the client's responsibility and accountability when receiving services should be clearly identified. The client needs to want the support as much as the DARS staff wants to provide the services. More collaboration between community resources is needed. It has improved but continuing to build community relationships is vital to success.</p>
<p>If we truly want to maximize our consumers earning potential and career pathways, we need to continue to find ways to increase consumers' relevant work skills through work experiences either paid or unpaid. Also, we need to have better resources for ensuring that clients have the correct diagnoses to be able to address SFLs and provide more adequate services. If we are going to continue to provide services virtually, we need to make it easier for consumers to sign paperwork and more efficient for counselors.</p>
<p>Setting employment goals and plans that are career driven. Consistent and/or lead to next logical steps in advancing in a living wage type career. Encouraging participants to engage in the vocational rehabilitation process.</p>
<p>Programming for pre-employment skills/behaviors. I understand that this programming will soon not be a stand-alone program at WWRC. CWAT programs that used to be available in the community are also no longer offered. Clients with challenging behaviors have limited resources to address work-ready behaviors. 2.) Post-acute medical services to address accommodation needs on-the-job; mobility required to perform specific work tasks; continued therapies on the development of strategies/techniques that can address employment barriers - issues that aren't address in traditional therapy settings.</p>
<p>Decrease time for getting into training programs.</p>
<p>Developing the contract to expect the clients to keep in touch with VRC when the equipment is purchased and return if they fail to keep in touch for a specific time. 2. Developing the contract for any equipment to be return if the client fails to meet their responsibility based on the application and IPE. 3. Limit the purchases of any medical restoration by requiring them to attend the class/training to learn how to take care of the things that VR purchase. For example, hearing aids, computers, prosthesis. 4. Set the limit of equipment for specific time so VRC can focus more on other underlying issues that prevent the client to keep the job longer.</p>
<p>Focus on early access to vocational training with support.</p>
<p>Not sure. Keep coming back to placement and supports as well as client work behavior and social skills needed to retain jobs they get.</p>
<p>More opportunities for OJT and apprenticeships.</p>
<p>As a counselor that has mostly worked with transition students for 9 years, I feel I lacked certain knowledge and skills to adequately understand how to best support someone with substance abuse or an extensive criminal background. I felt I was not very well trained to know what resources or steps to take with certain clients that someone with that specific type of training or experience would be equipped to handle better.</p>
<p>Provide comprehensive C&amp;G and assessments, and the education and training necessary PRIOR to an employment goal being set. Do not set an employment goal that the consumer has little to no chance of achieving due to their lack of ability or education/training. Spend more time in the planning phase to ensure realistic goals are achievable.</p>

**Table 3.53: Client / Service Changes** (continued)

If possible, be more open-minded and flexible to work with D/HH people. Do not have the mindset of what deaf people cannot do, which will hurt/break their dreams to reach their goals. Always work with the local RCDs for their expertise when in doubt.

**Table 3.54: Documentation and Paperwork Changes**

Reduce the amount of paperwork that VR Counselors have to complete for a normal intake for a client.

Staff are less available to meet and provide services when there is so much data management and when our data management system is so complicated and confusing to use. DARS also needs to invest in a more user friendly case management system to be more efficient with staff time but also so clients can more easily access their case information and have a better understanding of where they are in the VR process.

Somewhere the agency got lost in the database, and VRCs have become tied to their computers. You can't provide good VR services when stuck in Aware doing the database

More time with clients less of these surveys and emphasis on documentation and trainings all the time.

Staff should spend less time tracking data in AWARE and more time with clients.

AWARE is too cumbersome to change the employment goal or goals that are not met. More development of job search skills for VRC. Teaching how to create tech resumes, resumes for higher wage jobs. We also need a database of employers and job for persons age 55 and older. Also, stop dividing the time of VRC between PE & VR caseload. PE takes away from job development on VR side.

Less computer work and having more time with the clients.

Supporting more quality services and less data entry.

Give the VRCs more time to be counselors and work with their consumers rather than doing so much paperwork. One ESSS for 5 VRCS and the only staff support in an office is hard. More time is needed to work with Learner's permit reviews.

Limiting stress on DARS staff in all that is required on a daily basis, including documentation in order to provide quality services to each individual.

Its sometimes difficult to collect medical information from some entities such as Fx county CSB MH and other medical facilities- speeding this up would help services go faster for clients.

More counseling from VR staff rather than paperwork.

**Table 3.55: Staffing / Caseload Changes**

DARS needs to address the workload of VR staff. If staff had more manageable workloads, they would be able to better connect with clients and work towards achieving successful outcomes.

Lower case load numbers to allow counselors to focus more on clients.

Smaller caseloads; More specific caseload types (MH, SA, Transition, etc.).

Spend time early on really getting to know the client. It is so important to meet with the client regularly even if it is just for a few minutes. The large caseloads often prohibit this.



**Table 3.55: Staffing / Caseload Changes** (continued)

Counselors have too many responsibilities that limit their ability to provide quality services to the clients they serve. More counselors/ staff would decrease the number of cases served per counselors ensuring that counselors have the time and ability to provide quality services rather than providing the minimum services to ensure they stay on top of the many policy, system and performance requirements.
Regulations. It's getting to the point that it's almost impossible to keep up with everything that a counselor is required to do on each case. Not to mention the every changing requirements.
More time spent working with individuals, lower caseload #s.
Continuing with the professional, caring staff we have and increasing staff. It takes qualified people to do the jobs that need to be done. By qualified I do not specifically mean a certain level of education, necessarily. Staff who care about people, have common sense, and ability to grasp all the complexities of DARS.
I believe that having separate VR Adult counselors and PE Counselors would allow counselors to better focus on their consumers. Breaking up the time between adult VR and PE cases can be difficult and conflict with the streamlining of the process.
Change the VRC's position to either work solely with adult clients or work solely with SWDs in the schools, but not both. Managing both caseloads stretches a VRC too thin and takes away from being able to specialize in one and provide quality services.
Put the focus of the job back on counseling and guidance.
Smaller caseload and more staff (counselors).
Hire more In-house Job Placement Counselors.
Smaller caseload under 100 consumers, and back to transition counselors versus dual counselors.
Stabilize staff recruitment and retention issues to reduce turnover and length of time positions are vacant. This is a multi-layered issue.
Reduce VR Counselor caseload to allow adequate case management services instead of having VRC carry a dual caseload. The services mentioned are ideal; however, is difficult to address with a dual caseload.
Less top heavy. support the field staff who are unable to support clients right now due to the amount of paperwork, etc.
Listen and provide support for the counselors in what they need in their job, and they, in turn, will provide the same excellent support for consumers to reach their employment goals.
Have counselors either have an adult caseload or Pre-ETS caseload. The schools are on a very regimented schedule and a provider must be in tune with that schedule. Working with both adults and schools does not allow the counselor to be available to the very strict education schedule that the schools must abide by.
Increased capacity to provide services, both internally and externally. Many consumers are frustrated with the length of time it takes to receive Pre-ETS and VR services at the moment. Internal staff are doing the best they can to provide quality services to both Pre-ETS and VR consumers, but it is extremely difficult to balance all of this well. It feels as though, by trying to do too much, we are not providing the quality of service and amount of contact that we used to be able to.
Having more manageable caseloads for caseload carrying counselors to better provide quality and efficient services to clients. With caseloads often being 100+ things can become overwhelming; sometimes things get overlooked or backlogged just because of the many services being coordinated for just even one client.

**Table 3.56: Transportation and Other Supports**

Hiring our own transportation service providers specifically to assist consumers with getting to and from work and after 90 days charge them a fraction of the cost such as city public transit.

More financial support. Assistance with food, shelter, clothing, gas, etc.

Assisting with childcare to allow persons with families the ability to return to work.

Work to pass legislation for transportation for ALL.

Unsure as each case differs. Most common challenge with my case is transportation needs, job readiness and lack of work experience.

Find ways to improve transportation access in the community. Lack of long term transportation options is the number one issue preventing many of my consumers from working. The local community has limited job options and without transportation, they cannot accept jobs outside of walking distance.

Provide a transportation service (both to and from VR service and to and from employment); I realize this would take a miracle, but honestly speaking if transportation wasn't a concern, MANY, MANY more consumers would be able to reach their employment goals.

**Table 3.57: Administrative / Clerical Support**

More clerical support so that counselors have more time to work with clients instead of spending all their time in AWARE.

Utilize the staff per their job expertise/qualifications - VRCs are MS-level Counselors and should be working with clients, providing counseling, not focused on clerical work. But we have clerical staff providing job club and job seeking skills to clients.

**Table 3.58: Agency Collaboration**

Better contact with Social Security to assist consumers in understanding how working will affect their Social Security Benefits and how they can assist consumer in maintaining their Medicaid Benefits.

Partner agencies and the services they provide listed on the agency website. EX: CIL's, CSB's, BIS

Cross Training with Local High Schools and Work Force Centers as well as other Human Service Agencies so local communities provide collaborative and holistic services to individuals. All community resources should participate in trainings like Bridges Out of Poverty so everyone is working together. A universal release for all Human Service Agencies so that communication and collaboration is easier.

I believe collaboration with other agencies to have a solid transportation plan, housing, child care and modification of the system to approve school funding since sometimes limits the opportunity of clients to pursue education to obtain a competitive job.

Increasing the partnership with Workforce Centers that could create more workshops for clients to attend that relates to job readiness training to enhance job seeking/job development. Present more about their services to clients we serve that can benefit in working with them.

Collaborate better with to support other holistic issues that impact work such as housing and transportation. Have access to more robust opportunities for clients with a criminal record, and more social groups/work transition groups. More in house groups for adult VR clients who have financial participation requirements in pay services.

**Table 3.59: Regression Estimates for District Differences in Most Unserved or Underserved Population**

<b>Region</b>	<b>B</b>	<b>SE</b>	<b><i>t</i></b>	<b><i>p</i></b>	<b>LL</b>	<b>UL</b>
<b>Individuals with autism</b>						
Hampton Roads District	-0.008	0.048	-0.172	0.864	-0.104	0.088
New River District	-0.050	0.057	-0.876	0.383	-0.163	0.063
Northern District	-0.014	0.047	-0.305	0.761	-0.107	0.079
Southwest District	-0.050	0.054	-0.931	0.354	-0.156	0.056
Skyline District	-0.050	0.053	-0.946	0.346	-0.155	0.055
<b>Individuals with brain injury</b>						
Hampton Roads District	-0.008	0.061	-0.136	0.892	-0.130	0.113
New River District	-0.050	0.072	-0.692	0.491	-0.193	0.093
Northern District	-0.050	0.059	-0.842	0.402	-0.168	0.068
Southwest District	0.013	0.068	0.184	0.855	-0.122	0.147
Skyline District	0.068	0.067	1.011	0.314	-0.065	0.200
<b>Individuals with criminal backgrounds</b>						
Hampton Roads District	0.117	0.101	1.158	0.249	-0.083	0.316
New River District	0.027	0.119	0.227	0.821	-0.208	0.262
Northern District	0.164	0.097	1.687	0.094	-0.029	0.357
Southwest District	-0.050	0.112	-0.448	0.655	-0.271	0.171
Skyline District	0.126	0.110	1.153	0.252	-0.091	0.344
<b>Individuals with intellectual disabilities</b>						
Hampton Roads District	-0.100	0.038	-2.605	0.010	-0.176	-0.024
New River District	-0.100	0.045	-2.214	0.029	-0.189	-0.011
Northern District	-0.100	0.037	-2.694	0.008	-0.174	-0.026
Southwest District	-0.100	0.043	-2.352	0.020	-0.184	-0.016
Skyline District	-0.100	0.042	-2.391	0.018	-0.183	-0.017
<b>Individuals with learning disabilities</b>						
Hampton Roads District	-0.008	0.048	-0.173	0.863	-0.104	0.087
New River District	-0.050	0.057	-0.880	0.381	-0.163	0.063
Northern District	-0.050	0.047	-1.071	0.286	-0.142	0.042
Southwest District	0.012	0.053	0.234	0.816	-0.093	0.118
Skyline District	-0.050	0.053	-0.951	0.344	-0.154	0.054
<b>Individuals with the most significant disabilities including individuals with multiple impairments</b>						
Hampton Roads District	0.067	0.114	0.587	0.558	-0.158	0.292
New River District	0.054	0.134	0.403	0.688	-0.211	0.319
Northern District	0.043	0.110	0.390	0.697	-0.175	0.260
Southwest District	0.088	0.126	0.696	0.488	-0.162	0.337
Skyline District	0.135	0.124	1.094	0.276	-0.110	0.380

**Table 3.59: Regression Estimates for District Differences in Most Unerved or Underserved Population** (continued)

<b>Region</b>	<b>B</b>	<b>SE</b>	<b>t</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Individuals that are racial or ethnic minorities</b>						
Hampton Roads District	-0.150	0.080	-1.873	0.064	-0.309	0.009
New River District	-0.073	0.094	-0.775	0.440	-0.260	0.114
Northern District	-0.007	0.077	-0.092	0.927	-0.161	0.146
Southwest District	-0.088	0.089	-0.986	0.326	-0.263	0.088
Skyline District	-0.150	0.087	-1.719	0.088	-0.323	0.023
<b>Individuals with substance use disorders</b>						
Hampton Roads District	-0.050	0.061	-0.816	0.416	-0.171	0.071
New River District	0.027	0.072	0.373	0.710	-0.116	0.170
Northern District	-0.014	0.059	-0.241	0.810	-0.132	0.103
Southwest District	0.075	0.068	1.105	0.272	-0.059	0.209
Skyline District	-0.050	0.067	-0.749	0.455	-0.182	0.082
<b>Individuals with sensory disabilities</b>						
Hampton Roads District	0.125	0.046	2.697	0.008	0.033	0.217
New River District	0.000	0.055	0.000	1.000	-0.108	0.108
Northern District	0.000	0.045	0.000	1.000	-0.089	0.089
Southwest District	0.000	0.051	0.000	1.000	-0.102	0.102
Skyline District	0.000	0.051	0.000	1.000	-0.100	0.100
<b>Individuals with serious mental illnesses</b>						
Hampton Roads District	0.042	0.062	0.673	0.502	-0.081	0.164
New River District	0.077	0.073	1.056	0.293	-0.067	0.221
Northern District	0.071	0.060	1.194	0.235	-0.047	0.190
Southwest District	0.000	0.069	0.000	1.000	-0.136	0.136
Skyline District	0.059	0.067	0.872	0.385	-0.075	0.192
<b>Transition-aged youth (14 - 24)</b>						
Hampton Roads District	0.042	0.055	0.751	0.454	-0.068	0.152
New River District	0.077	0.065	1.178	0.241	-0.052	0.206
Northern District	0.000	0.054	0.000	1.000	-0.106	0.106
Southwest District	0.062	0.061	1.017	0.311	-0.059	0.184
Skyline District	0.059	0.060	0.973	0.333	-0.061	0.179
<b>Veterans</b>						
Hampton Roads District	-0.042	0.140	-0.298	0.766	-0.318	0.235
New River District	0.135	0.164	0.819	0.414	-0.191	0.460
Northern District	0.036	0.135	0.265	0.792	-0.232	0.303
Southwest District	0.062	0.155	0.404	0.687	-0.244	0.369
Skyline District	0.103	0.152	0.677	0.500	-0.198	0.404

**Table 3.59: Regression Estimates for District Differences in Most Unserved or Underserved Population** (continued)

Region	B	SE	t	p	LL	UL
<b>Other</b>						
Hampton Roads District	-0.025	0.089	-0.281	0.780	-0.202	0.152
New River District	-0.073	0.105	-0.697	0.487	-0.281	0.135
Northern District	-0.079	0.086	-0.912	0.364	-0.249	0.092
Southwest District	-0.025	0.099	-0.253	0.801	-0.221	0.171
Skyline District	-0.150	0.097	-1.545	0.125	-0.342	0.042

**Table 3.60: Regression Estimates for District Differences in Barriers to Accessing DARS Services for the General Population**

