



A Survey of Individuals with Disabilities, Family Members, and Service Providers in Florida

A Needs Assessment Study
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ACKNOWLEDGMENTS

Our sincere thanks must be given to the numerous individuals who helped us with this project. Without their invaluable assistance, the quality of the research would have been greatly diminished. We would like to especially thank all individuals with disabilities, their family members, and service providers who participated in the survey. Without their contribution, of course, the project could not have been conducted. Special thanks also go to all the individuals who tested our initial survey instruments in Orlando at the Grassroots Disability Conference.

Foremost recognition must also be given to the many members of the Florida Division of Vocational Rehabilitation through the support and leadership of Tamara Allen, Director. We also thank Gail Downing, Acting Bureau Chief, and Michael Moore, Assistant Director. Special thanks is given to Mark Ravenscraft, Project Director, who provided us with valuable expertise and who almost single-handedly managed to coordinate our numerous requests for resources and product reviews.

Our appreciation is extended to Kathy Mitton, Executive Director of United Cerebral Palsy Lifelinks, and Dennis Schelt, formerly Executive Director of the Center for Independent Living of North Florida, for their help in survey development and their general support of the project. Appreciation is also extended to Kelly Kietzke of the Social Security Administration office in Tallahassee for his assistance in helping us obtain Social Security data. In addition, we thank Anneliese Oppenheim of Oppenheim Research for sharing the preliminary results of a study to develop a comprehensive database on individuals with disabilities in Florida.

Last, but definitely not least, we would like to thank our colleagues at the Educational Services Program for their essential help during all phases of the project: Carol Sanfilippo, Alice Fisher, Peggy Armstrong, Edward Casey, and Colin Dwyer in Production; Becky Augustyniak, Amy Finley, and Vionette Sellers of Information Services; and our fellow Assessment and Evaluation staff members Kim White and Keya Razavi. We also owe thanks to Betty Brown of the FSU Academic and Computing Network Services for her help in the sampling process.

EXECUTIVE SUMMARY

Background

This document is the final report for a vocational rehabilitation needs assessment for the State of Florida, as mandated by the 1992 amendments to the Rehabilitation Act of 1973. Data from the 1990 Census indicate that *about 10%* of all working age Americans have a disability that limits their ability to work. Most individuals with disabilities want to work, but they face major “barriers”—such as financial disincentives, lack of choice, and lack of opportunity—in obtaining employment. Several initiatives on the national level, such as health care and Social Security reform, “voucher” plans, and support for disability-related expenses, attempt to address these issues. Nationally, barriers within state vocational rehabilitation and service delivery systems, such as communication and procedural problems, are also being addressed through service providers’ efforts towards role definition and increased collaboration.

Methods

The study consisted of an initial literature review followed by a statewide survey of individuals with disabilities, their family members, and service providers. Individuals were surveyed by using two sampling strategies: (1) distributing surveys to a random sample of disabled parking permit holders from the Florida Department of Motor Vehicles (DMV) database (the most comprehensive database of individuals of all disability types available) and (2) asking service providers to distribute surveys to their clients in order to reach underrepresented disability populations. Family members of individuals in these two samples automatically became the samples for the family member survey. Finally, service provider surveys were distributed to a list of service

providers compiled by our office. Survey data collection and analysis was conducted from October 1998 through January 1999.

Results

Individuals with disabilities in Florida appear to have many of the same characteristics found in national disability-related research. Although most individuals with disabilities involved in this study who feel qualified and able to work are employed (74%) and feel satisfied with their job (83%), many are *underemployed*. About 84% of those working receive an hourly wage, with 82% receiving \$7 an hour or less. More than 40% are working half-time or less, and many are working without benefits such as health insurance. Individuals with disabilities often face difficulties such as employer discrimination or loss of benefits upon accepting employment. There may also be an unmet need for assistive technology and personal assistant services at the workplace. All together, these conditions place many individuals with disabilities in absolute poverty.

Among those who have used services offered by the Division of Vocational Rehabilitation (DVR), almost *three-fourths* (71%) feel that DVR services have helped them find or keep a job, and more than three-fourths (78%) felt that services were received in a timely manner. DVR services identified by individuals as being the most helpful included job placement, job training, support after employment, and counseling. Specific suggestions to improve services included increasing “work-at-home” and other job opportunities, more computer training, more counselor training, and better transportation services. It should be noted, however, that about 42% of individuals in our sample were not aware of the availability of vocational rehabilitation services in Florida.

Most family members (75%) feel that employment is beneficial for their family member with a disability. In helping their family member, however, families need help in dealing with difficulties such as emotional stress and discrimination. Family members also feel a need for better transportation services, adequate health care, and financial support. Many family members are also unaware of the availability of vocational rehabilitation services in Florida. Overall, family members feel that employers and the public should be better educated about individuals with disabilities.

Finally, among service providers whose clients had used DVR services, *almost all* (96%) felt that those services were helpful for their clients. DVR services rated as most helpful by service providers included job search assistance, job training, evaluation, and support after employment. Most service providers felt that some improvements could be made in the delivery of employment-related services for individuals with disabilities in Florida, especially in the following areas: timeliness of services, staff and counselor training, performance-based budgeting and payment systems, services to individuals with severe disabilities, and outreach to individuals who may not know about services.

Our study found that DVR is an essential source of stable support for many Floridians with disabilities, yet it is also an innovator and a leader in diversifying services. In keeping with federal mandates, DVR should focus on furthering client empowerment, collaborative efforts, and outreach to individuals with disabilities who may not be aware of available services. In seeking to improve service delivery, DVR can continue to assist those who might not otherwise receive the help they need.

SECTION ONE: INTRODUCTION

Overview

The 1992 amendments to the federal Rehabilitation Act of 1973 mandate that each state submits a plan for the delivery and coordination of vocational rehabilitation services.

As part of the plan, state vocational rehabilitation agencies are required to conduct a statewide needs assessment every three years to determine the needs of individuals with disabilities, including those with severe disabilities, who want to find or retain competitive, transitional, or supported employment.

In March 1998, the Division of Vocational Rehabilitation (DVR), Florida Department of Labor and Employment Security (DLES), contracted with the Educational Services Program (ESP) of Florida State University (FSU) to perform a comprehensive statewide needs assessment consisting of a preliminary review of literature and analysis of secondary data, followed by statewide surveys of individuals with disabilities, their family members, and service providers (SP). This report, which presents the findings of the statewide survey and concludes the study, is organized in the following manner:

Section One explains the purpose of the study and provides background information; *Section Two* describes the methods used in the second phase of the study; and *Section Three* presents survey findings and interprets them in light of the study's objectives.

Purpose of the Study

What does a vocational rehabilitation “needs assessment” entail? Needs assessments are conducted using a variety of methods and may be done for a variety of reasons. Reviere, Burkowitz, Carter, and Ferguson (1996) gave a broad definition of

needs assessments as “tools . . . designed to identify what a particular group of persons lacks to achieve more satisfactory lives” (p. 1). Another approach to conducting a needs assessment is to use the marketing model, a consumer-oriented method that involves members of the target population in the process of identifying and determining needs (McKillip, 1987). The mission of the Florida DVR is to provide not only employment opportunities but also increased independence for people with disabilities. A needs assessment for a service-providing agency such as DVR, therefore, can elicit consumer input “to assess the extent of service use and the gap between need and use” in order to plan for the future (Revire et al., 1996, p. 2).

The purpose of this study was to identify current population trends and service use related to employment for individuals with disabilities and their families and to identify trends and service needs for future populations. The following objectives guided the study:

1. Identify issues that affect the ability of individuals with disabilities to become employed and/or retain employment.
2. Identify current service needs related to employment for the target population and their families.
3. Identify needs of SP for the target population.
4. Identify future trends for the target population (with a special focus on individuals with severe disabilities) and the types of services they will need in order to obtain gainful employment.

A needs assessment for employment services for individuals with disabilities in Florida also serves a variety of other useful purposes, such as giving individuals with

disabilities greater participation in prioritizing services, helping to facilitate cooperation and collaboration between SP, and developing a plan for the future. A needs assessment can also help to address the need for comprehensive demographic data on individuals with disabilities in Florida.

Background

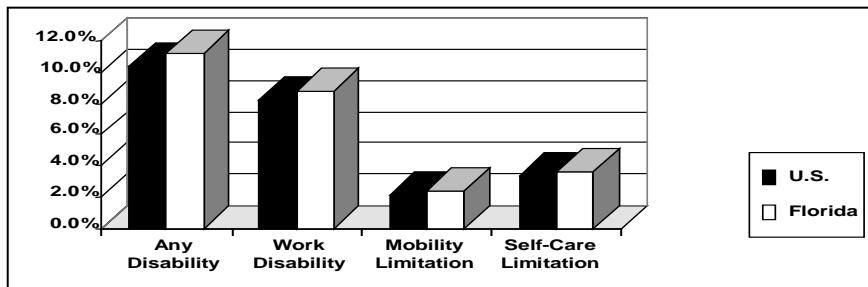
To meet the project objectives, a two-phase study plan was developed. An initial literature review was undertaken to provide general information about individuals with disabilities in Florida. During the first phase of the project, from June through September 1998, a review of all relevant literature and secondary sources was conducted to identify trends among individuals with disabilities and explore the issues that affect the ability of the target population to gain or retain employment. Sources used in this part of the study included state agencies, the Social Security Administration, materials from the U.S. Census Bureau, federal and state disability research and advocacy organizations, and the FSU library. A brief summary of the findings are detailed below. For a copy of the complete report, contact the Florida DVR.

Nationally, the percentage of Americans with disabilities has increased dramatically over the last 25 years. Although much of this increase may be due to new disability definitions and measurements, currently 15–20% of all Americans have a disability, while more than 10% have a work disability that limits the amount or type of work they can do. Since 1983, the number of children participating in special education has increased by 23%, a rate higher than the increase in overall public school enrollment. There has also been a rise in the number of recipients of Social Security disability benefits, with a 50% increase since the 1980s. Moreover, employment rates for

individuals with disabilities are much lower than for persons without disabilities. Almost *three-fourths* of Americans aged 16–64 with a work disability are not employed.

Data from the Florida 1990 Census indicate disability rates slightly higher than the national average, with wide regional variation. In Florida, more than 11% of individuals between the ages of 16 and 64 had either a work disability, mobility limitation, or self-care limitation (as compared to a national rate of 10.4%); Dixie, Liberty, and Jackson Counties had the highest disability rates, averaging 20%. Several primarily rural counties had disability rates of 15% or more. Disability rates in the Florida DVR districts also varied. Districts I, III, and IV had rates above the state average, while all districts except District VI had rates higher than the national average. Figure 1 compares Florida's Census disability rates with national rates.

Figure 1: National and State Disability Rates, 1990



Source: United States Bureau of the Census, 1990

Data from the Social Security Administration show that Florida has also had increases in the number of recipients of Social Security disability benefits, although at a slower rate than the national level. The number of children with disabilities in Florida has increased as well, with approximately 10% of all public school students enrolled in special education. Finally, as with the national average, individuals with disabilities in Florida have much lower rates of employment. Less than half of all individuals with a

disability aged 16–64 are employed or in the labor force, while more than 70% of all individuals with no disability aged 16–64 are employed or in the labor force.

The vast majority of individuals with disabilities who are not employed indicate that they would like to work; however, they face difficult obstacles in finding employment (Stoddard et al., 1998). The National Council on Disability (1997) identified three major barriers to employment for individuals with disabilities: (1) financial disincentives, such as loss of disability benefits or health care access upon accepting employment, (2) lack of choice in selecting rehabilitative services, and (3) lack of employment opportunities. Research suggests that a lack of sufficient information about individuals with disabilities may contribute to employers indirectly discriminating against individuals with disabilities from fear of increased costs, loss of productivity, or loss of business. On the other hand, a survey of Florida businesses indicated that the majority of employers consider employees with disabilities to be dependable and hardworking (Florida Chamber of Commerce, 1995). Current initiatives at the national level addressing such obstacles include reforming health care and Social Security, establishing a “voucher” system for vocational rehabilitation services, and creating tax credit or subsidy plans to reimburse employers and workers for disability-related expenses.