Region	Logit	SE	z	p	LL	UL
<b>Access to technology (Internet, text, phone, etc.)</b>						
Hampton Roads District	0.099	0.593	0.166	0.868	-1.064	1.261
New River District	1.269	0.719	1.766	0.077	-0.140	2.678
Northern District	-0.332	0.597	-0.557	0.578	-1.502	0.838
Southwest District	0.422	0.693	0.608	0.543	-0.937	1.780
Skyline District	-0.474	0.661	-0.716	0.474	-1.770	0.823
<b>Accessibility to DARS (limited public transportation)</b>						
Hampton Roads District	-0.126	0.579	-0.217	0.828	-1.261	1.010
New River District	0.380	0.713	0.533	0.594	-1.017	1.777
Northern District	-0.109	0.569	-0.192	0.848	-1.225	1.006
Southwest District	1.448	0.771	1.878	0.060	-0.063	2.958
Skyline District	-0.437	0.638	-0.685	0.493	-1.688	0.813
<b>Disability-related transportation issues</b>						
Hampton Roads District	-0.017	0.611	-0.029	0.977	-1.216	1.181
New River District	-1.033	0.751	-1.376	0.169	-2.505	0.439
Northern District	-0.396	0.580	-0.682	0.496	-1.533	0.742
Southwest District	0.298	0.677	0.440	0.660	-1.029	1.625
Skyline District	-0.516	0.648	-0.796	0.426	-1.786	0.754
<b>Other challenges related to the physical location of the DARS office</b>						
Hampton Roads District	-0.866	0.597	-1.451	0.147	-2.036	0.304
New River District	-0.938	0.709	-1.324	0.185	-2.327	0.450
Northern District	-0.374	0.576	-0.650	0.516	-1.502	0.754
Southwest District	-0.616	0.654	-0.942	0.346	-1.897	0.665
Skyline District	-0.734	0.646	-1.136	0.256	-2.001	0.533
<b>Difficulty completing the application</b>						
Hampton Roads District	0.159	0.591	0.269	0.788	-0.999	1.316
New River District	0.904	0.694	1.303	0.193	-0.456	2.264
Northern District	-0.112	0.578	-0.194	0.846	-1.245	1.021
Southwest District	0.830	0.646	1.285	0.199	-0.436	2.095
Skyline District	-0.293	0.637	-0.460	0.645	-1.541	0.955

**Table 3.60: Regression Estimates for District Differences in Barriers to Accessing DARS Services for the General Population** (continued)

Region	Logit	SE	z	p	LL	UL
<b>Difficulty completing the Individualized Plan for Employment</b>						
Hampton Roads District	-0.488	0.621	-0.785	0.432	-1.705	0.730
New River District	0.939	0.709	1.325	0.185	-0.450	2.329
Northern District	0.160	0.579	0.277	0.782	-0.974	1.294
Southwest District	0.230	0.692	0.332	0.740	-1.127	1.587
Skyline District	-0.107	0.642	-0.167	0.867	-1.366	1.151
Hampton Roads District	-1.347	0.626	-2.152	0.031	-2.574	-0.120
New River District	0.454	0.778	0.584	0.559	-1.071	1.980
Northern District	0.029	0.591	0.048	0.962	-1.130	1.187
Southwest District	-0.839	0.704	-1.192	0.233	-2.218	0.540
Skyline District	-0.179	0.661	-0.271	0.786	-1.474	1.116
<b>Knowledge of available DARS services and supports</b>						
Hampton Roads District	-0.875	0.604	-1.450	0.147	-2.059	0.308
New River District	-0.344	0.714	-0.482	0.629	-1.743	1.054
Northern District	-0.065	0.564	-0.115	0.909	-1.170	1.040
Southwest District	-0.603	0.654	-0.922	0.357	-1.884	0.679
Skyline District	0.132	0.640	0.206	0.837	-1.122	1.386
<b>Limited social / family supports</b>						
Hampton Roads District	-0.500	0.624	-0.801	0.423	-1.722	0.722
New River District	0.103	0.731	0.140	0.888	-1.331	1.536
Northern District	-0.881	0.617	-1.428	0.153	-2.090	0.328
Southwest District	-0.647	0.691	-0.936	0.349	-2.002	0.708
Skyline District	-1.054	0.695	-1.515	0.130	-2.416	0.309
<b>Client frustration with speed of service delivery</b>						
Hampton Roads District	0.446	0.619	0.721	0.471	-0.767	1.660
New River District	0.793	0.701	1.131	0.258	-0.581	2.167
Northern District	0.176	0.602	0.292	0.770	-1.004	1.355
Southwest District	0.540	0.662	0.816	0.415	-0.758	1.838
Skyline District	0.147	0.677	0.216	0.829	-1.180	1.473
<b>Inadequate disability-related accommodations</b>						
Hampton Roads District	-0.051	0.641	-0.080	0.936	-1.308	1.206
New River District	0.123	0.777	0.158	0.874	-1.401	1.646
Northern District	-1.138	0.610	-1.866	0.062	-2.334	0.057
Southwest District	-0.812	0.689	-1.179	0.238	-2.162	0.538
Skyline District	-0.932	0.661	-1.412	0.158	-2.227	0.362
<b>Inadequate assessment</b>						
Hampton Roads District	0.271	0.584	0.464	0.643	-0.873	1.415
New River District	0.142	0.701	0.202	0.840	-1.232	1.515
Northern District	-0.337	0.573	-0.588	0.557	-1.461	0.787
Southwest District	0.852	0.682	1.249	0.212	-0.485	2.188
Skyline District	0.586	0.633	0.926	0.354	-0.654	1.827

**Table 3.60: Regression Estimates for District Differences in Barriers to Accessing DARS Services for the General Population** (continued)

<b>Region</b>	<b>Logit</b>	<b>SE</b>	<b>z</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Limited services and supports in this DARS district</b>						
Hampton Roads District	0.566	0.591	0.959	0.338	-0.591	1.724
New River District	0.950	0.702	1.353	0.176	-0.426	2.327
Northern District	0.183	0.564	0.325	0.745	-0.922	1.288
Southwest District	1.575	0.682	2.308	0.021	0.237	2.912
Skyline District	0.566	0.623	0.909	0.363	-0.655	1.787
<b>Limited understanding of how work impacts benefits</b>						
Hampton Roads District	-0.260	0.578	-0.450	0.652	-1.394	0.873
New River District	0.101	0.694	0.145	0.884	-1.259	1.461
Northern District	-0.344	0.556	-0.618	0.537	-1.434	0.747
Southwest District	0.044	0.639	0.069	0.945	-1.209	1.297
Skyline District	-1.083	0.651	-1.665	0.096	-2.359	0.192
<b>Developing rapport with clients</b>						
Hampton Roads District	0.080	0.657	0.122	0.903	-1.207	1.367
New River District	-0.038	0.778	-0.049	0.961	-1.562	1.486
Northern District	-0.277	0.661	-0.419	0.675	-1.571	1.018
Southwest District	-0.325	0.760	-0.428	0.668	-1.814	1.163
Skyline District	-0.182	0.721	-0.253	0.800	-1.596	1.232
<b>Developing an achievable vocational goal with clients</b>						
Hampton Roads District	-0.147	0.624	-0.236	0.814	-1.371	1.076
New River District	-0.109	0.715	-0.152	0.879	-1.510	1.292
Northern District	0.314	0.609	0.516	0.606	-0.880	1.509
Southwest District	-0.202	0.685	-0.295	0.768	-1.545	1.141
Skyline District	0.041	0.690	0.059	0.953	-1.311	1.392
<b>Developing, with clients, the tasks and supports needed to accomplish the vocational goal</b>						
Hampton Roads District	0.261	0.624	0.418	0.676	-0.962	1.484
New River District	0.615	0.754	0.816	0.414	-0.862	2.092
Northern District	0.083	0.597	0.139	0.889	-1.087	1.253
Southwest District	0.924	0.702	1.317	0.188	-0.451	2.299
Skyline District	-0.399	0.660	-0.604	0.546	-1.693	0.895
<b>Limited interagency collaboration</b>						
Hampton Roads District	0.235	0.586	0.401	0.689	-0.914	1.384
New River District	0.487	0.696	0.699	0.485	-0.878	1.851
Northern District	0.363	0.585	0.620	0.535	-0.784	1.510
Southwest District	0.252	0.642	0.393	0.695	-1.006	1.511
Skyline District	-0.067	0.637	-0.105	0.917	-1.315	1.182



**Table 3.61: Regression Estimates for District Differences in Barriers to Accessing DARS Services for Youth in Transition**

Region	Logit	SE	z	p	LL	UL
<b>Access to pre-ETS services</b>						
Hampton Roads District	0.000	0.600	0.000	1.000	-1.176	1.176
New River District	0.427	0.706	0.605	0.545	-0.957	1.811
Northern District	1.141	0.598	1.909	0.056	-0.031	2.312
Southwest District	0.804	0.666	1.207	0.227	-0.502	2.109
Skyline District	-0.190	0.637	-0.298	0.766	-1.438	1.059
<b>Accessibility to technology (Internet, text, etc.)</b>						
Hampton Roads District	-0.029	0.622	-0.046	0.963	-1.247	1.190
New River District	0.480	0.699	0.687	0.492	-0.890	1.851
Northern District	-1.198	0.601	-1.994	0.046	-2.376	-0.020
Southwest District	0.113	0.665	0.169	0.866	-1.191	1.416
Skyline District	-1.198	0.657	-1.822	0.068	-2.487	0.091
<b>Accessibility to DARS (limited public transportation)</b>						
Hampton Roads District	-1.187	0.587	-2.024	0.043	-2.337	-0.038
New River District	0.196	0.699	0.280	0.779	-1.174	1.566
Northern District	0.117	0.582	0.201	0.841	-1.024	1.258
Southwest District	0.681	0.664	1.026	0.305	-0.620	1.983
Skyline District	-0.666	0.614	-1.086	0.278	-1.870	0.537
<b>Disability-related transportation issues</b>						
Hampton Roads District	-0.540	0.603	-0.896	0.370	-1.723	0.642
New River District	-0.871	0.712	-1.223	0.221	-2.266	0.525
Northern District	-0.269	0.595	-0.452	0.651	-1.436	0.898
Southwest District	0.673	0.655	1.028	0.304	-0.610	1.956
Skyline District	-0.770	0.639	-1.204	0.229	-2.023	0.483
<b>Other challenges related to the physical location of the DARS office</b>						
Hampton Roads District	-1.036	0.601	-1.724	0.085	-2.213	0.142
New River District	-1.249	0.716	-1.745	0.081	-2.651	0.154
Northern District	-0.211	0.599	-0.353	0.724	-1.386	0.963
Southwest District	-0.430	0.672	-0.640	0.522	-1.746	0.887
Skyline District	-1.645	0.662	-2.485	0.013	-2.943	-0.348
<b>Difficulty completing the application</b>						
Hampton Roads District	0.308	0.625	0.493	0.622	-0.917	1.533
New River District	0.434	0.704	0.616	0.538	-0.946	1.814
Northern District	0.235	0.621	0.378	0.705	-0.983	1.453
Southwest District	1.319	0.689	1.915	0.056	-0.031	2.669
Skyline District	0.939	0.649	1.447	0.148	-0.333	2.211
<b>Difficulty completing the Individualized Plan for Employment</b>						
Hampton Roads District	-0.780	0.641	-1.216	0.224	-2.037	0.477
New River District	-0.141	0.709	-0.199	0.843	-1.531	1.249
Northern District	-0.153	0.607	-0.252	0.801	-1.342	1.037
Southwest District	0.812	0.678	1.199	0.231	-0.516	2.140
Skyline District	-0.205	0.651	-0.314	0.753	-1.481	1.071



**Table 3.61: Regression Estimates for District Differences in Barriers to Accessing DARS Services for Youth in Transition** (continued)

<b>Region</b>	<b>Logit</b>	<b>SE</b>	<b>z</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Communication issues / issues language barriers</b>						
Hampton Roads District	-0.504	0.623	-0.810	0.418	-1.725	0.716
New River District	1.048	0.796	1.316	0.188	-0.512	2.608
Northern District	0.761	0.632	1.204	0.229	-0.478	2.000
Southwest District	0.582	0.704	0.826	0.409	-0.798	1.962
Skyline District	0.386	0.688	0.560	0.575	-0.963	1.735
<b>Knowledge of available DARS services and supports</b>						
Hampton Roads District	0.125	0.600	0.208	0.835	-1.051	1.300
New River District	-0.151	0.731	-0.206	0.837	-1.584	1.282
Northern District	0.211	0.581	0.362	0.717	-0.929	1.350
Southwest District	0.033	0.646	0.052	0.959	-1.234	1.300
Skyline District	0.202	0.638	0.317	0.752	-1.049	1.453
<b>Limited social / family supports</b>						
Hampton Roads District	-0.820	0.651	-1.261	0.207	-2.095	0.455
New River District	0.801	0.729	1.099	0.272	-0.628	2.229
Northern District	-0.990	0.639	-1.551	0.121	-2.242	0.261
Southwest District	-0.282	0.691	-0.408	0.683	-1.636	1.073
Skyline District	-0.154	0.666	-0.231	0.817	-1.459	1.151
<b>Client frustration with speed of service delivery</b>						
Hampton Roads District	-0.578	0.608	-0.951	0.342	-1.770	0.613
New River District	-0.416	0.721	-0.577	0.564	-1.828	0.997
Northern District	-0.391	0.583	-0.670	0.503	-1.534	0.753
Southwest District	-1.180	0.672	-1.757	0.079	-2.497	0.136
Skyline District	-1.754	0.657	-2.671	0.008	-3.041	-0.467
<b>Inadequate disability-related accommodations</b>						
Hampton Roads District	-0.009	0.607	-0.014	0.989	-1.197	1.180
New River District	0.493	0.726	0.678	0.498	-0.931	1.916
Northern District	-0.039	0.596	-0.066	0.947	-1.207	1.128
Southwest District	-0.399	0.690	-0.578	0.563	-1.752	0.954
Skyline District	-0.292	0.653	-0.447	0.655	-1.573	0.988
<b>Inadequate assessment</b>						
Hampton Roads District	0.206	0.610	0.337	0.736	-0.990	1.402
New River District	-0.736	0.761	-0.968	0.333	-2.227	0.754
Northern District	-0.032	0.598	-0.054	0.957	-1.204	1.139
Southwest District	1.001	0.693	1.444	0.149	-0.358	2.360
Skyline District	1.085	0.658	1.650	0.099	-0.204	2.374
<b>Limited services and supports in this DARS district</b>						
Hampton Roads District	0.271	0.586	0.463	0.643	-0.877	1.419
New River District	0.233	0.688	0.339	0.735	-1.116	1.583
Northern District	0.155	0.571	0.273	0.785	-0.963	1.274
Southwest District	0.940	0.636	1.478	0.140	-0.307	2.186
Skyline District	0.131	0.633	0.206	0.837	-1.111	1.372

**Table 3.61: Regression Estimates for District Differences in Barriers to Accessing DARS Services for Youth in Transition** (continued)

<b>Region</b>	<b>Logit</b>	<b>SE</b>	<b>z</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Limited understanding of how work impacts benefits</b>						
Hampton Roads District	-0.989	0.621	-1.593	0.111	-2.206	0.228
New River District	-0.334	0.695	-0.480	0.631	-1.696	1.029
Northern District	-0.798	0.604	-1.322	0.186	-1.981	0.385
Southwest District	0.322	0.645	0.499	0.618	-0.942	1.586
Skyline District	-1.439	0.677	-2.126	0.033	-2.765	-0.113
<b>Developing rapport with clients</b>						
Hampton Roads District	0.095	0.636	0.150	0.881	-1.151	1.342
New River District	0.068	0.739	0.092	0.927	-1.380	1.516
Northern District	0.448	0.617	0.725	0.468	-0.762	1.658
Southwest District	0.282	0.689	0.409	0.683	-1.068	1.631
Skyline District	-1.061	0.790	-1.344	0.179	-2.609	0.487
<b>Developing an achievable vocational goal with clients</b>						
Hampton Roads District	-0.291	0.606	-0.479	0.632	-1.479	0.898
New River District	-0.629	0.698	-0.902	0.367	-1.997	0.738
Northern District	0.748	0.618	1.211	0.226	-0.463	1.959
Southwest District	0.891	0.671	1.329	0.184	-0.423	2.205
Skyline District	0.891	0.697	1.278	0.201	-0.475	2.257
<b>Developing, with clients, the tasks and supports needed to accomplish the vocational goal</b>						
Hampton Roads District	-0.092	0.620	-0.149	0.882	-1.308	1.124
New River District	0.133	0.732	0.182	0.856	-1.301	1.567
Northern District	-0.462	0.591	-0.782	0.434	-1.620	0.696
Southwest District	0.914	0.690	1.325	0.185	-0.438	2.267
Skyline District	-0.513	0.656	-0.782	0.434	-1.799	0.773
<b>Engaging families of youth in vocational planning</b>						
Hampton Roads District	-0.776	0.735	-1.055	0.291	-2.217	0.665
New River District	1.027	0.772	1.330	0.183	-0.486	2.541
Northern District	-0.574	0.707	-0.813	0.416	-1.960	0.811
Southwest District	0.867	0.720	1.204	0.228	-0.544	2.278
Skyline District	0.547	0.718	0.761	0.446	-0.860	1.954
<b>Limited interagency collaboration</b>						
Hampton Roads District	0.404	0.610	0.662	0.508	-0.792	1.600
New River District	0.721	0.721	0.999	0.318	-0.693	2.134
Northern District	1.349	0.613	2.200	0.028	0.147	2.551
Southwest District	0.254	0.663	0.383	0.702	-1.045	1.552
Skyline District	-0.197	0.648	-0.304	0.761	-1.467	1.073