Other barriers exist within state vocational rehabilitation and service delivery systems, including poor communication, procedural problems, lack of a business orientation within and among agencies, “paternalism” of SP, unrealistic consumer expectations, and family interference. Trends among SP in overcoming these types of barriers include changing from being a “provider” to being a “facilitator”; increasing communication and collaboration among SP; fostering the use of family and natural

supports; furthering the use of and access to assistive technology; becoming more responsive to employer needs; and, among governmental SP, establishing or maintaining team efforts and quality management procedures in the workplace.

SECTION TWO: METHODS

To address the objectives for the second phase of the study, it was determined that the following populations should be surveyed: (1) individuals with disabilities (consumers), (2) their family members, and (3) SP. All three populations were mailed questionnaires to complete for the survey.

Sampling

To accurately represent the target populations of individuals with disabilities and their family members, samples were taken from two sources: (1) the list of disabled parking permit holders from the Florida Department of Motor Vehicles (DMV) and (2) individuals served through SP. The DMV population was chosen since it provided the best available data adequate for survey research purposes; it is the only regularly updated statewide database that includes individuals of all ages and disability types. It also allowed us to survey individuals who have never used DVR services as well as those who have.

In order to more accurately represent all working-age individuals with disabilities in Florida, however, we also chose to survey individuals who are clients of SP. Sampling this population allowed us to include underrepresented individuals in our study, such as those with severe disabilities or mental and personality disorders, as well as those who are economically disadvantaged and others who are underserved. Our study, however, did not specifically target individuals who are hearing impaired, as a study that is currently being conducted by the Division of Deaf Services Unit is addressing this population. Similarly, individuals who are blind were excluded from the study since the Division of Blind Services has the responsibility of meeting the needs of this population.

In order to survey the DMV population, a computerized database containing 434,227 records of individuals who held disabled parking permits during 1998 was received from the DMV. Individuals with temporary parking permits were removed from the database to ensure that only individuals with permanent disabilities were included in the study. In addition, individuals under the age of 16 and over the age of 64 were excluded from the database to ensure that the sample population represents the working-age population of individuals with disabilities. Table 1 identifies characteristics of individuals in the DMV population.

Table 1: Characteristics of DMV Sample

DMV SAMPLE (n=2,000)	
Permit Type	Permanent
Age	Ages range from 16 to 64 (with a mean age of 51), of which less than 10% are 35 or younger, 15% are 36–44, and 75% are 45–64
Sex	52.5% are female, 47.5% male
Location	99% are from Florida (4 individuals listed as out-of-state)
Disability	46% have a work limitation 5% have cardiac conditions 4% have lung conditions 1% require oxygen treatments
Assistance	13% require personal assistance 6% use a wheelchair

Using stratified random sampling techniques, 2,000 individuals, based on Florida DVR administrative districts, were drawn from the DMV database. Family members of these individuals automatically became the DMV sample for the Survey of Family Members. Table 2 shows details of the sampling plan.

Table 2: DMV Sampling Plan

District	Number with Disability (DMV)	Proportion by District	Number in Sample	Sampling Fraction
I	29,242	.067	134	1/218
II	21,537	.050	100	1/215
III	80,955	.186	372	1/217
IV	67,977	.157	314	1/216
V	76,099	.175	350	1/217
VI	69,108	.159	318	1/217
VII	35,156	.081	162	1/217
VIII	51,375	.119	238	1/215
Central Office	2,778	.006	12	1/231
Total	434,227	1	2,000	1/217

In order to sample individuals who are clients of SP, a group of 250 known service providing agencies were identified and asked to distribute surveys to eight of their clients, so as to reach a total of 2,000. Family members of individuals who are clients of SP automatically became the SP sample for the Survey of Family Members. A sampling process for the Survey of Service Providers was not conducted; rather, the population of 250 SP was surveyed as a whole.

Survey Instruments

To achieve quality data, a mail-out survey method was used to reach large numbers of individuals within a short time span and with the lowest possible costs. A survey instrument was developed for each of the three target populations: individual, family members, and SP (see Appendices A, B, and C, respectively). Both closed- and open-ended questions were included on each survey, and both quantitative and qualitative analyses were conducted on the collected data. Although all three surveys were designed to be easy to complete, particular attention was paid to the reading level of the individual's survey, so that all respondents could achieve the best possible response rate.

Staff of the DVR served as content experts. Each survey was reviewed for content as well as clarity by representatives from two service providing agencies, who made appropriate recommendations for changes. A field test of the three survey instruments was then conducted in Orlando, Florida, during the *Grassroots Forum on Disabilities Issues* in August 1998. The surveys were revised in light of the field test results, and final versions of the survey instruments were reviewed and approved by the Leadership Council of the DVR. Following is a brief description of each survey instrument.

- *Individual Survey:* In addition to asking for the respondents' demographic information and disability status, the survey asked for information about the respondents' employment status, income, assistance from public or private agencies, quality of that assistance, services they currently use, and services they feel are most important.
- *Survey of Family Members:* This survey asked questions similar to the Individual Survey, but also requested the respondents' opinions concerning (1) difficulties they have faced, (2) the most important needs in helping their family member with a disability find or keep employment, (3) whether their family member can and should work. The questionnaire also asked if family members were familiar with vocational rehabilitation services, which services their family member currently uses (if any), and which services they feel are most important for their family member.
- *Survey of Service Providers:* This survey asked general questions about service providing agencies' funding, budgets, coverage, and client population. Specific questions were asked about their relationship with the DVR and other SP, the

types of collaborative relationships they have (if any), and the types of services their organization offers. They were also asked what they feel are the most important employment-related issues for individuals with disabilities in the next 5 to 10 years. The questionnaire elicited their input on how service delivery for individuals with disabilities in Florida could be improved.

All three survey instruments contained two final open-ended questions that asked for opinions on employment-related programs at the DVR and ways of improving the delivery of services to individuals with disabilities.