**Table 3.62: Regression Estimates for District Differences in Barriers to Accessing DARS Services for Racial and/or Ethnic Minority Individuals**

Region	Logit	SE	z	p	LL	UL
<b>Accessibility to technology (Internet, text, etc.)</b>						
Hampton Roads District	0.214	0.872	0.245	0.806	-1.495	1.922
New River District	-0.785	1.251	-0.627	0.531	-3.237	1.668
Northern District	0.363	0.859	0.423	0.673	-1.321	2.048
Southwest District	-0.436	1.347	-0.324	0.746	-3.075	2.203
Skyline District	-1.280	1.099	-1.164	0.244	-3.435	0.875
<b>Accessibility to DARS (limited public transportation)</b>						
Hampton Roads District	0.813	0.931	0.873	0.383	-1.012	2.637
New River District	2.218	1.368	1.621	0.105	-0.464	4.900
Northern District	0.987	0.916	1.077	0.281	-0.809	2.782
Southwest District	1.816	1.426	1.273	0.203	-0.979	4.611
Skyline District	-0.385	1.141	-0.338	0.736	-2.622	1.851
<b>Disability-related transportation issues</b>						
Hampton Roads District	1.238	0.902	1.372	0.170	-0.530	3.006
New River District	0.503	1.194	0.421	0.674	-1.837	2.842
Northern District	0.201	0.883	0.227	0.820	-1.530	1.931
Southwest District	17.457	1819.264	0.010	0.992	3548.235	3583.149
Skyline District	-0.386	1.052	-0.367	0.714	-2.449	1.676
<b>Other challenges related to the physical location of the DARS office</b>						
Hampton Roads District	-0.473	0.814	-0.582	0.561	-2.068	1.122
New River District	-0.835	1.200	-0.696	0.487	-3.186	1.516
Northern District	-0.205	0.786	-0.260	0.795	-1.745	1.336
Southwest District	1.343	1.465	0.916	0.360	-1.529	4.214
Skyline District	-1.586	0.961	-1.652	0.099	-3.469	0.296
<b>Difficulty completing the application</b>						
Hampton Roads District	-0.805	0.849	-0.949	0.343	-2.469	0.858
New River District	0.577	1.222	0.472	0.637	-1.819	2.972
Northern District	-0.304	0.796	-0.382	0.703	-1.863	1.256
Southwest District	-0.304	1.361	-0.223	0.824	-2.972	2.365
Skyline District	-0.304	0.987	-0.308	0.758	-2.239	1.632
<b>Difficulty completing the Individualized Plan for Employment</b>						
Hampton Roads District	-1.950	1.020	-1.911	0.056	-3.949	0.050
New River District	0.576	1.256	0.459	0.646	-1.885	3.038
Northern District	-0.786	0.960	-0.818	0.413	-2.668	1.096
Southwest District	0.903	1.364	0.662	0.508	-1.770	3.576
Skyline District	-1.834	1.158	-1.584	0.113	-4.103	0.435
<b>Communication issues / issues language barriers</b>						
Hampton Roads District	-1.189	0.976	-1.219	0.223	-3.101	0.723
New River District	1.404	1.129	1.244	0.214	-0.808	3.616
Northern District	0.032	0.869	0.037	0.971	-1.671	1.735
Southwest District	1.682	1.393	1.207	0.227	-1.048	4.413
Skyline District	1.291	1.013	1.275	0.202	-0.694	3.276

**Table 3.62: Regression Estimates for District Differences in Barriers to Accessing DARS Services for Racial and/or Ethnic Minority Individuals** (continued)

Region	Logit	SE	z	p	LL	UL
<b>Knowledge of available DARS services and supports</b>						
Hampton Roads District	0.473	0.932	0.508	0.612	-1.354	2.300
New River District	0.123	1.284	0.096	0.923	-2.393	2.640
Northern District	0.975	0.911	1.071	0.284	-0.810	2.760
Southwest District	1.124	1.576	0.713	0.476	-1.966	4.213
Skyline District	1.403	1.053	1.333	0.182	-0.660	3.466
<b>Limited social / family supports</b>						
Hampton Roads District	0.000	0.914	0.000	1.000	-1.791	1.791
New River District	0.275	1.135	0.242	0.809	-1.950	2.500
Northern District	0.213	0.890	0.239	0.811	-1.533	1.958
Southwest District	0.670	1.566	0.427	0.669	-2.401	3.740
Skyline District	-1.874	1.352	-1.386	0.166	-4.525	0.776
<b>Client frustration with speed of service delivery</b>						
Hampton Roads District	1.453	0.983	1.478	0.139	-0.474	3.381
New River District	1.628	1.261	1.291	0.197	-0.844	4.099
Northern District	0.205	0.981	0.209	0.835	-1.717	2.127
Southwest District	1.628	1.602	1.016	0.310	-1.511	4.767
Skyline District	0.153	1.139	0.134	0.893	-2.079	2.385
<b>Inadequate disability-related accommodations</b>						
Hampton Roads District	-0.640	0.891	-0.718	0.472	-2.387	1.106
New River District	-0.357	1.126	-0.317	0.751	-2.564	1.850
Northern District	-1.286	0.869	-1.479	0.139	-2.989	0.418
Southwest District	-0.357	1.448	-0.247	0.805	-3.196	2.481
Skyline District	-1.369	1.037	-1.319	0.187	-3.402	0.665
<b>Inadequate assessment</b>						
Hampton Roads District	-0.900	0.887	-1.014	0.311	-2.639	0.840
New River District	-1.115	1.168	-0.955	0.339	-3.404	1.173
Northern District	-0.813	0.856	-0.950	0.342	-2.490	0.865
Southwest District	-0.362	1.456	-0.249	0.804	-3.216	2.492
Skyline District	-0.957	1.085	-0.882	0.378	-3.083	1.169
<b>Limited services and supports in this DARS district</b>						
Hampton Roads District	0.000	0.874	0.000	1.000	-1.713	1.713
New River District	0.000	1.070	0.000	1.000	-2.098	2.098
Northern District	-0.846	0.811	-1.043	0.297	-2.435	0.743
Southwest District	0.000	1.382	0.000	1.000	-2.708	2.708
Skyline District	0.780	0.935	0.834	0.404	-1.053	2.613
<b>Limited understanding of how work impacts benefits</b>						
Hampton Roads District	0.727	0.864	0.842	0.400	-0.966	2.421
New River District	-0.340	1.105	-0.308	0.758	-2.507	1.826
Northern District	0.631	0.847	0.745	0.456	-1.029	2.290
Southwest District	1.182	1.507	0.784	0.433	-1.771	4.135
Skyline District	0.631	1.003	0.629	0.529	-1.334	2.596

**Table 3.62: Regression Estimates for District Differences in Barriers to Accessing DARS Services for Racial and/or Ethnic Minority Individuals (continued)**

Region	Logit	SE	z	p	LL	UL
<b>Developing rapport with clients</b>						
Hampton Roads District	1.324	0.911	1.453	0.146	-0.461	3.110
New River District	0.267	1.127	0.237	0.812	-1.941	2.476
Northern District	0.083	0.814	0.102	0.919	-1.512	1.678
Southwest District	2.580	1.544	1.671	0.095	-0.447	5.606
Skyline District	0.599	0.946	0.633	0.527	-1.255	2.454
<b>Developing an achievable vocational goal with clients</b>						
Hampton Roads District	0.114	1.049	0.108	0.914	-1.943	2.170
New River District	0.566	1.368	0.414	0.679	-2.115	3.246
Northern District	-0.394	0.966	-0.408	0.684	-2.287	1.499
Southwest District	2.649	1.665	1.591	0.112	-0.614	5.912
Skyline District	-0.187	1.179	-0.158	0.874	-2.498	2.124
<b>Developing, with clients, the tasks and supports needed to accomplish the vocational goal</b>						
Hampton Roads District	-0.368	0.925	-0.398	0.690	-2.181	1.444
New River District	0.485	1.178	0.412	0.681	-1.823	2.793
Northern District	-0.929	0.891	-1.043	0.297	-2.675	0.816
Southwest District	2.025	1.392	1.454	0.146	-0.704	4.753
Skyline District	-1.347	1.019	-1.322	0.186	-3.344	0.650
<b>Limited interagency collaboration</b>						
Hampton Roads District	-0.303	0.897	-0.338	0.736	-2.061	1.455
New River District	0.000	1.146	0.000	1.000	-2.247	2.247
Northern District	0.791	0.873	0.906	0.365	-0.921	2.502
Southwest District	1.646	1.533	1.074	0.283	-1.359	4.651
Skyline District	-0.516	1.028	-0.502	0.616	-2.532	1.499

**Table 3.63: Regression Estimates for District Differences in Unmet Needs for Person on Current Caseload**

Region	Logit	SE	z	p	LL	UL
<b>Assistive technology assessment / devices</b>						
Hampton Roads District	1.041	0.884	1.178	0.239	-0.691	2.774
New River District	0.435	1.072	0.406	0.685	-1.666	2.537
Northern District	-0.386	1.048	-0.368	0.713	-2.440	1.669
Southwest District	1.041	0.945	1.103	0.270	-0.810	2.893
Skyline District	0.061	1.059	0.057	0.954	-2.015	2.136
<b>Benefit planning assistance</b>						
Hampton Roads District	-0.724	0.970	-0.746	0.456	-2.625	1.178
New River District	0.470	0.911	0.516	0.606	-1.315	2.255
Northern District	-0.405	0.878	-0.462	0.644	-2.126	1.315
Southwest District	-1.034	1.209	-0.855	0.393	-3.404	1.336
Skyline District	-1.159	1.206	-0.961	0.336	-3.523	1.205

<b>Table 3.63: Regression Estimates for District Differences in Unmet Needs for Person on Current Caseload</b> (continued)						
<b>Region</b>	<b>Logit</b>	<b>SE</b>	<b>z</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Education</b>						
Hampton Roads District	-0.272	0.881	-0.309	0.758	-1.999	1.455
New River District	0.065	0.998	0.065	0.948	-1.891	2.020
Northern District	0.192	0.801	0.240	0.810	-1.377	1.762
Southwest District	-0.272	0.983	-0.276	0.782	-2.200	1.656
Skyline District	0.065	0.892	0.072	0.942	-1.684	1.813
<b>Disability diagnosis and treatment</b>						
Hampton Roads District	0.531	0.927	0.573	0.567	-1.286	2.347
New River District	0.531	1.076	0.493	0.622	-1.579	2.641
Northern District	0.658	0.897	0.734	0.463	-1.099	2.416
Southwest District	0.674	0.984	0.684	0.494	-1.256	2.603
Skyline District	0.531	0.979	0.542	0.588	-1.389	2.450
<b>Job search and placement assistance</b>						
Hampton Roads District	0.065	0.834	0.077	0.938	-1.570	1.699
New River District	0.065	0.998	0.065	0.948	-1.891	2.020
Northern District	0.192	0.801	0.240	0.810	-1.377	1.762
Southwest District	1.163	0.814	1.429	0.153	-0.432	2.758
Skyline District	0.065	0.892	0.072	0.942	-1.684	1.813
<b>Occupational / vocational training</b>						
Hampton Roads District	-0.325	0.683	-0.477	0.633	-1.663	1.012
New River District	0.080	0.787	0.102	0.919	-1.461	1.622
Northern District	-0.092	0.649	-0.141	0.888	-1.364	1.180
Southwest District	-0.325	0.760	-0.428	0.668	-1.814	1.163
Skyline District	-0.836	0.802	-1.042	0.297	-2.409	0.736
<b>Job readiness training</b>						
Hampton Roads District	-0.114	0.667	-0.171	0.864	-1.422	1.194
New River District	-0.836	0.918	-0.910	0.363	-2.636	0.964
Northern District	0.398	0.630	0.632	0.527	-0.836	1.633
Southwest District	-0.015	0.731	-0.021	0.983	-1.448	1.418
Skyline District	0.080	0.703	0.114	0.909	-1.297	1.457
<b>On-the-job training and support</b>						
Hampton Roads District	1.281	1.164	1.100	0.271	-1.001	3.563
New River District	0.492	1.465	0.336	0.737	-2.379	3.364
Northern District	2.025	1.110	1.824	0.068	-0.151	4.202
Southwest District	1.424	1.211	1.176	0.240	-0.949	3.797
Skyline District	1.281	1.206	1.062	0.288	-1.084	3.646
<b>Medical treatment</b>						
Hampton Roads District	1.555	1.144	1.360	0.174	-0.686	3.797
New River District	2.197	1.196	1.837	0.066	-0.147	4.541
Northern District	1.841	1.117	1.647	0.099	-0.349	4.030
Southwest District	1.424	1.211	1.176	0.240	-0.949	3.797
Skyline District	1.638	1.173	1.396	0.163	-0.662	3.938

<b>Table 3.63: Regression Estimates for District Differences in Unmet Needs for Person on Current Caseload</b> (continued)						
<b>Region</b>	<b>Logit</b>	<b>SE</b>	<b>z</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Mental health treatment</b>						
Hampton Roads District	0.606	0.641	0.945	0.345	-0.651	1.863
New River District	0.437	0.766	0.570	0.568	-1.064	1.938
Northern District	0.699	0.626	1.117	0.264	-0.528	1.926
Southwest District	-0.015	0.731	-0.021	0.983	-1.448	1.418
Skyline District	0.550	0.685	0.804	0.422	-0.792	1.892
<b>Substance abuse treatment</b>						
Hampton Roads District	0.629	0.710	0.885	0.376	-0.763	2.020
New River District	0.629	0.832	0.756	0.450	-1.001	2.259
Northern District	0.629	0.695	0.904	0.366	-0.734	1.991
Southwest District	0.533	0.779	0.684	0.494	-0.994	2.061
Skyline District	0.870	0.742	1.172	0.241	-0.584	2.324
<b>Personal assistance services</b>						
Hampton Roads District	1.629	0.858	1.898	0.058	-0.053	3.311
New River District	1.041	1.002	1.040	0.298	-0.922	3.005
Northern District	0.061	0.966	0.063	0.950	-1.833	1.955
Southwest District	0.194	1.063	0.183	0.855	-1.890	2.278
Skyline District	1.185	0.914	1.296	0.195	-0.607	2.976
<b>Supported employment services</b>						
Hampton Roads District	0.887	1.200	0.739	0.460	-1.464	3.239
New River District	1.224	1.288	0.950	0.342	-1.301	3.748
Northern District	1.580	1.128	1.401	0.161	-0.631	3.792
Southwest District	1.735	1.180	1.470	0.142	-0.578	4.047
Skyline District	0.000	---	---	---	---	---
<b>Transportation</b>						
Hampton Roads District	0.018	0.622	0.029	0.977	-1.202	1.238
New River District	0.152	0.735	0.206	0.837	-1.290	1.593
Northern District	-0.542	0.605	-0.895	0.371	-1.727	0.644
Southwest District	1.553	0.890	1.745	0.081	-0.192	3.299
Skyline District	0.375	0.683	0.549	0.583	-0.963	1.713
<b>Vehicle modification assistance</b>						
Hampton Roads District	-0.258	1.051	-0.245	0.806	-2.317	1.802
New River District	0.531	1.076	0.493	0.622	-1.579	2.641
Northern District	-0.386	1.048	-0.368	0.713	-2.440	1.669
Southwest District	0.674	0.984	0.684	0.494	-1.256	2.603
Skyline District	0.531	0.979	0.542	0.588	-1.389	2.450
<b>Vocational assessment</b>						
Hampton Roads District	1.332	1.165	1.143	0.253	-0.952	3.616
New River District	0.000	--	--	--	--	--
Northern District	0.365	1.263	0.289	0.773	-2.111	2.840
Southwest District	3.142	1.144	2.745	0.006	0.899	5.385
Skyline District	2.438	1.135	2.147	0.032	0.213	4.664



<b>Table 3.63: Regression Estimates for District Differences in Unmet Needs for Person on Current Caseload</b> (continued)						
<b>Region</b>	<b>Logit</b>	<b>SE</b>	<b>z</b>	<b>p</b>	<b>LL</b>	<b>UL</b>
<b>Vocational rehabilitation counseling and guidance</b>						
Hampton Roads District	0.000	--	--	--	--	--
New River District	0.000	--	--	--	--	--
Northern District	0.307	1.264	0.243	0.808	-2.171	2.786
Southwest District	0.000	--	--	--	--	--
Skyline District	0.000	--	--	--	--	--

<b>Table 3.64: ESO Job Titles (n=33)</b>	
<b>Job Title</b>	<b>n/%</b>
Agency CEO	11 (33.3%)
Program Manager	11 (33.3%)
Staff Supervisor	5 (15.2%)
Employment Specialist	1 (3.0%)
Job Developer	0 (0.0%)
Job Coach	0 (0.0%)
Other	5 (15.2%)

<b>Table 3.65: Length of Time Employed (n=19)</b>	
<b>Year Range</b>	<b>n/%</b>
0 years	1 (5.3%)
1 - 5 years	7 (36.8%)
6 - 10 years	3 (15.8%)
11 - 15 years	2 (10.5%)
16 - 20 years	1 (5.3%)
More than 20 years	5 (26.3%)

<b>Table 3.66: Degree (n=32)</b>	
<b>Degree</b>	<b>n/%</b>
Associate degree	2 (6.3%)
Bachelor's degree	9 (28.1%)
Master's degree	19 (59.4%)
Doctorate (e.g. PhD, Ed.D)	1 (3.1%)
Other	1 (3.1%)



<b>Table 3.67: Office Location (n=33)</b>	
<b>District</b>	<b>n/%</b>
Capital District	9 (27.3%)
Hampton Roads District	6 (18.2%)
New River District	5 (15.2%)
Northern District	14 (42.4%)
Southwest District	6 (18.2%)
Skyline District (previously 6th District)	10 (30.3%)
Central office in Richmond	2 (6.1%)

<b>Table 3.68: Gender (n=33)</b>	
<b>Gender</b>	<b>n/%</b>
Woman	20 (60.6%)
Man	11 (33.3%)
Transgender	0 (0.0%)
Non-binary / non-conforming	1 (3.0%)
Other	0 (0.0%)
Prefer not to respond	1 (3.0%)

<b>Table 3.69: Race /Ethnicity (n=33)</b>	
<b>Race</b>	<b>n/%</b>
Asian or Pacific Islander	0 (0.0%)
Black or African-American	4 (12.1%)
Hispanic or Latino	0 (0.0%)
Native American or Alaska Native	0 (0.0%)
White or Caucasian	27 (81.8%)
Biracial or Multiracial	1 (3.0%)
Race or ethnicity not listed here	0 (0.0%)
Prefer not to respond	1 (3.0%)

<b>Table 3.70: Age of ESO Participants (n=31)</b>	
<b>Age Range</b>	<b>n/%</b>
31 - 35 years old	2 (6.5%)
36 - 40 years old	4 (12.9%)
41 - 45 years old	1 (3.2%)
46 - 50 years old	5 (16.1%)
51 - 55 years old	6 (19.4%)
56 - 60 years old	6 (19.4%)
61 - 65 years old	5 (16.1%)
66 - 70 years old	1 (3.2%)
Over 70 years old	1 (3.2%)

<b>Disability</b>	<b>n/%</b>
Vision	0 (0.0%)
Hearing	0 (0.0%)
Cognitive	1 (3.0%)
Intellectual and developmental disabilities	25 (75.8%)
Mobility / ambulatory	0 (0.0%)
Psychosocial	2 (6.1%)
Other mental impairments	3 (9.1%)
Other physical impairments	0 (0.0%)
Other	2 (6.1%)

<b>Disability Population</b>	<b>n/%</b>
Individuals with autism	2 (6.1%)
Individuals with brain injury	1 (3.0%)
Individuals with criminal backgrounds	0 (0.0%)
Individuals with intellectual disabilities	21 (63.6%)
Individuals with learning disabilities	0 (0.0%)
Individuals with the most significant disabilities including individuals with multiple impairments	4 (12.1%)
Individuals that are racial or ethnic minorities	1 (3.0%)
Individuals with substance use disorders	0 (0.0%)
Individuals with sensory disabilities	0 (0.0%)
Individuals with serious mental illnesses	4 (12.1%)
Transition-aged youth (14 - 24)	0 (0.0%)
Veterans	0 (0.0%)
Other	0 (0.0%)

<b>Disability Population</b>	<b>n/%</b>
Individuals with the most significant disabilities including individuals with multiple impairments	10 (31.3%)
Individuals with serious mental illnesses	5 (15.6%)
Transition-aged youth (14 - 24)	4 (12.5%)
Veterans	4 (12.5%)
Individuals with criminal backgrounds	3 (9.4%)
Individuals with intellectual disabilities	3 (9.4%)
Individuals with autism	2 (6.1%)
Individuals with sensory disabilities	1 (3.1%)
Individuals that are racial or ethnic minorities	1 (3.1%)
Individuals with substance use disorders	0 (0.0%)
Individuals with learning disabilities	0 (0.0%)
Other	0 (0.0%)

<b>Table 3.74: Barriers to DARS Clients Achieving Their Employment Goals</b>			
<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Disability-related transportation issues (n=33)	1 (3.0%)	12 (36.4%)	20 (60.6%)
Perceptions regarding the impact of income on Social Security benefits (n=33)	1 (3.0%)	18 (54.5%)	14 (42.4%)
Funding (n=33)	8 (24.2%)	11 (33.3%)	14 (42.4%)
Challenging Behaviors (n=33)	1 (3.0%)	19 (57.6%)	13 (39.4%)
Mental health issues (n=33)	3 (9.1%)	21 (63.6%)	9 (27.3%)
Job search skills (n=33)	4 (12.1%)	18 (54.5%)	11 (33.3%)
Accommodation Needs (n=32)	8 (25%)	23 (71.9%)	1 (3.1%)
Childcare issues (n=33)	9 (27.3%)	19 (57.6%)	5 (15.2%)
Communication Barriers (n=33)	5 (15.2%)	19 (57.6%)	9 (27.3%)
Convictions for criminal offenses (n=33)	5 (15.2%)	20 (60.6%)	8 (24.2%)
Disability-related personal care concerns (n=33)	2 (6.1%)	29 (87.9%)	2 (6.1%)
Education or training (Limited or inadequate skills) (n=33)	5 (15.2%)	21 (63.6%)	7 (21.2%)
Employers' perceptions about employing people with disabilities (n=33)	2 (6.1%)	26 (78.8%)	5 (15.2%)
Housing issues (n=33)	5 (15.2%)	22 (66.7%)	6 (18.2%)
Job skills (Limited or inadequate skills) (n=33)	4 (12.1%)	21 (63.6%)	8 (24.2%)
Job Availability (n=33)	7 (21.2%)	20 (60.6%)	6 (18.2%)
Limited or no work experience (n=33)	5 (15.2%)	20 (60.6%)	8 (24.2%)
Mobility Limitations (n=33)	7 (21.2%)	22 (66.7%)	4 (12.1%)
Parental / Family Support (n=33)	6 (18.2%)	26 (78.8%)	1 (3.0%)
Workplace social skills (Limited or inadequate skills) (n=33)	2 (6.1%)	24 (72.7%)	7 (21.2%)
Substance abuse issues (n=33)	6 (18.2%)	26 (78.8%)	1 (3.0%)
Unpredictability of health and medical needs (n=33)	5 (15.2%)	24 (72.7%)	4 (12.1%)

<b>Table 3.75: Barriers to Achieving Employment Goals for Youth in Transition</b>			
<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Disability-related transportation issues (n=31)	1 (3.2%)	14 (45.2%)	16 (51.6%)
Other transportation issues (n=31)	1 (3.2%)	14 (45.2%)	16 (51.6%)
Challenging Behaviors (n=31)	1 (3.2%)	18 (58.1%)	12 (38.7%)
Limited or no work experience (n=33)	6 (19.4%)	14 (45.2%)	11 (35.5%)
Funding (n=31)	6 (19.4%)	15 (48.4%)	10 (32.3%)
Perceptions regarding the impact of income on Social Security benefits (n=30)	3 (10.0%)	17 (56.7%)	10 (33.3%)
School to work transition planning (n=30)	4 (13.3%)	16 (53.3%)	10 (33.3%)

<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Social skills (Limited or inadequate skills) (n=30)	1 (3.3%)	20 (66.7%)	9 (30.0%)
Communication Barriers (n=31)	2 (6.5%)	20 (64.5%)	9 (29.0%)
Interagency transition planning (n=31)	4 (12.9%)	18 (58.1%)	9 (29.0%)
Access to Pre-ETS services (n=31)	3 (9.7%)	21 (67.7%)	7 (22.6%)
Job skills (Limited or inadequate skills) (n=31)	5 (16.1%)	19 (61.3%)	7 (22.6%)
Parental / Family Support (n=29)	2 (6.9%)	21 (72.4%)	6 (20.7%)
Employers' perceptions about employing youth with disabilities (n=31)	6 (19.4%)	19 (61.3%)	6 (19.4%)
Job Availability (n=31)	6 (19.4%)	19 (61.3%)	6 (19.4%)
Mental health issues (n=31)	2 (6.5%)	24 (77.4%)	5 (16.1%)
Job search skills (Limited or inadequate skills) (n=31)	3 (9.7%)	23 (74.2%)	5 (16.1%)
Education or training Living (Limited or inadequate skills) (n=31)	6 (19.4%)	21 (67.7%)	4 (12.9%)
Employment Service Organizations' ability to provide services (n=31)	10 (32.3%)	17 (54.8%)	4 (12.9%)
Mobility Limitations (n=33)	6 (19.4%)	21 (67.7%)	4 (12.9%)
Disability-related personal care concerns (n=31)	7 (22.6%)	22 (71.0%)	2 (6.5%)
Convictions for criminal offenses (n=33)	14 (45.2%)	15 (48.4%)	2 (6.5%)
Housing issues (n=33)	8 (25.8%)	21 (67.7%)	2 (6.5%)
Other health issues (n=30)	2 (6.7%)	27 (90.0%)	1 (3.3%)
Substance abuse issues	12 (40.0%)	17 (56.7%)	1 (3.3%)

<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Disability-related transportation issues (n=30)	2 (6.7%)	15 (50.0%)	13 (43.3%)
Other transportation issues (n=30)	2 (6.7%)	15 (50.0%)	13 (43.3%)
Funding (n=30)	5 (16.7%)	17 (56.7%)	8 (26.7%)
Housing (n=30)	2 (6.7%)	20 (66.7%)	8 (26.7%)
Parental / Family Support (n=30)	3 (10.0%)	21 (70.0%)	6 (20.0%)
Challenging Behaviors (n=30)	4 (13.3%)	20 (66.7%)	6 (20.0%)
Social skills (Limited or inadequate skills) (n=30)	3 (10.0%)	22 (73.3%)	5 (16.7%)
Limited or no work experience (n=30)	4 (13.3%)	21 (70.0%)	5 (16.7%)
Education or training Living (Limited or inadequate skills) (n=30)	3 (10.0%)	23 (76.7%)	4 (13.3%)
Job search skills (Limited or inadequate skills) (n=30)	3 (10.0%)	23 (76.7%)	4 (13.3%)
Communication Barriers (n=30)	5 (16.7%)	21 (70.0%)	4 (13.3%)
Job skills (Limited or inadequate skills) (n=30)	5 (16.7%)	21 (70.0%)	4 (13.3%)
Mental health issues (n=30)	2 (6.7%)	24 (80.0%)	4 (13.3%)
Substance abuse issues (n=29)	5 (17.2%)	21 (72.4%)	3 (10.3%)

**Table 3.76: Barriers to Achieving Employment Goals for Clients From Ethnic/Racial Minorities** (continued)

<b>Barriers</b>	<b>Not a barrier</b>	<b>Sometimes a barrier</b>	<b>Often a barrier</b>
Job Availability (n=30)	6 (20.0%)	21 (70.0%)	3 (10.0%)
Convictions for criminal offenses (n=30)	6 (20.0%)	21 (70.0%)	3 (10.0%)
Accommodation Needs (n=30)	8 (26.7%)	19 (63.3%)	3 (10.0%)
Employment Service Organizations' ability to provide services (n=30)	9 (30.0%)	19 (63.3%)	2 (6.7%)
Other health issues (n=30)	2 (6.7%)	27 (90.0%)	1 (3.3%)
Mobility Limitations (n=30)	7 (23.3%)	22 (73.3%)	1 (3.3%)
Disability-related personal care concerns (n=30)	5 (16.7%)	25 (83.3%)	0 (0.0%)
Perceptions regarding the impact of income on Social Security benefits (n=30)	2 (6.7%)	16 (53.3%)	12 (40.0%)

**Table 3.77: Unmet Services Needs for Clients Served by ESOs**

<b>Service Needs</b>	<b>Yes, this is an unmet need</b>	<b>Neutral</b>	<b>This need is being met</b>
On-the-Job Training and Support (n=33)	4 (12.1%)	8 (24.2%)	21 (63.6%)
Job Search and Placement Assistance (n=33)	4 (12.1%)	9 (27.3%)	20 (60.6%)
Supported Employment Services (n=33)	4 (12.1%)	9 (27.3%)	20 (60.6%)
Occupational/Vocational training (n=33)	6 (18.2%)	10 (30.3%)	17 (51.5%)
Vocational Assessment (n=33)	5 (15.2%)	13 (39.4%)	15 (45.5%)
Vocational rehabilitation counseling & guidance (n=33)	3 (9.1%)	16 (48.5%)	4 (42.4%)
Disability Diagnosis and Treatment (n=33)	4 (12.1%)	15 (45.5%)	14 (42.4%)
Benefit planning assistance (n=33)	12 (36.4%)	8 (24.2%)	13 (39.4%)
Job Readiness Training (n=33)	7 (21.2%)	15 (45.5%)	11 (33.3%)
Assistive Technology Assessment / Devices (n=33)	10 (30.3%)	16 (48.5%)	7 (21.2%)
Transportation (n=33)	18 (54.5%)	10 (30.3%)	5 (15.2%)
Education (n=33)	6 (18.2%)	22 (66.7%)	5 (15.2%)
Mental health treatment (n=33)	14 (42.4%)	14 (42.4%)	5 (15.2%)
Substance abuse treatment (n=33)	12 (36.4%)	17 (51.5%)	4 (12.1%)
Vehicle modification assistance (n=33)	9 (27.3%)	20 (60.6%)	4 (12.1%)
Medical treatment (n=33)	7 (21.2%)	22 (66.7%)	4 (12.1%)
Personal Assistance Services (n=33)	11 (33.3%)	20 (60.6%)	2 (6.1%)

<b>Table 3.78: Potential Reasons ESOs are Unable to Meet Clients' Service Needs</b>			
<b>Statement</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
Insufficient staffing (n=33)	21 (63.6%)	8 (24.2%)	4 (12.1%)
Insufficient Funding (n=33)	17 (51.5%)	10 (30.3%)	6 (18.2%)
Need for staff training (n=33)	17 (51.5%)	10 (30.3%)	6 (18.2%)
Lack of communication between DARS and the ESOs (n=33)	15 (45.5%)	9 (27.3%)	9 (27.3%)
Staff capacity to make placements in higher wage jobs / nontraditional jobs (n=32)	13 (40.6%)	10 (31.3%)	9 (28.1%)
Client barriers prevent successful interactions with the ESO (n=33)	13 (39.4%)	8 (24.2%)	12 (36.4%)
Difficulty promoting career pathways for clients (n=31)	11 (35.5%)	12 (38.7%)	8 (25.8%)
Quality of the ESO services (n=33)	8 (24.2%)	6 (18.2%)	19 (57.6%)
Not enough ESOs available in this district (n=33)	5 (15.2%)	9 (27.3%)	19 (57.6%)
Lack of communication between ESOs and clients (n=33)	4 (12.1%)	7 (21.2%)	22 (66.7%)
Language barriers (n=33)	3 (9.1%)	15 (45.5%)	15 (45.5%)

<b>Table 3.79: Staffing</b>
Hire additional staff in order to serve more folks eager to go to/return to work.
Fill staff vacancies. We are trying!!
Continue to recruit, hire, and train Employment Specialists to provide good quality service and regularly communicate with DARS Counselors. This is consistently a goal of ours, however, has been made difficult with the hiring shortage and competitive wages of other big box companies in the area. Losing staff and having trouble recruiting due to higher paying jobs has prevented us from serving as many individuals as we could if we could get fully staffed again.
Ability to hire more qualified employees, smaller caseloads, and better work-life balance for job coaches.
Increase staffing to meet the needs of the consumers so they don't create a bottleneck which impedes that ability to take more referrals.
We have hired a new Employment Specialist that will work with our Community Liaison to be an advocate for the DARS participants in the community and to employers that may not have thought about using people with disabilities as staff.
Find funding to hire additional Job Coaches. Find funding to hire additional DSPs.
Staffing capacity and higher level training.
For Deaf and Hard of Hearing to extend more hours to support/job search for any individuals.