Dissemination

To assist survey participants and to make the distribution and analysis processes easier, the three survey instruments were color-coded: green for individuals, blue for family members, and gray for SP. Also, to make the DMV and SP samples distinguishable in the individual and family member surveys, each sample was a different shade of the survey's color, i.e., DMV surveys were lighter in color than SP surveys. The surveys were disseminated as follows: 2,000 individual and 2,000 family member surveys were sent to disabled parking permit holders sampled from the DMV database, 250 SP surveys were sent to SP, and 2,000 individual and 2,000 family member surveys were sent to SP for distribution. A total of 8,250 surveys were disseminated. See Table 3 for a visual breakdown of the survey distribution.

Table 3: Survey Dissemination Plan

	INDIVIDUAL	FAMILY MEMBER	SERVICE PROVIDERS
DMV	2,000 (light green)	2,000 (light blue)	0
Service Providers	8 x 250 (dark green)	8 x 250 (dark blue)	250 (gray)
Total	4,000	4,000	250

Each survey was packaged together with an appropriate cover letter and mailed on October 1 and 2, 1998. Survey recipients were informed in the cover letter that all information would be kept confidential and that no names or other means of identification would be used. Similar notification was included in the instructions on each survey instrument. Additionally, recipients who wished to participate in the study were asked to place completed forms in attached preaddressed, postage-paid envelopes and drop them in the mail.

On October 27, follow-up letters were sent to all survey recipients except those unable to participate in the study. In the follow-up letters, participants were again asked to complete and/or distribute surveys and to return them by November 10, if they had not already done so. The letter also informed participants of a toll-free number that they could call if they needed more materials or if they had any questions or concerns about the project.

Data Analysis

To facilitate the data analysis process, all collected quantitative data were first entered into Statistical Package for Social Science (SPSS) computer files. Three SPSS files were created corresponding with each of the three survey types—individual, family members, and SP. Each returned survey was examined for completion. Responses to

closed-ended items were entered into the appropriate SPSS file. Each SPSS file was double-checked for data entry errors. After all quantitative information had been entered, three separate MS Word files were created for each survey type. Responses to open-ended items on each survey were then entered into the appropriate file.

Descriptive statistical procedures were run for each of the three survey files. In addition, descriptive procedures were run separately for the DMV sample and SP sample in each of the individual and family member files. Finally, qualitative analysis, including coding and categorizing, was conducted on all responses to open-ended items.

SECTION THREE: RESULTS

Response Rates

On October 27, follow-up letters were sent to each member of the DMV sample and to all SP, extending the period to return surveys through December 20. During the first two weeks of December, SP were phoned to determine if they had received, completed, and returned their individual surveys. They were also questioned about the distribution of the individual and family member surveys and were encouraged to complete the task as soon as possible. By the initial deadline of November 10, approximately 10% of the surveys had been returned. In December, almost 200 more surveys were received. A few more surveys were received during the first week of January 1999 and were accepted. One final survey was received on January 20, after completion of all data analysis activities, but it was discarded since it was incomplete.

Of the total 8,250 surveys disseminated, 410 individual and 410 family member surveys from the DMV sample were returned because of incorrect addresses or inapplicability, i.e., the individual did not have a disability, was deceased, or did not want to participate in the survey. Thus, the number of individual surveys that could be returned fell from 2,000 to 1,590 as did the family member surveys. At this point, the total DMV sample of 4,000 dropped to 3,180 possible samples that could be returned.

In addition, several SP mailings were returned undelivered, and many agencies notified us that they do not provide direct service and could therefore not complete the surveys. Thus, the number of SP surveys that could be returned fell to 170. In turn, this affected the number of individual and family member surveys that were sent to SP for distribution to their clients. The 170 SP received 8 individual surveys and 8 family

member surveys; therefore, the total that could be received from SP was 1,360 individual surveys and 1,360 family surveys.

As a result, the total number of surveys that could be returned was 6,070: 2,950 individual surveys (1,590 to individuals from the DMV list and 1,360 individual surveys distributed by SP), 2,950 surveys of family members (1,590 to family members from the DMV list and 1,360 surveys of family members distributed by SP), and 170 surveys of SP.

Of the total 6,070 possible returns, 987 were returned: 516 individual surveys, 382 family member surveys, and 89 SP surveys. The overall response rate for the surveys was 16.3%. Response rates for each survey are as follows: Individual Survey, 17.5%; Survey of Family Members, 12.9%; and Survey of Service Providers, 52.4%. See Table 4 for an overview of the distribution process and response rates.

Table 4: Survey Responses

Population	Sample	Total Possible Returns		Number of Returns Received		Response Rates	
		By sample	Overall	By sample	Overall	By sample	Overall
Individuals with disabilities (DMV)	2,000	1,590	2,950	216	516	13.6%	17.5%
Individuals with disabilities (distributed by SP)	2,000	1,360		300		22.1%	
Family members (DMV)	2,000	1,590	2,950	171	382	10.8%	12.9%
Family members (distributed by SP)	2,000	1,360		211		15.5%	
SP	250		170		89		52.4%
Total	8,250		6,070		987		16.3%

The response rates attained in the surveys are comparable to those obtained in other recent state disability needs assessments that looked at similar populations. For example, a recent study of individuals with disabilities in West Virginia obtained an

overall rate of 17%, with approximate rates of 16.2% and 30.9% for consumers and SP, respectively, and a disability needs assessment in Louisiana received responses from 29% of participants in the mail survey portion of a consumer study (although it used a sample of vocational rehabilitation clients), and 46% response rate for its survey of SP.

Findings

In this section, the findings by each survey are reported. Please note that in most cases percentages have been rounded. Comparisons between samples from the DMV and individuals surveyed through SP are reported only when notable differences were found. It should also be noted that some items on the survey instruments required multiple responses; as such, the data reported may exceed the number of respondents.

Individuals

A total of 516 individual surveys were received, out of 2,950 total possible returns. Three questionnaires were incompletely filled out and were discarded, reducing the total completed surveys to 513. The majority of respondents (59%) indicated that they did not need assistance in completing the questionnaire. Of those who did need assistance, 51% were aided by a family member and 49% by a nonfamily member.

Sample planning was designed to insure representation from all Florida DVR districts and not individual counties. However, all counties in Florida were represented in the responses except Baker, Calhoun, DeSoto, Gulf, Hendry, Jefferson, Lafayette, Union, Wakulla, and Washington. Table 5 provides a list of all counties under each DVR district and the percentage of responses for each.

Table 5: Individual Survey Respondents' Geographic Distribution by Florida DVR District and County

<u>DVR District I</u>		<u>DVR District II</u>		<u>DVR District III</u>		<u>DVR District IV</u>		<u>DVR District V</u>		<u>DVR District VI</u>		<u>DVR District VII</u>		<u>DVR District VIII</u>		
Bay	1.0	Alachua	2.0	Baker	--	Hillsborough	4.8	Brevard	3.4	Broward	8.7	Charlotte	0.2	Dade	9.3	
Calhoun	--	Bradford	0.4	Citrus	0.8	Pasco	2.6	DeSoto	--	Indian River	0.4	Collier	0.2	Monroe	2.0	
Escambia	1.6	Columbia	0.8	Clay	0.6	Pinellas	4.6	Hardee	0.2	Martin	0.2	Glades	0.2			
Franklin	0.2	Dixie	0.2	Duval	6.5			Highlands	0.6	Palm Beach	8.1	Hendry	--			
Gulf	--	Gadsden	0.6	Flagler	--			Okeechobee	0.2	St. Lucie	2.6	Lee	4.4			
Holmes	0.2	Gilchrist	0.2	Hernando	0.4			Orange	4.6			Manatee	0.4			
Jackson	0.6	Hamilton	0.2	Lake	0.2			Osceola	1.0			Sarasota	3.2			
Liberty	0.2	Jefferson	--	Levy	0.4			Polk	2.0							
Okaloosa	1.6	Lafayette	--	Marion	1.0			Seminole	1.8							
Santa Rosa	1.4	Leon	3.6	Nassau	0.8											
Walton	0.8	Madison	--	Putnam	2.4											
Washington	--	Suwannee	0.2	St. Johns	1.8											
		Taylor	0.8	Sumter	0.4											
		Union	--	Volusia	2.4											
		Wakulla	--													
Total*	8		9		18			12		14		20		8		11

*Total=100

Demographics

Almost half of the respondents (45%) were between the ages of 35 and 54 years old. Thirty-one percent and 20% were between the ages of 16 and 34 and 55 and 64, respectively. Only 17 individuals (4%) were either under 16 or over 65. More than half of the respondents (53%) were female, and most respondents (72%) were white, with 28% being minorities. More than half of the respondents (54%) indicated that they had at least a high school degree, GED, or diploma from a vocational school, while approximately one-fourth had a two-year or four-year college degree. Table 6 provides detailed demographic information about respondents to the Individual Survey.

Table 6: Demographic Characteristics of Respondents to the Individual Survey

	Frequency	Percent
Gender (509 valid cases)		
female	269	53
male	240	47
Age (507 valid cases)		
under 16	4	1
16–34	159	31
35–54	228	45
55–64	103	20
65 or over	13	3
Race (508 valid cases)		
white, non-Hispanic	364	71
black, non-Hispanic	82	16
Hispanic	40	8
Native American	10	2
Asian/Pacific Islander	3	1
other	9	2
Education: Last grade completed (499 valid cases)		
advanced degree	28	6
four-year (college) degree	46	9
two-year (associate) degree	72	14
vocational school	47	10
high school/GED	221	44
11 th grade or below	85	17

A comparison of responses from the DMV sample with those from the SP indicated some differences between the two groups. First, the response rate for the SP

sample was 8.5% higher than the DMV sample. Second, although there were no major differences in race, there were twice as many individuals in the DMV sample with a two-year, four-year or advanced college degree than in the SP sample. The most striking differences, however, appeared in the comparisons of gender and age. There were 16% more female respondents in the DMV sample (62% female) than in the SP sample (46% female), and respondents from the DMV sample tended to be older. The following table illustrates age differences between the two groups.

Table 7: Age Differences between Samples in the Individual Survey

Age Group	DMV Sample	Service Providers Sample	Combined Percentage
under 16		2%	1%
16–34	7%	49%	31%
35–54	47%	43%	45%
55–64	42%	5%	20%
65 or over	4%	1%	3%

Individual Survey participants were asked to indicate what types of disabling conditions they have. The five conditions reported most often were arthritis, mental and/or personality disorders, back injuries, learning disabilities, and mental retardation. It should be noted that respondents were asked to check all types of disabilities or chronic health problems pertaining to them, which might explain the high prevalence of arthritis. Although 11% of the respondents checked the “other” category, an analysis of the data did not indicate any new categories. All “other” responses could be incorporated into the existing categories in the questionnaire.

A comparison of responses from individuals from the DMV sample with those of the SP sample indicated major differences between the reported types of disabilities. The five most prevalent disabilities reported by the DMV sample were arthritis, back injuries,

heart disease, respiratory conditions, and digestive system disorders. The five most prevalent disabilities reported by the sample from the SP, however, were mental and/or personality disorders, learning disabilities, mental retardation, epilepsy, and visual impairments. The following table illustrates these differences.