<b>Table 3.80: Funding</b>
Being able to serve the customer initially at the beginning of each month rather than waiting for the authorization to be received, which at times can be between the 10-12 of the new month.
Staff would benefit from additional training and/or specialized training but it would be at the expense of billable hours.

**Table 3.81: Business**

The biggest issue we currently have to that when we have connections to businesses, we do not have any clients to place and when we have clients to place, we do not always have businesses to fit. Transportation continues to be a huge barrier to employment as well as proper social interactions that are appropriate for the workplace.

Increased focus on higher wage jobs and in-demand career pathways.

Locating training for staff to increase and educate businesses in the community.

**Table 3.82: Service Delivery**

ESO'S need to be a higher quality, they must have to me a more stringent form of competencies in supported and customized employment than CARF standards.

Have more time to work with client before beginning job development

Help insure that consumers have plans for long term supports while on the job site as we serve the most significantly disabled population that need long term funding for long term job coaching services.

More information to consumers regarding benefits planning

**Table 3.83: Access**

Transportation that works for business hours.

Reopen their offices with face-to-face appointments. Virtual appointments simply do not work well.

**Table 3.84: Client Referrals and Authorization**

We currently receive NO referrals from DARS. Our employees come to us through word of mouth.

Realistic authorizations based on client needs.

More referrals. Employers are beating down the door for job placements.

Build a strong referral link between our agency and the local DARS agencies.

To open referrals to our agency- We haven't get referrals yet.

As I mentioned, faster initial service engagement would be a start. Allowing clients by meeting different providers so they can make informed decisions.

**Table 3.85: Funding**

Pay a reasonable rate for customized employment.

Simpler transition from DARS funded services to LTESS/EES funding.

Provide long term funding for individuals who do not have waiver services in place. Or help individuals receive wavier services who will need long term job coaches.

Consider funding job development for competitive, integrated employment for multiple placements of individuals (group SE), that would comply with RSA requirements.



**Table 3.86: Communication and Collaboration**

When the DARS counselor is called, they respond and work with us in assisting in the employment goal.

Increased case collaboration

Become more responsive to messages when there are concerns and the Employment Specialist is reaching out to collaborate on next steps. Many are excellent with communication, but there have been instances where there is an urgent need to speak with the counselor before being able to move forward with services and phone calls and emails are left [unanswered].

Partnering to create and collaborate on individualized client plans.

Answer emails from job coaches, answer phone calls, correspond as a team to help the client. Collaborate services with the job placement counselor.

Continue to work together as a team.

Spend more time at the beginning of services to fully staff, provide supporting documentation, and allow us to have more time to get to know each consumer.

Good and constant communication and relationship between the two agencies.

Provide higher quality technical assistance (on site) in how to do these clinical SE and CE skills that many new staff do not have a clue how to perform

**Table 3.87: Benefits Planning**

Increase the focus on Benefits Planning prior to referral so individuals are prepared to begin job development.

Coordination of benefits planning

**Table 3.88: Competitive Integrated Employment**

Out of DARS' control but the elimination of 14(c) and the rising minimum wage are making it much more difficult to find work opportunities for the people we serve. Additionally, the focus on fully Integrated and Competitive employment is forcing some consumers into Day Support instead of Employment they would find meaningful and dignifying.

Re-visiting and adjusting approach to determining which employment places are classified as competitive and integrated. There is no flexibility or creative thinking happening currently.

In semi-rural environments, there are only so many choices for people with disabilities. To rule out an ESO without trying to find a way to make it work has impacted a significant population from gaining real employment. Employment that offers competitive wages, benefits, etc.

**Table 3.89: Services**

Work to reduce the delays at referral/intake so that services can start more quickly. Faster engagement will show the individual that they are valued and will increase their buy in to the process.

Rate increase in order to hire/retain more professional staff and to actually cover the cost of providing these services.



**Table 3.89: Services** (continued)

I believe DARS has evolved with services since the years 2000. DARS is doing a lot for clients to get them the assistance they need to find and maintain a job. LTESS services should be less stringent and should allow temporary assistance to clients in need without having to reopen them on post-employment. Sometimes it takes longer to get a client reopened than to provide the client with the assistance they needed.
Allowing clients to meet different and make an informed decisions. Counselors have a tendency of assigning clients to those providers they have a good relationships with.
Provide much greater support and training for clients , not only in the job placement process but in the job retention process and also taking on more challenging clients.
Work swiftly with motivated consumers so they don't lose momentum.
Identify Mental Health support needs and services prior to beginning employment services if possible. There have been individuals who have severe mental health concerns that come to our program whose mental state has been made worse by the stress of exploring and starting employment. Then it causes the individual to feel as though they failed when services need to be paused to help them achieve stability before resuming their employment journey.
Hire more Employment Coaches that have more time to work with participants to assure their comfort level at a job so that that person will be successful.
Secure funding for individuals that need long term job coaching and have no waiver services in place.

**Table 3.90: Collaboration and Communication**

Collaborate with the ESO and do what is best for the customer versus putting a time stamp and money cap on a case that may need more assistance.
Quicker response times. 1. Increased case coordination with the case manager 2. Increased communication with the client's care team 3. Increase community partnerships
The pandemic has made DARS services challenging. Not meeting with clients face to face to establish services makes it challenging to identify the needs of the clients.

**Table 3.91: Pre-ETS**

Better transition services for youth. More coordinated planning between schools, counselors, families and ESO's. Authorized hours realistic for individual needs.
Having more opportunities to spread the word with teachers and parents of school age students as to what skills they need and what are realistic job opportunities in the community.
A more collaborative effort surrounding youth in transitions services and planning for adult services once they exit high school.

**Table 3.92: Training**

Invest more in DARS Counselor training regarding all of the services that are available to consumers (Customized Employment, Community Support Services, Benefits Planning, etc.). There seem to be a lot of newer Counselors that could benefit from more training.

Train their DARS counselors ongoing, lots of times the ESO is helping new staff navigate the employment world and the needs of the client. Ongoing issues with authorizations being late each month, which creates a huge hindrance in the service given by ESO.

**Table 3.93: Training Needs of ESOs**

<b>Training Needs</b>	<b>Not needed</b>	<b>Somewhat needed</b>	<b>Significant need</b>
Competitive integrated employment (n=33)	19 (57.6%)	8 (24.2%)	6 (18.2%)
Supported employment services (n=32)	18 (56.3%)	8 (25.0%)	6 (18.8%)
Reducing / Eliminating 14(c) Special Wage Certificates (n=30)	17 (56.7%)	10 (33.3%)	3 (10.0%)
Disability Inclusion Policies and Practices (n=32)	15 (46.9%)	12 (37.5%)	5 (15.6%)
Customized employment (n=32)	13 (40.6%)	15 (46.9%)	4 (12.5%)
Unconscious racial or ethnic bias (n=31)	12 (38.7%)	11 (35.5%)	8 (25.8%)
Self-advocacy (n=31)	11 (35.5%)	18 (58.1%)	2 (6.5%)
Family Involvement and Support (n=32)	11 (34.4%)	15 (46.9%)	6 (18.8%)
Supporting clients with convictions for criminal offenses (n=32)	11 (34.4%)	11 (34.4%)	10 (31.3%)
Outreach to diverse populations (n=31)	10 (32.3%)	13 (41.9%)	8 (25.8%)
Developing Business Partnerships (n=32)	10 (31.3%)	17 (53.1%)	5 (15.6%)
Self-employment (n=32)	10 (31.3%)	16 (50.0%)	6 (18.8%)
Benefits Planning / How work impacts benefits (n=32)	10 (31.3%)	9 (28.1%)	13 (40.6%)
Job Accommodations (n=31)	9 (29.0%)	21 (67.7%)	1 (3.2%)
Internships/apprenticeships (n=31)	9 (29.0%)	13 (41.9%)	9 (29.0%)
Distance or remote rehabilitation counseling services (n=32)	9 (28.1%)	15 (46.9%)	8 (25.0%)
Dual Customer approaches (n=30)	8 (26.7%)	16 (53.3%)	6 (20.0%)
Assistive technology services and devices (n=32)	6 (18.8%)	22 (68.8%)	4 (12.5%)
Services to increase career pathways (e.g., STEM fields, etc.) (n=32)	5 (15.6%)	13 (40.6%)	14 (43.8%)
Pre-employment transition services (Pre-ETS services) (n=31)	4 (12.9%)	18 (58.1%)	9 (29.0%)

## APPENDIX D

### SECTION FOUR: PRE-EMPLOYMENT TRANSITION SERVICES (Pre-ETS)

<b>Table 4.1: Students with Disabilities in Virginia by Disability Type and 9-12 rade Level, 2020-21</b>					
<b>Disability Type</b>	<b>Grade 9</b>	<b>Grade 10</b>	<b>Grade 11</b>	<b>Grade 12</b>	<b>Total Count</b>
Deaf-Blindness	<	<	<	<	0
Developmental Delay					0
Orthopedic Impairments	35	44	27	44	150
Traumatic Brain Injured	37	35	42	56	170
Visual Impairments	45	60	54	59	218
Hearing Impairments	100	86	90	97	373
Speech or Language Impairments	278	198	137	99	712
Multiple Disabilities	211	235	220	621	1287
Intellectual Disabilities	765	829	773	1,628	3995
Emotional Disturbance	1,174	1,255	1,055	1,058	4542
Autism	1,659	1,735	1,565	2,514	7473
Other Health Impairments	3,910	3,555	3,094	2,930	13489
Specific Learning Disabilities	5,981	5,490	5,001	4,827	21299
<b>TOTAL</b>	<b>14,195</b>	<b>13,522</b>	<b>12,058</b>	<b>13,933</b>	<b>53,708</b>

<b>Table 4.2: Students with Disabilities in Virginia by Disability Type and Pre-K through 3rd Grade Level, 2020-21</b>					
<b>Disability Type</b>	<b>Pre K</b>	<b>KG</b>	<b>Grade 1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
Autism	1,033	1,072	1,356	1,990	1,947
Deaf-Blindness					
Developmental Delay	5,721	3,726	3,028	733	217
Emotional Disturbance			35	202	350
Hearing Impairment	64	48	56	94	83
Intellectual Disabilities		62	182	392	451
Multiple Disabilities	35	60	84	142	156
Orthopedic Impairments	25	31	39	28	37
Other Health Impairments	116	218	686	1,678	2,315
Specific Learning Disabilities		22	345	1,508	2,855

**Table 4.2: Students with Disabilities in Virginia by Disability Type and Pre-K through 3rd Grade Level, 2020-21** (continued)

Disability Type	Pre K	KG	Grade 1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Speech or Language Impairments	1,429	2,537	3,952	4,019	3,249
Traumatic Brain Injured				16	14
Visual Impairments	17	21	23	33	33
<b>TOTAL</b>	<b>8,440</b>	<b>7,797</b>	<b>9,786</b>	<b>10,835</b>	<b>11,707</b>

**Table 4.3 Students with Disabilities in Virginia by Disability Type 4<sup>th</sup> Grade through 8<sup>th</sup> Grade Level, 2020-21**

Disability Type	4 <sup>th</sup>	5 <sup>th</sup>	Grade 6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
Autism	1,962	1,803	1,853	1,771	1,724
Deaf-Blindness					
Developmental Delay	79	40	28	18	14
Emotional Disturbance	505	611	760	823	950
Hearing Impairment	83	99	85	100	81
Intellectual Disabilities	548	612	635	705	784
Multiple Disabilities	169	180	188	198	234
Orthopedic Impairments	44	40	37	40	31
Other Health Impairments	2,647	3,065	3,232	3,361	3,531
Specific Learning Disabilities	4,143	4,859	5,317	5,592	5,799
Speech or Language Impairments	2,387	1,861	1,141	838	581
Traumatic Brain Injured	22	14	22	40	29
Visual Impairments	32	30	38	31	46
<b>TOTAL</b>	<b>12,621</b>	<b>13,214</b>	<b>13,366</b>	<b>13,517</b>	<b>13,804</b>

**Table 4.4: Virginia Performance and Targets of Students with Disabilities Who Exited School in 2019-20**

Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school were:	2019-2020 State Performance	2019-2020 State Target	State Target Met
<b>14a.</b> Enrolled in higher education within one year of leaving high school	34.44%	≥35.0%	No
<b>14b.</b> Enrolled in higher education or competitively employed within one year of leaving high school	65.87%	≥65.0%	Yes

**Table 4.4: Virginia performance and targets of Students with Disabilities who exited school in 2019-20** (continued)

Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school were:	2019-2020 State Performance	2019-2020 State Target	State Target Met
<b>14c.</b> Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school	73.66%	≥72.0%	Yes

**Table 4.5: Pre-ETS Participant Job Titles (n=94)**

Job Title	n/%
Administrator	n=17 (18.1%)
Transition Coordinator	n=25 (26.6%)
Teacher for Transition age youth	n=37 (39.4%)
Paraprofessional for Transition age youth	n=0 (0.0%)
Other	n=15 (16.0%)

**Table 4.6: Age of Students Supported (n=93)**

Age	n/%
14	86 (92.5%)
15	85 (91.4%)
16	85 (91.4%)
17	84 (90.3%)
18	88 (94.6%)
19	83 (89.2%)
20	76 (81.7%)
21	73 (78.5%)
22	65 (69.9%)

**Table 4.7: School Location by District (n=93)**

Capital District	n=19 (20.4%)
Hampton Roads District	n=6 (6.5%)
New River District	n=17 (18.3%)
Northern District	n=16 (17.2%)
Southwest District	n=19 (20.4%)
Skyline District	n=16 (17.2%)

<b>Table 4.8: School Location by County</b>			
<b>County</b>	<b>n (%)</b>	<b>County</b>	<b>n (%)</b>
Alexandria City:	2 (2.2%)	Manassas City:	1 (1.1%)
Appomattox County:	1 (1.1%)	Martinsville City:	3 (3.3%)
Augusta County:	2 (2.2%)	Mecklenburg County:	4 (4.3%)
Bath County:	1 (1.1%)	Middlesex County:	1 (1.1%)
Bedford County:	1 (1.1%)	Montgomery County:	1 (1.1%)
Bristol City:	1 (1.1%)	Nelson County:	1 (1.1%)
Campbell County:	1 (1.1%)	Patrick County:	1 (1.1%)
Caroline County:	1 (1.1%)	Prince William County:	8 (8.7%)
Carroll County:	2 (2.2%)	Pulaski County:	1 (1.1%)
Charlotte County:	1 (1.1%)	Radford City:	4 (4.3%)
Chesterfield County:	6 (6.5%)	Rappahannock County:	1 (1.1%)
Colonial Beach:	1 (1.1%)	Richmond City:	3 (3.3%)
Colonial Heights City:	1 (1.1%)	Richmond County:	1 (1.1%)
Danville City:	1 (1.1%)	Roanoke County:	2 (2.2%)
Fairfax County:	1 (1.1%)	Rockingham County:	1 (1.1%)
Floyd County:	2 (2.2%)	Scott County:	1 (1.1%)
Fluvanna County:	1 (1.1%)	Shenandoah County:	2 (2.2%)
Frederick County:	2 (2.2%)	Smyth County:	1 (1.1%)
Galax City:	1 (1.1%)	Stafford County:	2 (2.2%)
Gloucester County:	3 (3.3%)	Staunton City:	2 (2.2%)
Halifax County:	1 (1.1%)	Virginia Beach City:	1 (1.1%)
Hampton City:	1 (1.1%)	Warren County:	1 (1.1%)
Hanover County:	2 (2.2%)	Washington County:	3 (3.3%)
King George County:	1 (1.1%)	Waynesboro City:	1 (1.1%)
Lee County:	1 (1.1%)	Winchester City:	1 (1.1%)
Loudoun County:	2 (2.2%)	Wythe County:	1 (1.1%)
Louisa County:	1 (1.1%)	York County:	1 (1.1%)
Lunenburg County:	1 (1.1%)		

<b>Table 4.9: Disability of Students (n=93)</b>	
<b>Disability</b>	<b>n/%</b>
Individuals with autism	8 (8.6%)
Individuals with brain injury	0 (0.0%)
Individuals with criminal backgrounds	1 (1.1%)
Individuals with intellectual disabilities	12 (12.9%)
Individuals with learning disabilities	21 (22.6%)
Individuals with the most significant disabilities including individuals with multiple impairments	7 (7.5%)
Individuals that are racial or ethnic minorities	2 (2.2%)
Individuals with substance use disorders	0 (0.0%)

<b>Table 4.9: Disability of Students (n=93) (continued)</b>	
<b>Disability</b>	<b>n/%</b>
Individuals with sensory disabilities	1 (1.1%)
Individuals with serious mental illnesses	0 (0.0%)
Transition-aged youth (14 - 24)	31 (33.3%)
Veterans	0 (0.0%)
Other	10 (10.8%)

<b>Table 4.10: Disability of Students Served by School (n=94)</b>	
<b>Disability</b>	<b>n/%</b>
Individuals with autism	85 (90.4%)
Individuals with brain injury	66 (70.2%)
Individuals with criminal backgrounds	35 (37.2%)
Individuals with intellectual disabilities	83 (88.3%)
Individuals with learning disabilities	85 (90.4%)
Individuals with the most significant disabilities including individuals with multiple impairments	69 (73.4%)
Individuals that are racial or ethnic minorities	66 (70.2%)
Individuals with substance use disorders	31 (33.0%)
Individuals with sensory disabilities	71 (75.5%)
Individuals with serious mental illnesses	47 (50.0%)
Transition-aged youth (14 - 24)	78 (83.0%)
Veterans	0 (0.0%)
Other	8 (8.5%)

<b>Table 4.11: Disability of Students Served by School (n=88)</b>	
<b>Disability</b>	<b>n/%</b>
Individuals with autism	2 (2.3%)
Individuals with brain injury	1 (1.1%)
Individuals with criminal backgrounds	2 (2.3%)
Individuals with intellectual disabilities	19 (21.6%)
Individuals with learning disabilities	16 (18.2%)
Individuals with the most significant disabilities including individuals with multiple impairments	17 (19.3%)
Individuals that are racial or ethnic minorities	1 (1.1%)
Individuals with substance use disorders	1 (1.1%)

<b>Table 4.11: Disability of Students Served by School (n=88) (continued)</b>	
<b>Disability</b>	<b>n/%</b>
Individuals with sensory disabilities	2 (2.3%)
Individuals with serious mental illnesses	8 (9.1%)
Transition-aged youth (14 - 24)	13 (14.8%)
Veterans	0 (0.0%)
Other	6 (6.8%)

<b>Table 4.12: Respondents who Support Students Needing DARS services (n=94)</b>	
<b>Response YES/NO</b>	<b>n/%</b>
Yes	84 (89.4%)
No	3 (3.2%)
Don't know	7 (7.4%)

<b>Table 4.13: Knows DARS School Counselor (n=94)</b>	
<b>Response YES/NO</b>	<b>n/%</b>
Yes	79 (84.0%)
No	15 (16.0%)

<b>Table 4.14: Frequency of DARS Contacts (n=94)</b>	
<b>Response</b>	<b>n/%</b>
Do not have a VR counselor assigned to my students	8 (8.5%)
Never	11 (11.7%)
Once per year	12 (12.8%)
Once per quarter	13 (13.8%)
Once per month	18 (19.1%)
More than once per month	32 (34.0%)

<b>Table 4.15: Availability of Pre-ETS Services</b>				
<b>Pre-ETS Service Availability</b>	<b>No opinion</b>	<b>Not Available</b>	<b>Somewhat available</b>	<b>Very available</b>
Job exploration counseling (n=93)	n=8 (8.6%)	n=11 (11.8%)	n=52 (55.9%)	n=22 (23.7%)
Work-based learning experiences (n=92)	n=8 (8.7%)	n=18 (19.6%)	n=53 (57.6%)	n=13 (14.1%)



<b>Pre-ETS Service Availability</b>	<b>No opinion</b>	<b>Not Available</b>	<b>Somewhat available</b>	<b>Very available</b>
Counseling on Educational & Training Options (n=93)	n=8 (8.6%)	n=8 (8.6%)	n=52 (55.9%)	n=25 (26.9%)
Workplace readiness training (n=93)	n=6 (6.5%)	n=18 (19.4%)	n=44 (47.3%)	n=25 (26.9%)
Instruction in self-advocacy (n=93)	n=8 (8.6%)	n=13 (14.0%)	n=48 (51.6%)	n=24 (25.8%)

<b>Pre-ETS Service Accessibility</b>	<b>No opinion</b>	<b>Not Accessible</b>	<b>Somewhat Accessible</b>	<b>Very Accessible</b>
Job exploration counseling (n=93)	n=7 (7.5%)	n=12 (12.9%)	n=53 (57.0%)	n=21 (22.6%)
Work-based learning experiences (n=93)	n=9 (9.7%)	n=21 (22.6%)	n=53 (57.0%)	n=10 (10.8%)
Counseling on Educational and Training Options	n=7 (7.5%)	n=16 (17.2%)	n=47 (50.5%)	n=23 (24.7%)
Workplace readiness training	n=7 (7.5%)	n=21 (22.6%)	n=48 (51.6%)	n=17 (18.3%)
Instruction in self-advocacy (n=92)	n=7 (7.6%)	n=17 (18.5%)	n=47 (51.1%)	n=21 (22.8%)

<b>Pre-ETS Service Coordination</b>	<b>No opinion</b>	<b>Not Very Coordinated</b>	<b>Somewhat Coordinated</b>	<b>Very Coordinated</b>
Job exploration counseling (n=93)	n=6 (6.5%)	n=13 (14.0%)	n=55 (59.1%)	n=19 (20.4%)
Work-based learning experiences (n=93)	n=7 (7.5%)	n=23 (24.7%)	n=45 (48.4%)	n=18 (19.4%)
Counseling on Educational and Training Options (n=93)	n=6 (6.5%)	n=14 (15.1%)	n=53 (57.0%)	n=20 (21.5%)
Workplace readiness training (n=93)	n=6 (6.5%)	n=23 (24.7%)	n=45 (48.4%)	n=19 (20.4%)
Instruction in self-advocacy (n=93)	n=7 (7.5%)	n=19 (20.4%)	n=48 (51.6%)	n=19 (20.4%)

<b>Table 4.18: Unmet Student Needs</b>			
<b>Pre-ETS Services Unmet Need</b>	<b>No opinion</b>	<b>Yes, this is an unmet need</b>	<b>This need is being met</b>
Job exploration counseling (n=91)	n=13 (14.3%)	n=38 (41.8%)	n=40 (44.0%)
Work-based learning experiences (n=91)	n=13 (14.3%)	n=53 (58.2%)	n=25 (27.5%)
<b>Pre-ETS Services Unmet Need</b>	<b>No opinion</b>	<b>Yes, this is an unmet need</b>	<b>This need is being met</b>
Counseling on Educational and Training Options (n=92)	n=15 (16.3%)	n=37 (40.2%)	n=40 (43.5%)
Workplace readiness training (n=92)	n=13 (14.1%)	n=49 (53.3%)	n=30 (32.6%)
Instruction in self-advocacy (n=92)	n=18 (19.6%)	n=38 (41.3%)	n=36 (39.1%)

<b>Table 4.19: Primary Reasons for Unmet Student Needs</b>			
<b>Reasons</b>	<b>Yes, this is a barrier</b>	<b>Neutral</b>	<b>No, this is not a barrier</b>
Need for training on Pre-ETS for families and students (n=90)	n=64 (71.1%)	n=17 (18.9%)	n=9 (10.0%)
Limited internship and apprenticeship opportunities (n=90)	n=60 (66.7%)	n=20 (22.2%)	n=10 (11.1%)
Limited work-based learning opportunities (n=90)	n=56 (62.2%)	n=22 (24.4%)	n=12 (13.3%)
Need for training on Pre-ETS for teachers / school personnel (n=90)	n=49 (54.4%)	n=18 (20.0%)	n=23 (25.6%)
Limited school personnel for transition planning (n=88)	n=42 (47.7%)	n=24 (27.3%)	n=22 (25.0%)
Limited coordination of services between the school and DARS (n=89)	n=38 (42.7%)	n=27 (30.3%)	n=24 (27.0%)
Communication / Collaboration with the Business Community (n=89)	n=35 (39.3%)	n=34 (38.2%)	n=20 (22.5%)
Difficulty promoting career pathways for students (n=90)	n=33 (36.7%)	n=30 (33.3%)	n=27 (30.0%)
Insufficient Funding (n=89)	n=32 (36.0%)	n=40 (44.9%)	n=17 (19.1%)
Lack of communication between DARS and the schools (n=90)	n=27 (30.0%)	n=27 (30.0%)	n=36 (40.0%)
Student disability barriers (n=90)	n=24 (26.7%)	n=27 (30.0%)	n=39 (43.3%)

<b>Table 4.20: Suggested DARS Changes to Support Students with Disabilities</b>
<b>Awareness of DARS Services</b>
Reach out to SPED teachers and discuss what is available for medium needs students. Meaning students who are physically capable but with low IQ. I DO NOT mean students with ID, but students who appear to be functioning on a higher level but have low language and skill levels and come from impoverished families.
Spreading more awareness of what VA DARS is and what it can for our students as well spending more time in the schools getting to know our students and work with them. Many of our families have no idea what DARS is until we start talking about it during the planning for our students' IEPs. Typically DARS attends our schools one day a month and all students are expected to be able to participate on those days despite other related services and scheduled school activities they might be required to participate in.
Promote school professional development and relationships to help staff recognize the value of VA DARS.
Ensure they pursue students who need services-- visit schools-- set up meetings-- be visible.
VA DARS could be clearer about what Pre-ETS services are and how/when they will be delivered. The DARS counselor assigned to my school signs students up for Pre-ETS but then does not deliver services to students. Very inconsistent on how services delivered to schools as DARS counselors in other schools in my county do deliver services (PWCS). Need better supervision and accountability of DARS counselors. Also, need more follow through and better communication by DARS counselors on students referred for VR services.
<b>Communication and Collaboration</b>
Communication with schools for services that are available for students. If Pre-ETS is practiced, coordinate activities with school.
Provide school transition specialists a list of contacts (Name/Number/Location) of apprenticeships, internships, employer partnerships that DARS can provide. Transition specialists are the key stakeholders in linking students to services because they know the students, families and case managers and have built years of rapport. DARS needs to be clear and transparent about what they can and cannot fund.
VA DARS needs to be in the school systems full time at the county level providing support, communication, and training to students, parents and staff. Communication with DARS is basically non-existent unless the school staff makes the contact.
Make DARS representatives available in the school on a weekly or bi-weekly basis to interact with our students and get to know our program. When we see our DARS representative once or twice a year at transition meetings they are a stranger that our students are not willing to interact with or open up to about their future interests and career plans. WCPS Transition Coordinator at the county level is ineffective.
I think communication would be helpful from my standpoint. I really don't know what's going on with DARS until I'm in an IEP meeting.
For the DARS counselors to communicate with students' case managers so the school can collaborate and work more effectively to promote their post-secondary goals. At this time, we do not know what services or supports are being requested or provided.

<b>Table 4.20: Suggested DARS Changes to Support Students with Disabilities</b> (continued)
<b>Communication and Collaboration</b> (continued)
Stronger communication and collaboration between DARS and the School. More effective use of time and more help in assessing students' strengths and interests.
Having a DARS counselor that regularly communicates with the school division/case managers, and someone that comes in person to Pre-ETS more than once a quarter.
<b>Families</b>
Get in touch with students and their families when a request/referral is given. I receive many complaints that DARS never contacts my students and family.
Meet with families early and often. It should not be up to the schools to trigger these meetings. DARS should actively promote annual meetings with the student and family/guardians. The school can help facilitate and even participate, but DARS could take more ownership of the contact and continued fostering of a connection.
Perhaps hold a meeting for parents to gain information, and possibly hold a meeting for students in school at appropriate periodic intervals or during electives.
Attend IEP meetings and give parents/students information regarding DARS services. Establish the connection.
<b>Resource Information</b>
Create information about each waiver that is ACCESSIBLE, DOWNLOADABLE, EASY TO READ brochure/info sheet. I have parents ask questions about waivers but I don't know answers like I should.
Provide special education teachers with community resource list and keep them up to date.
<b>Resource and Service Needs</b>
Provide job counseling, provide real opportunities for students base on their interests and needs.
More intern and apprenticeship opportunities for students with disabilities who are of a little higher functioning. Many times these students get caught between two points with lack of direction and could use these opportunities to refine their career choices for proper guidance and direction. Also, these students are not great at being proactive.
Expand pre-employment service capabilities at WW center and expand the same for medium needs students.
More effort on availability for those students with LD in need of trade school opportunity, which would allow current opportunity to be taken advantage of by students with more significant needs.
I feel if VA DARS partner with the schools Job Coaches or other transition staff to see that the students are receiving work-based learning, Job exploration counseling, workplace readiness training, training in self-advocacy, internship and apprenticeship opportunities while they are in high school then the students/young adults would have better outcomes as they start working with VA DARS.
Provide more support with work-place (on-the-job) experience.
Provide summer internships, job shadows, and tours of business and industry.

<b>Table 4.20: Suggested DARS Changes to Support Students with Disabilities</b> (continued)
<b>Resource and Service Needs</b> (continued)
There is a huge need for work-based learning opportunities, for available job coaches, and local businesses willing to allow our students to train / intern in their business.
I think meeting with the students more to help achieve their employment goals.
<b>Staffing</b>
Hire more counselors so consistency in training and education can take place.
VA DARS needs to be more available and more counselors are necessary.
We have worked hard and established a very good relationship with our DARS counselor. Our students could be so much further with regard to post-secondary transition options and skills if we were able to collaborate more with the counselor and if she was more accessible. Her case load is extremely high and she covers quite a large geographic region as well.
Be able to have a smaller area to serve more students.
The Pre-ETS Counselor assigned to our school system has always been great. But, she is only one person, who has a very big caseload.
Being more visible and actively involved in the schools. We have changed representatives several times and the one we have now seems overworked and unable to meet with our students, their families, or school personnel.
Hire more counselors so there's more time available to serve pre-ETS students. If all students needing this service were referred, there wouldn't be enough time to meet with all of them. To date, we've only met with students one time trying to get through all the referrals.
A Transition Teacher or Coordinator is needed at both the Middle and High Schools. 504 students need to be represented as well as IEP students. IDEA Federal regulations need to be understood and implemented so that an established time is allocated for students to meet with transition teacher and DARS representatives. Students need a time to vent, dream and build their empire.
Additional staffing to work more directly in schools to support effective transition plans. With increasing difficulty filling teaching vacancies, it will be more important than ever to find creative ways to support career exploration and job exploration.
VA DARS counselors are so spread out over many school systems. Need to get more counselors that can cover a couple of school systems and do it well. Engage with students and families. Also, provide work-based experiences for students in community and/or in school.
Our relationship with DARS is very collaborative and efficient. DARS supports many of our students and works very well in the schools and with our staff. We would love for them to have an increase of staff in order to provide even more collaborative opportunities with our school system.
Fund Pre-ETS representative like we had in the past. Now the vocational representative does both. This change has caused our Pre-ETS services to not start.

<b>Table 4.20: Suggested DARS Changes to Support Students with Disabilities</b> (continued)
<b>Training</b>
Offering more transition staff and training opportunities other than Woodrow Wilson.
I also have very little knowledge of VA DARS and would appreciate more communication and training on the subject. A timeline of what to do when, and info on services that VA DARS/ Pre-ETS offers to students for teachers and parents.
Coordination of services for all stakeholders. Needs to be trainings (or meetings to discuss/inform...) to have everyone following a consistent path.
The case managers/guidance counselors need training on transition and the services and opportunities available to their students.
More training about Pre-ETS for staff and families is necessary.
<b>Transportation</b>
Provide opportunities for transportation to occur for students seeking employment skills or working opportunities.
We are in a rural area, where few of our sped students want to learn to drive and whose parents do not drive. We need public transportation, and we need more places of employment available, with employers willing to train and accept job coaching for our students.
<b>COVID-19 Impact on Services</b>
Our DARS counselor does a wonderful job but due to the impact of COVID and parental and student response, DARS is not being utilized enough in our schools. I am currently working closely with our DARS counselor on introducing students and parents to have more participation in the program. DARS is the most essential program for our school in transition. I am excited and looking forward to more students being served by DARS. I am very appreciative of this program.
I think our DARS office does a great job communicating and supporting our community, these have been particularly challenging years. I think some creative planning and programming to support students will be especially vital as we continue to navigate the pandemic and its ongoing effects on the labor market, etc. thank you very much for all you do to support our community.