Table 8: Disability Status of Individuals

Disability (506 valid cases)	Overall		DMV Sample		Service Providers Sample	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
alcohol-related substance abuse	13	1	3	less than 1	10	2
arthritis	145	11	119	18	26	4
back injury	96	8	70	10	26	4
cancer	17	1	14	2	3	less than 1
cardiovascular and/or circulatory disease (heart disease)	56	4	45	7	11	2
cerebral palsy	33	3	8	1	25	4
deafness or hearing loss	43	3	22	3	21	4
diabetes	49	4	36	5	13	2
digestive system disorders	54	4	39	6	15	3
drug-related substance abuse	9	1	4	1	5	1
epilepsy	52	4	5	1	47	8
HIV/AIDS	6	1	3	less than 1	3	less than 1
kidney problems	21	2	17	3	4	less than 1
learning disabilities	96	8	14	2	82	14
loss of limbs	6	less than 1	5	1	1	less than 1
mental and/or personality disorders	103	8	18	3	85	14
mental retardation	84	7	7	1	77	13
multiple sclerosis	16	1	14	2	2	less than 1
muscular dystrophy	5	less than 1	5	1	0	0
polio or post-polio	8	1	6	1	2	less than 1
respiratory conditions (asthma, emphysema)	61	5	40	6	21	4
speech problem	40	3	15	2	25	4
spinal injury	45	4	32	5	13	2
traumatic brain injury	22	2	12	2	10	2
visual impairments	55	4	27	4	28	5
other conditions*	141	11	90	13	51	8
TOTAL	1276	100	670	100	606	100

* an analysis of data indicated no new categories

The next three items asked participants to indicate if they used or needed assistive devices for mobility purposes, if they used or needed help in performing self-care

activities (basic daily activities such as bathing, eating, or dressing), and if they required structural modifications to their surroundings at their home or work site. Almost half of the respondents said that they do not need assistive devices for mobility purposes. Of those needing assistive devices, 17% use a cane or a crutch, 12% use either a manual or a power wheelchair, and 7% use walkers. Other assistive devices cited included oxygen strollers and hearing devices.

The four self-care activities that received the highest degree of need were housekeeping, food preparation, bathing, and dressing. The individuals had a choice of marking one of three categories (always, sometimes, never) for each of the selected self-care activities. One hundred and three respondents indicated that they “always” required assistance with housekeeping, 77 with food preparation, and 44 with bathing. Many individuals said that they “sometimes” needed assistance with food preparation ($n=146$), housekeeping ($n=134$), and dressing ($n=71$). An analysis of open-ended responses to the self-care question showed that many respondents also needed help with money management ($n=4$), shopping for food or clothing ($n=8$), and driving/transportation ($n=15$). Although one of the categories to the self-care question was “transferring,” referring to transportation assistance, some respondents may have interpreted this activity differently.

Forty-nine percent of respondents said that they do not require any structural modifications at their home, while 72% said that they do not need structural modifications at work. Of those who do require modifications at home, 12% require bathroom modifications and 13% require handrails or grab bars. At work 7% require bathroom modifications and 5% require handrails or grab bars. All other categories

received 6% or less of responses. Of those who need other structural modifications, two indicated that they need modified stairs and three said that they require modifications to doors or doorknobs. For more information on self-care needs or structural modification requirements, see Table 9.

Table 9: Self-Care Needs and Structural Modification Needs among Individuals

Self-care activities (n=516)	Always		Sometimes	
	Frequency	Percent	Frequency	Percent
bathing	44	9	52	10
dressing	43	8	71	14
eating	18	4	25	5
food preparation	77	15	146	28
housekeeping	103	20	134	26
toileting	36	7	27	5
transferring	41	8	47	9
other	34	7	18	4
Structural modifications	At home		At work site	
	Frequency	Percent	Frequency	Percent
bathroom modifications	83	12	27	7
bedroom modifications	30	4	N/A	
handrails and/or grab bars	87	13	19	5
kitchen modifications	25	4	N/A	
lift	20	3	3	less than 1
ramps	40	6	14	4
widened doors	40	6	16	4
customized desk	N/A		14	4
special equipment/devices	N/A		9	2
other	21	3	8	2
not needed	332	49	282	72
Total	678	100	392	100

Great differences were shown between the DMV and SP samples relating to assistive devices and structural modifications at home and work. While only 20% of the DMV respondents reported that they do not need assistive devices, 68% of the SP sample reported the same. Similarly, the need for modifications at home and work was reported at a much higher rate among the DMV respondents than those of the SP sample.

Employment

Analysis of the data related to employment indicated that more than two-thirds (68%) of the respondents felt that they were qualified and able to work at the present time. Of those qualified and able to work, three-fourths reported that they are employed or have been employed recently. Over half (53%) of those who were able to work but not employed indicated that they were not looking for work.

A list of barriers to employment was supplied so that respondents not looking for work or unable to work could select the barrier that corresponds with their inability to work. Over 20% of the respondents reported a physical condition related to an individual disability (not being able to sit, stand, or walk for prolonged periods, chronic pain, and constant fatigue) as their major barrier to employment. The inability to work regular hours and the need for additional skills, training, or education were reported as barriers to employment by 15% and 12%, respectively.

Approximately 41% of those who are working have been at their current job for less than a year, 23% from 1 to 2 years, 13% from 3 to 4 years, and 23% for more than 4 years. Forty-two percent worked 20 hours or less a week, while 58% worked from 21 to 40 hours or more a week.

Of those working, 84% received an hourly wage and 16% were salaried employees. Eighteen percent received an hourly wage of less than \$5.15 an hour, 64% received from \$5.16 to \$7.00 an hour, and 18% received from \$7.01 to \$15 or more an hour. The minimum and maximum salaries reported by respondents on salary were respectively \$2,080 and \$78,000 per year.

Respondents represented a variety of occupations. Forty-four percent were employed in service-oriented occupations (food services, health, janitorial), 18% worked at office/clerical positions, 13% were in sales (retail and personal services), 12% occupied professional/managerial/technical positions, and 9% were laborers. Eighty-three percent of working individuals said that they were satisfied with their occupation. Of those who were not satisfied, most said that either the job was not challenging or that they did not receive enough pay for their work. The following is an example of the remarks received: "I need a full-time job to support my needs. I make less than \$12,000 per year. In a vocational book on disabilities a Quad. [quadriplegic] needed \$17,500 to make it in 1975. It is now 1998. I need a minimum of \$35,000 per year to live."

When asked what other occupations they would be interested in, 23% selected office/clerical positions; 13% were interested in self-employment, service, or professional/managerial/technical positions; 10% selected sales; and 8% were interested in being laborers. Other listed occupations of interest included working with individuals with disabilities and counseling.

Finally, about 50% of those working reported that health insurance was available through their employer. Of that 50%, 57% were insured through their employers. For those who were working and not participating in health insurance through their employer, reasons cited were ineligibility (53%), cost (33%), and condition(s) not covered by benefits (14%).