## Appendix E

### SECTION FIVE: RSA 911 DATA PY 2017 – PY 2020

Table 5.1: Census Data on the State of Virginia		
Population, Census, April 1, 2020		8,631,393
Population, Census, April 1, 2010		8,001,024
Persons under 5 years, percent		5.90%
Persons under 18 years, percent		21.80%
Persons 65 years and over, percent		15.90%
Female persons, percent		50.80%
White alone, percent		69.40%
Black or African American alone, percent	(a)	19.90%
American Indian and Alaska Native alone, percent	(a)	0.50%
Asian alone, percent	(a)	6.90%
Native Hawaiian and Other Pacific Islander alone, percent	(a)	0.10%
Two or More Races, percent		3.20%
Hispanic or Latino, percent	(b)	9.80%
White alone, not Hispanic or Latino, percent		61.20%
Veterans, 2015-2019		677,533
Foreign born persons, percent, 2015-2019		12.40%
High school graduate or higher, percent of persons age 25 years+, 2015-2019		89.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019		38.80%
With a disability, under age 65 years, percent, 2015-2019		8.00%
Persons without health insurance, under age 65 years, percent		9.30%
Mean travel time to work (minutes), workers age 16 years+, 2015-2019		28.7
Median household income (in 2019 dollars), 2015-2019		\$74,222
Per capita income in past 12 months (in 2019 dollars), 2015-2019		\$39,278
Persons in poverty, percent		9.90%
Total employer establishments, 2019		203,467
Total employment, 2019		3,455,993
Total employment, percent change, 2018-2019		2.00%

Table 5.2. Applications by Primary Source of Impairment			
PRIMARY DISABILITY SOURCE OF IMPAIRMENT		# of applications	% Change from Prior Year
Accident/Injury (other than TBI or SCI)	PY 2017	127	N/A
	PY 2018	112	-11.8%
	PY 2019	97	-13.4%
	PY 2020	68	-29.9%
	<b>Total</b>	<b>404</b>	

**Table 5.2. Applications by Primary Source of Impairment** (continued)

<b>PRIMARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Alcohol Abuse or Dependence	PY 2017	190	N/A
	PY 2018	176	-7.4%
	PY 2019	115	-34.7%
	PY 2020	78	-32.2%
	<b>Total</b>	<b>559</b>	
Amputations	PY 2017	42	N/A
	PY 2018	28	-33.3%
	PY 2019	26	-7.1%
	PY 2020	18	-30.8%
	<b>Total</b>	<b>114</b>	
Anxiety Disorders	PY 2017	258	N/A
	PY 2018	249	-3.5%
	PY 2019	250	0.4%
	PY 2020	167	-33.2%
	<b>Total</b>	<b>924</b>	
Arthritis and Rheumatism	PY 2017	103	N/A
	PY 2018	77	-25.2%
	PY 2019	46	-40.3%
	PY 2020	26	-43.5%
	<b>Total</b>	<b>252</b>	
Asthma and Other Allergies	PY 2017	13	N/A
	PY 2018	8	-38.5%
	PY 2019	11	37.5%
	PY 2020	2	-81.8%
	<b>Total</b>	<b>34</b>	
Attention-Deficit Hyperactivity Disorder (ADHD)	PY 2017	470	N/A
	PY 2018	431	-8.3%
	PY 2019	473	9.7%
	PY 2020	327	-30.9%
	<b>Total</b>	<b>1701</b>	
Autism	PY 2017	769	N/A
	PY 2018	910	18.3%
	PY 2019	905	-0.5%
	PY 2020	852	-5.9%
	<b>Total</b>	<b>3436</b>	
Blood Disorders	PY 2017	15	N/A
	PY 2018	8	-46.7%
	PY 2019	8	0.0%
	PY 2020	3	-62.5%
	<b>Total</b>	<b>34</b>	



**Table 5.2. Applications by Primary Source of Impairment** (continued)

<b>PRIMARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Cancer	PY 2017	21	N/A
	PY 2018	15	-28.6%
	PY 2019	23	53.3%
	PY 2020	9	-60.9%
	<b>Total</b>	<b>68</b>	
Cardiac and Other Conditions of the Circulatory System	PY 2017	56	N/A
	PY 2018	39	-30.4%
	PY 2019	36	-7.7%
	PY 2020	15	-58.3%
	<b>Total</b>	<b>146</b>	
Cause Unknown	PY 2017	257	N/A
	PY 2018	221	-14.0%
	PY 2019	198	-10.4%
	PY 2020	158	-20.2%
	<b>Total</b>	<b>834</b>	
Cerebral Palsy	PY 2017	100	N/A
	PY 2018	98	-2.0%
	PY 2019	84	-14.3%
	PY 2020	63	-25.0%
	<b>Total</b>	<b>345</b>	
Congenital Condition or Birth Injury	PY 2017	290	N/A
	PY 2018	269	-7.2%
	PY 2019	233	-13.4%
	PY 2020	200	-14.2%
	<b>Total</b>	<b>992</b>	
Cystic Fibrosis	PY 2017	2	N/A
	PY 2018	1	-50.0%
	PY 2019	3	200.0%
	PY 2020	1	-66.7%
	<b>Total</b>	<b>7</b>	
Depressive and Other Mood Disorders	PY 2017	1204	
	PY 2018	1036	N/A
	PY 2019	894	-13.7%
	PY 2020	515	-42.4%
	<b>Total</b>	<b>3649</b>	608.5%

**Table 5.2. Applications by Primary Source of Impairment** (continued)

<b>PRIMARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Diabetes Mellitus	PY 2017	64	
	PY 2018	35	N/A
	PY 2019	37	5.7%
	PY 2020	25	-32.4%
	<b>Total</b>	<b>161</b>	<b>544.0%</b>
Digestive	PY 2017	6	
	PY 2018	5	N/A
	PY 2019	12	140.0%
	PY 2020	3	-75.0%
	<b>Total</b>	<b>26</b>	
Drug Abuse or Dependence (other than alcohol)	PY 2017	484	
	PY 2018	431	N/A
	PY 2019	401	-7.0%
	PY 2020	235	-41.4%
	Total	1551	
Eating Disorders (e.g.; anorexia; bulimia; or compulsive overeating)	PY 2019	1	
	<b>Total</b>	<b>1</b>	
End-Stage Renal Disease and Other Genitourinary System Disorders	PY 2017	33	
	PY 2018	35	6.1%
	PY 2019	16	-54.3%
	PY 2020	10	-37.5%
	<b>Total</b>	<b>94</b>	
Epilepsy	PY 2017	53	
	PY 2018	60	13.2%
	PY 2019	48	-20.0%
	PY 2020	35	-27.1%
	<b>Total</b>	<b>196</b>	
HIV and AIDS	PY 2017	12	
	PY 2018	4	-66.7%
	PY 2019	1	-75.0%
	PY 2020	1	0.0%
	<b>Total</b>	<b>18</b>	
Immune Deficiencies Excluding HIV/AIDS	PY 2017	10	
	PY 2018	2	-80.0%
	PY 2019	8	300.0%
	PY 2020	3	-62.5%
	<b>Total</b>	<b>23</b>	

**Table 5.2. Applications by Primary Source of Impairment** (continued)

<b>PRIMARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Mental Illness (not listed elsewhere)	PY 2017	258	N/A
	PY 2018	245	-5.0%
	PY 2019	240	-2.0%
	PY 2020	159	-33.8%
	<b>Total</b>	<b>902</b>	
Intellectual Disability	PY 2017	925	N/A
	PY 2018	864	-6.6%
	PY 2019	761	-11.9%
	PY 2020	790	3.8%
	<b>Total</b>	<b>3340</b>	
Multiple Sclerosis	PY 2017	35	N/A
	PY 2018	23	-34.3%
	PY 2019	26	13.0%
	PY 2020	15	-42.3%
	<b>Total</b>	<b>99</b>	
Muscular Dystrophy	PY 2017	12	N/A
	PY 2018	13	8.3%
	PY 2019	9	-30.8%
	PY 2020	7	-22.2%
	<b>Total</b>	<b>41</b>	
Parkinson's Disease and Other Neurological Disorders	PY 2017	9	N/A
	PY 2018	8	-11.1%
	PY 2019	13	62.5%
	PY 2020	8	-38.5%
	<b>Total</b>	<b>38</b>	
Personality Disorders	PY 2017	48	N/A
	PY 2018	43	-10.4%
	PY 2019	27	-37.2%
	PY 2020	26	-3.7%
	<b>Total</b>	<b>144</b>	
Physical Disorders/Conditions (not listed elsewhere)	PY 2017	361	N/A
	PY 2018	292	-19.1%
	PY 2019	271	-7.2%
	PY 2020	187	-31.0%
	<b>Total</b>	<b>1111</b>	

**Table 5.2. Applications by Primary Source of Impairment** (continued)

PRIMARY DISABILITY SOURCE OF IMPAIRMENT		# of applications	% Change from Prior Year
Polio	PY 2017	7	N/A
	PY 2018	5	-28.6%
	PY 2019	2	-60.0%
	PY 2020	4	100.0%
	<b>Total</b>	<b>18</b>	
Respiratory Disorders Other than Cystic Fibrosis or Asthma	PY 2017	9	N/A
	PY 2018	12	33.3%
	PY 2019	7	-41.7%
	PY 2020	3	-57.1%
	<b>Total</b>	<b>31</b>	
Schizophrenia and Other Psychotic Disorders	PY 2017	411	N/A
	PY 2018	347	-15.6%
	PY 2019	356	2.6%
	PY 2020	220	-38.2%
	<b>Total</b>	<b>1334</b>	
Specific Learning Disabilities	PY 2017	721	N/A
	PY 2018	715	-0.8%
	PY 2019	667	-6.7%
	PY 2020	386	-42.1%
	<b>Total</b>	<b>2489</b>	
Spinal Cord Injury (SCI)	PY 2017	48	N/A
	PY 2018	48	0.0%
	PY 2019	32	-33.3%
	PY 2020	35	9.4%
	<b>Total</b>	<b>163</b>	
Stroke	PY 2017	100	N/A
	PY 2018	85	-15.0%
	PY 2019	50	-41.2%
	PY 2020	26	-48.0%
	<b>Total</b>	<b>261</b>	
Traumatic Brain Injury (TBI)	PY 2017	140	N/A
	PY 2018	148	5.7%
	PY 2019	98	-33.8%
	PY 2020	92	-6.1%
	<b>Total</b>	<b>478</b>	

<b>Table 5.3. Applications by Secondary source of impairment</b>			
<b>SECONDARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Accident/Injury (other than TBI or SCI)	PY 2017	57	N/A
	PY 2018	41	-28.1%
	PY 2019	39	-4.9%
	PY 2020	27	-30.8%
	<b>Total</b>	<b>164</b>	
Alcohol Abuse or Dependence	PY 2017	196	N/A
	PY 2018	197	0.5%
	PY 2019	129	-34.5%
	PY 2020	71	-45.0%
	<b>Total</b>	<b>593</b>	
Amputations	PY 2017	11	N/A
	PY 2018	8	-27.3%
	PY 2019	5	-37.5%
	PY 2020	5	0.0%
	<b>Total</b>	<b>29</b>	
Anxiety Disorders	PY 2017	608	N/A
	PY 2018	546	-10.2%
	PY 2019	554	1.5%
	PY 2020	313	-43.5%
	<b>Total</b>	<b>2021</b>	
Arthritis and Rheumatism	PY 2017	59	N/A
	PY 2018	56	-5.1%
	PY 2019	51	-8.9%
	PY 2020	26	-49.0%
	<b>Total</b>	<b>192</b>	
Asthma and Other Allergies	PY 2017	57	N/A
	PY 2018	26	-54.4%
	PY 2019	33	26.9%
	PY 2020	8	-75.8%
	<b>Total</b>	<b>124</b>	
Attention-Deficit Hyperactivity Disorder (ADHD)	PY 2017	474	N/A
	PY 2018	548	15.6%
	PY 2019	544	-0.7%
	PY 2020	385	-29.2%
	<b>Total</b>	<b>1951</b>	
Autism	PY 2017	113	N/A
	PY 2018	161	42.5%
	PY 2019	144	-10.6%
	PY 2020	115	-20.1%
	<b>Total</b>	<b>533</b>	

**Table 5.3. Applications by Secondary source of impairment** (continued)

<b>SECONDARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Blood Disorders	PY 2017	9	N/A
	PY 2018	6	-33.3%
	PY 2019	14	133.3%
	PY 2020	10	-28.6%
	<b>Total</b>	<b>39</b>	
Cancer	PY 2017	22	N/A
	PY 2018	12	-45.5%
	PY 2019	9	-25.0%
	PY 2020	2	-77.8%
	<b>Total</b>	<b>45</b>	
Cardiac and Other Conditions of the Circulatory System	PY 2017	60	N/A
	PY 2018	56	-6.7%
	PY 2019	37	-33.9%
	PY 2020	27	-27.0%
	<b>Total</b>	<b>180</b>	
Cause Unknown	PY 2017	3435	N/A
	PY 2018	3133	-8.8%
	PY 2019	2778	-11.3%
	PY 2020	1810	-34.8%
	<b>Total</b>	<b>11156</b>	
Cerebral Palsy	PY 2017	42	N/A
	PY 2018	34	-19.0%
	PY 2019	37	8.8%
	PY 2020	24	-35.1%
	<b>Total</b>	<b>137</b>	
Congenital Condition or Birth Injury	PY 2017	98	N/A
	PY 2018	103	5.1%
	PY 2019	104	1.0%
	PY 2020	73	-29.8%
	<b>Total</b>	<b>378</b>	
Depressive and Other Mood Disorders	PY 2017	829	N/A
	PY 2018	741	-10.6%
	PY 2019	671	-9.4%
	PY 2020	386	-42.5%
	<b>Total</b>	<b>2627</b>	
Diabetes Mellitus	PY 2017	128	
	PY 2018	102	N/A
	PY 2019	101	-1.0%
	PY 2020	39	-61.4%
	<b>Total</b>	<b>370</b>	848.7%

**Table 5.3. Applications by Secondary source of impairment** (continued)

<b>SECONDARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Digestive	PY 2017	5	
	PY 2018	12	N/A
	PY 2019	10	-16.7%
	PY 2020	5	-50.0%
	<b>Total</b>	<b>32</b>	
Drug Abuse or Dependence (other than alcohol)	PY 2017	232	N/A
	PY 2018	205	-11.6%
	PY 2019	167	-18.5%
	PY 2020	83	-50.3%
	<b>Total</b>	<b>687</b>	
Eating Disorders (e.g.; anorexia; bulimia; or compulsive overeating)	PY 2017	5	N/A
	PY 2018	4	-20.0%
	PY 2019	2	-50.0%
	PY 2020	4	100.0%
	<b>Total</b>	<b>15</b>	
End-Stage Renal Disease and Other Genitourinary System Disorders	PY 2017	10	-33.3%
	PY 2018	9	-10.0%
	PY 2019	7	
	PY 2020	4	
	<b>Total</b>	<b>30</b>	N/A
Epilepsy	PY 2017	64	113.3%
	PY 2018	56	-12.5%
	PY 2019	56	0.0%
	PY 2020	47	
	<b>Total</b>	<b>223</b>	N/A
HIV and AIDS	PY 2017	4	-98.2%
	PY 2018	10	150.0%
	PY 2019	1	-90.0%
	PY 2020	2	
	<b>Total</b>	<b>17</b>	N/A
Immune Deficiencies Excluding HIV/AIDS	PY 2017	6	-64.7%
	PY 2018	8	33.3%
	PY 2019	5	-37.5%
	PY 2020	1	
	<b>Total</b>	<b>20</b>	

<b>Table 5.3. Applications by Secondary source of impairment (continued)</b>			
<b>SECONDARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Mental Illness (not listed elsewhere)	PY 2017	178	N/A
	PY 2018	144	-19.1%
	PY 2019	137	-4.9%
	PY 2020	91	-33.6%
	<b>Total</b>	<b>550</b>	
Intellectual Disability	PY 2017	243	N/A
	PY 2018	189	-22.2%
	PY 2019	214	13.2%
	PY 2020	148	-30.8%
	<b>Total</b>	<b>794</b>	
Multiple Sclerosis	PY 2017	12	N/A
	PY 2018	6	-50.0%
	PY 2019	2	-66.7%
	PY 2020	3	50.0%
	<b>Total</b>	<b>23</b>	
Muscular Dystrophy	PY 2017	5	N/A
	PY 2018	3	-40.0%
	PY 2019	3	0.0%
	PY 2020	2	-33.3%
	<b>Total</b>	<b>13</b>	
Parkinson's Disease and Other Neurological Disorders	PY 2017	4	N/A
	PY 2018	5	25.0%
	PY 2019	2	-60.0%
	PY 2020	4	100.0%
	<b>Total</b>	<b>15</b>	
Personality Disorders	PY 2017	97	N/A
	PY 2018	67	-30.9%
	PY 2019	60	-10.4%
	PY 2020	31	-48.3%
	<b>Total</b>	<b>255</b>	
Physical Disorders/Conditions (not listed elsewhere)	PY 2017	281	N/A
	PY 2018	221	-21.4%
	PY 2019	217	-1.8%
	PY 2020	118	-45.6%
	<b>Total</b>	<b>837</b>	