The following nonemployment sources of support were reported most often by the respondents: Social Security Disability Insurance—SSDI (21%), Medicaid (20%), Supplemental Security Income—SSI (18%), and Medicare (14%). In addition to listed

categories, other sources of support mentioned were spouse/family support and investments. When asked about their total income (from all sources) for one year, approximately 80% reported their income as \$19,999 or less.

The differences proved great between the two sample groups on the question of employment. When asked if they felt qualified and able to work, more than twice as many respondents from the SP sample answered yes. About 15% more respondents from the SP sample reported that they are or have recently been employed. Of those respondents who are unemployed but able to work, 70% from the SP sample indicated that they are looking for work, as compared to only 20% of respondents from the DMV sample.

Most individuals from the DMV sample who are working have been at their current job for more than 3 years (60%) while 74% worked more than 30 hours a week; yet 72% of those from the SP sample who are working have been at their current job for less than 2 years and approximately half work less than 20 hours a week.

The most frequent occupations listed by the DMV sample were office/clerical and professional/managerial/technical, while more than half of the SP sample listed service professions (food, health, janitorial). Further analysis of SP sample responses to questions dealing with current jobs versus preferred occupations revealed that of those individuals not satisfied with their current occupations, most had been placed in service professions and were interested in occupations such as office/clerical.

Sixty-five percent of DMV sample members and 90% of SP sample members were paid an hourly wage, with almost all (92%) SP sample members receiving less than \$7.00 an hour and 21% receiving less than minimum wage. Only 30% of DMV sample

members were paid less than \$7.00 an hour. Many working DMV sample members also had health insurance available through their employer (77%) and most (78%) participated in it. Less than half (46%) of working SP sample members received health insurance or had it available (42%) through their employer.

Finally, there was a large discrepancy in income between the two groups. Only 40% of DMV sample members reported incomes of less than \$10,000 from all sources, while 70% of SP sample members reported a total income of less than \$10,000. Of those receiving nonemployment sources of income, most DMV sample members listed SSDI while most SP sample members listed Medicaid.

Vocational Rehabilitation Services

A little more than half (58%) of all respondents were familiar with services offered by DVR. Overall, 57% said that they had received employment-related assistance from DVR, 34% from other SP, and only 9% from the Department of Labor and Employment Security, Jobs and Benefits. The DVR services used most often were job placement (19%), job training (17%), counseling (16%), evaluation (15%), and support services after employment (12%). Several individuals ($n=11$) also indicated in their open-ended responses that DVR had paid the cost for employment-related needs such as clothing (for job interviews), medical and psychological services, and education.

The majority of respondents (71%) who have used DVR services found the assistance helpful in finding and keeping a job. DVR services rated most helpful were job placement (22%), job training (21%), support after employment (14%), and counseling (12%). In addition, over three-fourths of respondents found the services by DVR were offered in a timely fashion. The respondents who did not find services offered

by DVR helpful were given the opportunity to explain why. Out of 44 individuals who responded to this question, 3 respondents actually wrote positive statements about DVR services. The major complaint of the 41 remaining respondents was related to counseling services. Most ($n=12$) felt that there was a high rate of counselor turnover and that the counselors were too busy: "I went through counselors. One died and the others quit or moved on." "Counselor was never available; calls were not returned." Other major complaints were related to inadequacy of training provided (4), lack of follow-up after evaluation (4), and limited job choices (3). The remaining comments were not about services offered by DVR.

A comparison of the two groups revealed that a greater number of respondents (over 70%) from the SP sample were familiar with the services offered by DVR and found the services to have been helpful in finding and keeping a job. In addition, 80% of the respondents from the SP sample found that DVR services were offered in a timely fashion. Approximately one-fourth of the DMV sample were familiar with DVR services and only one-third found the services helpful in finding/keeping a job or services offered in a timely fashion.

Over half of the respondents (57%) who have received assistance from DVR indicated that they were not informed by DVR staff or their counselor about the Client Assistance Program (CAP), and 79% indicated that they have never used the CAP in Florida. A majority of respondents (68%) who have used CAP found the programs helpful. Also, most respondents (59%) did not have a center for independent living (CIL) near their home, and of those who did, most (66%) had not used any services provided by it. An even greater majority (84%) were not familiar with the Plan for Achieving Self-

Support (PASS) sponsored by the Social Security Administration, and only 4% of respondents had ever used the PASS.

Individual Survey participants were asked to select from a list which DVR services, if any, they had used and which services they felt were most important. Most respondents had used job-related services such as “assistance from a job coach after getting a job” (10%), “help in preparing a resume or filling out a job application form” (9%), “training in work habits, appropriate clothing, people skills, etc.” (8%), “help in learning the skills for a new job” (8%), and “assistance in selecting an occupation you would enjoy” (8%). Respondents thought that the most important services were “help in learning the skills for a new job” (10%), “assistance from a ‘job coach’ after getting a job” (9%), “assistance in selecting an occupation you would enjoy” (8%), “referral to job opening” (7%), and “skills training or education” (6%). A total of eight individuals (open-ended responses) listed the purchase of scooters and computers as the most important services provided by DVR.

Overall, DMV and SP sample responses concerning the CAP, CILs, and PASS were similar. About half of the SP sample said that DVR did not inform them about CAP, while over three-fourths of the DMV sample were informed. The majority of those who had used the CAP, however, were from the SP sample. Of the four individuals from the DMV sample who had used the CAP, only one felt that it was useful, while more than 70% of SP sample members felt it useful.

Almost half (45%) of SP sample members had a CIL near their home and had used services, while only a third of DMV sample members had a CIL near their home and only 12% had used its services. Similarly, almost a fourth of SP sample members (24%)

were familiar with the PASS, while only 5% of DMV sample members were. However, less than 5% of all respondents from both groups had used the PASS.

Some variation between samples appeared in responses regarding service use. While mostly job-related services were used in both groups, 15% of DMV sample members had received “treatment in correcting or improving a medical condition,” and 8% had used “skills training or education.” Seven percent also used “other tools or equipment you need for a job.” The services used most among individuals in the SP sample paralleled those at the overall level. About 8% of SP sample respondents also used job counseling services.