<b>Table 5.3. Applications by Secondary source of impairment (continued)</b>			
<b>SECONDARY DISABILITY SOURCE OF IMPAIRMENT</b>		<b># of applications</b>	<b>% Change from Prior Year</b>
Polio	PY 2017	0	N/A
	PY 2018	0	#DIV/0!
	PY 2019	0	#DIV/0!
	PY 2020	0	#DIV/0!
	<b>Total</b>	<b>0</b>	
Respiratory Disorders Other than Cystic Fibrosis or Asthma	PY 2017	19	N/A
	PY 2018	17	-10.5%
	PY 2019	11	-35.3%
	PY 2020	10	-9.1%
	<b>Total</b>	<b>57</b>	
Schizophrenia and Other Psychotic Disorders	PY 2017	59	N/A
	PY 2018	58	-1.7%
	PY 2019	46	-20.7%
	PY 2020	31	-32.6%
	<b>Total</b>	<b>194</b>	
Specific Learning Disabilities	PY 2017	219	N/A
	PY 2018	264	20.5%
	PY 2019	245	-7.2%
	PY 2020	149	-39.2%
	<b>Total</b>	<b>877</b>	
Spinal Cord Injury (SCI)	PY 2017	3	N/A
	PY 2018	3	0.0%
	PY 2019	8	166.7%
	PY 2020	4	-50.0%
	<b>Total</b>	<b>18</b>	
Stroke	PY 2017	27	N/A
	PY 2018	25	-7.4%
	PY 2019	19	-24.0%
	PY 2020	11	-42.1%
	<b>Total</b>	<b>82</b>	
Traumatic Brain Injury (TBI)	PY 2017	37	N/A
	PY 2018	50	35.1%
	PY 2019	38	-24.0%
	PY 2020	27	-28.9%
	<b>Total</b>	<b>152</b>	

<b>Table 5.4. Employment at Exit by Primary Source of Impairment</b>				
		<b>Employed at Exit</b>	<b>Not Employed at Exit</b>	<b>Employment Rate</b>
Accident/Injury (other than TBI or SCI)	PY 2017	58	73	44.3%
	PY 2018	43	55	43.9%
	PY 2019	26	33	44.1%
	PY 2020	21	22	48.8%
	<b>Total</b>	<b>148</b>	<b>183</b>	<b>44.7%</b>
Alcohol Abuse or Dependence	PY 2017	107	93	53.5%
	PY 2018	52	53	49.5%
	PY 2019	53	60	46.9%
	PY 2020	28	41	40.6%
	<b>Total</b>	<b>240</b>	<b>247</b>	<b>49.3%</b>
Amputations	PY 2017	11	12	47.8%
	PY 2018	10	9	52.6%
	PY 2019	4	17	19.0%
	PY 2020	2	9	18.2%
	<b>Total</b>	<b>27</b>	<b>47</b>	<b>36.5%</b>
Anxiety Disorders	PY 2017	104	110	48.6%
	PY 2018	60	86	41.1%
	PY 2019	66	88	42.9%
	PY 2020	41	68	37.6%
	<b>Total</b>	<b>271</b>	<b>352</b>	<b>43.5%</b>
Arthritis and Rheumatism	PY 2017	27	50	35.1%
	PY 2018	26	33	44.1%
	PY 2019	12	27	30.8%
	PY 2020	10	16	38.5%
	<b>Total</b>	<b>75</b>	<b>126</b>	<b>37.3%</b>
Asthma and Other Allergies	PY 2017	7	12	36.8%
	PY 2018	2	5	28.6%
	PY 2019	4	5	44.4%
	PY 2020	2	2	50.0%
	<b>Total</b>	<b>15</b>	<b>24</b>	<b>38.5%</b>
Attention-Deficit Hyperactivity Disorder (ADHD)	PY 2017	268	253	51.4%
	PY 2018	176	221	44.3%
	PY 2019	172	172	50.0%
	PY 2020	98	114	46.2%
	<b>Total</b>	<b>714</b>	<b>760</b>	<b>48.4%</b>
Autism	PY 2017	405	318	56.0%
	PY 2018	348	270	56.3%
	PY 2019	367	317	53.7%
	PY 2020	240	208	53.6%
	<b>Total</b>	<b>1360</b>	<b>1113</b>	<b>55.0%</b>

<b>Table 5.4. Employment at Exit by Primary Source of Impairment (continued)</b>				
		<b>Employed at Exit</b>	<b>Not Employed at Exit</b>	<b>Employment Rate</b>
Blood Disorders	PY 2017	5	6	45.5%
	PY 2018	2	7	22.2%
	PY 2019	1	4	20.0%
	PY 2020	0	3	0.0%
	<b>Total</b>	<b>8</b>	<b>20</b>	<b>28.6%</b>
Cancer	PY 2017	9	8	52.9%
	PY 2018	3	7	30.0%
	PY 2019	2	4	33.3%
	PY 2020	4	4	50.0%
	<b>Total</b>	<b>18</b>	<b>23</b>	<b>43.9%</b>
Cardiac and Other Conditions of the Circulatory System	PY 2017	18	24	42.9%
	PY 2018	11	28	28.2%
	PY 2019	11	8	57.9%
	PY 2020	9	7	56.3%
	<b>Total</b>	<b>49</b>	<b>67</b>	<b>42.2%</b>
Cause Unknown	PY 2017	166	127	56.7%
	PY 2018	94	88	51.6%
	PY 2019	61	92	39.9%
	PY 2020	48	54	47.1%
	<b>Total</b>	<b>369</b>	<b>361</b>	<b>50.5%</b>
Cerebral Palsy	PY 2017	50	60	45.5%
	PY 2018	41	39	51.3%
	PY 2019	33	56	37.1%
	PY 2020	17	17	50.0%
	<b>Total</b>	<b>141</b>	<b>172</b>	<b>45.0%</b>
Congenital Condition or Birth Injury	PY 2017	161	146	52.4%
	PY 2018	133	106	55.6%
	PY 2019	142	125	53.2%
	PY 2020	78	69	53.1%
	<b>Total</b>	<b>514</b>	<b>446</b>	<b>53.5%</b>
Cystic Fibrosis	PY 2017	0	1	0.0%
	PY 2018	0	1	0.0%
	PY 2019	0	1	0.0%
	<b>Total</b>	<b>0</b>	<b>3</b>	<b>0.0%</b>

<b>Table 5.4. Employment at Exit by Primary Source of Impairment</b> (continued)				
		<b>Employed at Exit</b>	<b>Not Employed at Exit</b>	<b>Employment Rate</b>
Depressive and Other Mood Disorders	PY 2017	414	605	40.6%
	PY 2018	294	437	40.2%
	PY 2019	285	395	41.9%
	PY 2020	159	263	37.7%
	<b>Total</b>	<b>1152</b>	<b>1700</b>	<b>40.4%</b>
Diabetes Mellitus	PY 2017	26	29	47.3%
	PY 2018	19	17	52.8%
	PY 2019	6	8	42.9%
	PY 2020	9	16	36.0%
	<b>Total</b>	<b>60</b>	<b>70</b>	<b>46.2%</b>
Digestive	PY 2017	4	5	44.4%
	PY 2018	1	4	20.0%
	PY 2019	1	2	33.3%
	PY 2020	1	1	50.0%
	<b>Total</b>	<b>7</b>	<b>12</b>	<b>36.8%</b>
Drug Abuse or Dependence (other than alcohol)	PY 2017	228	183	55.5%
	PY 2018	91	121	42.9%
	PY 2019	110	108	50.5%
	PY 2020	59	87	40.4%
	<b>Total</b>	<b>488</b>	<b>499</b>	<b>49.4%</b>
Eating Disorders (e.g.; anorexia; bulimia; or compulsive overeating)	PY 2017	1	0	100.0%
	PY 2018	1	1	50.0%
	PY 2019	1	0	100.0%
	PY 2020	1	0	100.0%
	<b>Total</b>	<b>4</b>	<b>1</b>	<b>80.0%</b>
End-Stage Renal Disease and Other Genitourinary System Disorders	PY 2017	11	11	50.0%
	PY 2018	3	16	15.8%
	PY 2019	6	4	60.0%
	PY 2020	1	7	12.5%
	<b>Total</b>	<b>21</b>	<b>38</b>	<b>35.6%</b>
Epilepsy	PY 2017	27	23	54.0%
	PY 2018	30	21	58.8%
	PY 2019	25	27	48.1%
	PY 2020	13	14	48.1%
	<b>Total</b>	<b>95</b>	<b>85</b>	<b>52.8%</b>

<b>Table 5.4. Employment at Exit by Primary Source of Impairment</b> (continued)				
		<b>Employed at Exit</b>	<b>Not Employed at Exit</b>	<b>Employment Rate</b>
HIV and AIDS	PY 2017	3	1	75.0%
	PY 2018	2	4	33.3%
	PY 2019	1	1	50.0%
	PY 2020	1	0	100.0%
	<b>Total</b>	<b>7</b>	<b>6</b>	<b>53.8%</b>
Immune Deficiencies Excluding HIV/AIDS	PY 2017	7	3	70.0%
	PY 2018	2	1	66.7%
	PY 2019	1	2	33.3%
	PY 2020	2	1	66.7%
	<b>Total</b>	<b>12</b>	<b>7</b>	<b>63.2%</b>
Mental Illness (not listed elsewhere)	PY 2017	100	152	39.7%
	PY 2018	62	106	36.9%
	PY 2019	71	111	39.0%
	PY 2020	46	79	36.8%
	<b>Total</b>	<b>279</b>	<b>448</b>	<b>38.4%</b>
Intellectual Disability	PY 2017	580	559	50.9%
	PY 2018	406	434	48.3%
	PY 2019	387	353	52.3%
	PY 2020	191	226	45.8%
	<b>Total</b>	<b>1564</b>	<b>1572</b>	<b>49.9%</b>
Multiple Sclerosis	PY 2017	10	16	38.5%
	PY 2018	9	14	39.1%
	PY 2019	4	12	25.0%
	PY 2020	2	7	22.2%
	<b>Total</b>	<b>25</b>	<b>49</b>	<b>33.8%</b>
Muscular Dystrophy	PY 2017	10	13	43.5%
	PY 2018	6	10	37.5%
	PY 2019	7	5	58.3%
	PY 2020	2	4	33.3%
	<b>Total</b>	<b>25</b>	<b>32</b>	<b>43.9%</b>
Parkinson's Disease and Other Neurological Disorders	PY 2017	8	11	42.1%
	PY 2018	3	0	100.0%
	PY 2019	1	2	33.3%
	PY 2020	4	5	44.4%
	<b>Total</b>	<b>16</b>	<b>18</b>	<b>47.1%</b>

<b>Table 5.4. Employment at Exit by Primary Source of Impairment</b> (continued)				
		<b>Employed at Exit</b>	<b>Not Employed at Exit</b>	<b>Employment Rate</b>
Personality Disorders	PY 2017	16	35	31.4%
	PY 2018	11	18	37.9%
	PY 2019	13	17	43.3%
	PY 2020	5	7	41.7%
	<b>Total</b>	<b>45</b>	<b>77</b>	<b>36.9%</b>
Physical Disorders/Conditions (not listed elsewhere)	PY 2017	165	136	54.8%
	PY 2018	103	115	47.2%
	PY 2019	100	89	52.9%
	PY 2020	65	66	49.6%
	<b>Total</b>	<b>433</b>	<b>406</b>	<b>51.6%</b>
Polio	PY 2017	3	1	75.0%
	PY 2018	3	2	60.0%
	PY 2019	1	1	50.0%
	PY 2020	1	2	33.3%
	<b>Total</b>	<b>8</b>	<b>6</b>	<b>57.1%</b>
Respiratory Disorders Other than Cystic Fibrosis or Asthma	PY 2017	3	7	30.0%
	PY 2018	1	4	20.0%
	PY 2019	1	3	25.0%
	PY 2020	1	4	20.0%
	<b>Total</b>	<b>6</b>	<b>18</b>	<b>25.0%</b>
Schizophrenia and Other Psychotic Disorders	PY 2017	124	249	33.2%
	PY 2018	91	189	32.5%
	PY 2019	95	159	37.4%
	PY 2020	58	118	33.0%
	<b>Total</b>	<b>368</b>	<b>715</b>	<b>34.0%</b>
Specific Learning Disabilities	PY 2017	500	498	50.1%
	PY 2018	329	339	49.3%
	PY 2019	281	255	52.4%
	PY 2020	182	153	54.3%
	<b>Total</b>	<b>1292</b>	<b>1245</b>	<b>50.9%</b>
Spinal Cord Injury (SCI)	PY 2017	26	31	45.6%
	PY 2018	17	28	37.8%
	PY 2019	11	21	34.4%
	PY 2020	9	8	52.9%
	<b>Total</b>	<b>63</b>	<b>88</b>	<b>41.7%</b>

		<b>Employed at Exit</b>	<b>Not Employed at Exit</b>	<b>Employment Rate</b>
Stroke	PY 2017	34	34	50.0%
	PY 2018	23	31	42.6%
	PY 2019	23	28	45.1%
	PY 2020	19	20	48.7%
	<b>Total</b>	<b>99</b>	<b>113</b>	<b>46.7%</b>
Traumatic Brain Injury (TBI)	PY 2017	62	58	51.7%
	PY 2018	50	60	45.5%
	PY 2019	36	50	41.9%
	PY 2020	20	36	35.7%
	<b>Total</b>	<b>168</b>	<b>204</b>	<b>45.2%</b>

	<b>Virginia<sup>3</sup></b>	<b>Kentucky<sup>2</sup></b>	<b>Missouri<sup>1</sup></b>	<b>New Jersey<sup>2</sup></b>	<b>South Carolina<sup>1</sup></b>	<b>Rank</b>
Average hours worked per week	28.11	32.3	29.24	28.48	35.15	5th
Average hourly wage	\$11.35	\$15.05	\$11.91	\$13.61	\$14.37	5th
Average time to determine eligibility	41	33	24	46	30	4th
Average time to start services for eligible individuals	146	114	58	97	32	5th
Average time to exit with employment	825	934	519	751	520	4th
Employment includes medical insurance	1,044	4,645	3,523	2,577	4,557	5th
Employment Rate	46.92%	50.27%	53.58%	49.36%	51.29%	5th
Most significant disability served	21,292	18,097	18,253	19,007	3,525	1 <sup>st</sup>
% of those served with most significant disabilities	92.91%	76.32%	55.83%	85.06%	9.31%	1 <sup>st</sup>
Most significantly disability employed	10,029	8,651	9,403	9,068	1,723	1 <sup>st</sup>
% Most significantly disability employed	47.10%	47.80%	51.51%	47.71%	48.88%	5th
% change in participants (2017-2020)	-17%	-22%	-26%	2%	-27%	2nd
Credential Rate	43.30%	13.20%	24.00%	27.90%	26.40%	1st
Negotiated MSG	46.00%	20.00%	20.00%	32.00%	22.00%	1st
MSG achieved	88.90%	35.60%	77.70%	26.60%	44.70%	1st
Funds expended for Career Services (CS)	\$14,514,152	\$4,993,295	\$38,545,034	\$4,394,820	\$30,271,377	3rd

**Table 5.5. State Vocational Rehabilitation Agency Comparison**

	Virginia <sup>3</sup>	Kentucky <sup>2</sup>	Missouri <sup>1</sup>	New Jersey <sup>2</sup>	South Carolina <sup>1</sup>	Rank
CS cost per participant served	\$906	\$784	\$2,485	\$312	\$1,514	3rd
% of participants that received CS (2020)	100%	51%	91%	85%	99%	1st
Funds expended for Training Services (TS)	\$5,603,517	\$5,283,347	\$12,882,142	\$1,340,094	\$17,801,420	3rd
TS cost per participant served	\$1,525	\$1,653	\$3,041	\$436	\$1,341	3rd
% of participants that received TS	23%	26%	25%	19%	66%	4th

Notes \*Data for PY 2020

1 Has not implemented an Order of Selection

2 Implemented Order of Selection with has not closed multiple categories in last four years

3 Implemented Order of Selection and has closed all categories within the last four years