While the top five most important services were similar for both groups, about 8% of DMV sample respondents felt “treatment in correcting or improving a medical condition” was important and about 6% of SP sample respondents felt “job site support services” was important. See Table 10 for responses relating to consumer service use.

Table 10: Services Used by Consumers

Service	Used?		Important?	
	Frequency	Percent	Frequency	Percent
Equipment and modification services				
adaptive or assistive devices	18	1	56	3
equipment that would allow you to telecommute for a job	14	1	50	3
a modified work site	13	1	47	3
personal assistant	31	2	94	5
other tools or equipment that you need for a job	18	1	24	1
Job-related services				
assistance from a “job coach” after getting a job	135	10	155	9
assistance in selecting an occupation you would enjoy	99	8	134	8
career development services	40	3	76	4
help in learning the skills for a new job	106	8	185	10
help in preparing a resume or filling out a job application form	116	9	84	5
interviewing skills (how to handle yourself in an interview)	88	7	70	4
job counseling	92	7	93	5
job listings	61	5	71	4
job site support services	74	6	94	5
referral to job openings	82	6	119	7
training in work habits, appropriate clothing, people skills, etc.	108	8	81	5
Other services				
help in setting up your own business or self-employment	16	1	60	3
skills in training or education	55	4	107	6
transition (School-to-Work) services	22	2	25	1
treatment in correcting or improving a medical condition	46	4	74	4
work-related transportation services	57	4	74	4
other vocational rehabilitation services	27	2	17	1

Open-ended questions regarding employment-related programs and services at the DVR and specific suggestions for improving services to individuals with disabilities yielded a variety of responses. Ninety-eight respondents wrote comments regarding employment-related programs. Fifteen of the comments were not related to services offered by the DVR, but related to personal stories of hardship and pain. Less than one-third of the respondents (20) indicated that they were not familiar with services offered by

DVR. One-third (28) of the remaining comments concerning DVR services were very complimentary. Following are samples of some of these comments.

- “All the years I have worked with [D]VR I have found all employees kind, courteous, and extremely helpful. Without this program I could have not attended college and gotten my Medical Office Assistant Certificate. Keep up the good work.”
- “satisfied with Voc Rehab services; counselor has been there for me when I needed her; professionals and people-oriented workers”
- “I have a nice job coach.”
- “helping me on my current job and guiding me for a better future for employment and living situations”
- “Supportive job employment has been very good for me.”
- “Thankful for my tutoring, GED, and financial support in the way of college tuition, books, and supplies.”
- “They have helped me out a lot and I would tell others about Vocational Rehab.”

Seventeen individuals wrote comments critical of the employment-related services at DVR. Some of the comments (4) were directed at individual counselors such as

- “When I went there the counselor was abrupt and rude. She said she couldn’t help me because of my college education and that I was an RN. I asked about securing a scooter for me—but she said she could not help me obtain one.”
- “My counselor is not much help. I went to her to see about getting into PC animation but she gave me PC operation. I did not want that so I spoke with my

step sister and she got me a job as a security guard which I am holding and maintaining very well.”

A few respondents (8) indicated that employment-related services offered by DVR were not providing individuals with disabilities employment opportunities that matched their interest. In addition, training and job referral was too limited. The following are samples of such comments.

- “I would like to see more attention paid to what the client wishes to do as employment rather than what the counselor decides or what an aptitude test says your (sic) best at. This is your job, so you must be happy at what you choose to do as a profession.”
- “I feel that I could have had more help in searching for a job.”
- “The workshop doesn’t challenge the clients.”
- “All of the employment-related programs and services at [D]VR are very minimal.”

Five respondents indicated that DVR did not assist them with the purchase of computers or equipment that would have enabled them to work at home. One respondent reported that “the system was very discriminative to single parents. I was homeless while going through training. I sent my daughter to Texas so she could have stability.” The remaining comments basically were requests by individuals to increase funding and staff for DVR “expansion of facilities and activities for disabled persons,” design of programs “geared to helping developmentally challenged individuals,” and encouraging “businesses and corporations in hiring disabled to work from home.” Similar types of requests were

listed by respondents when asked for specific suggestions to improve services to persons with disabilities. The following is a list of suggestions offered.

- more opportunities to work at home (3)
- assistance with transportation (7)
- more computer training (3)
- more help with education (3)
- more employment choices (2)
- more counselor training (6)

The responses of males vs. females and white vs. minorities were compared regarding ability to work, employment status, job type, rate of pay, and total income. Comparison of data between male and female respondents failed to show any great difference regarding employment status, rate of pay, and income. While the majority of the respondents worked in the service industry, the percentage of male respondents in the service industry was higher (10%) than female respondents. The percentage of male respondents who worked as laborers was also higher (9%). However, the percentage of female respondents who worked in office/clerical positions was higher (22%).

The comparison of data on these same questions broken down by race indicated that the percentage of minority respondents who held professional/managerial and office/clerical positions were each smaller by 5% than those of white respondents. However, minority respondents working in service industry had a higher percentage than those of white respondents. Subsequently, this difference manifested itself in income data. The percentage of minority respondents whose total income was under \$10,000 was higher (13%) than those of white respondents.

Family Members

Out of 2,950 total possible returns for the family member survey, 382 were returned. Of these, 366 were completed. As with the Individual Survey, the surveys distributed by SP had a higher response rate than the DMV sample. The majority of the respondents were female (70%), almost 43% were between the ages of 35 and 54, 27% were between the ages of 55 and 64, and 72% were white. About 50% of the respondents indicated that they had received a high school diploma, GED, or vocational school diploma, while only 25% had received either a two-year or four-year college degree. More than 60% responded that they are married, and about 58% responded that they have an annual household income of \$20,000 or greater. Finally, almost 87% said that they have between 2 and 4 people living in their household. Seventy-seven percent reported that their family member with a disability lives with them; of that 77%, 18% reported that there is more than one person with a disability in their household. See Table 11 for detailed information on characteristics of respondents.

Table 11: Characteristics of Respondents to the Survey of Family Members

	Frequency	Percent
Gender		
female	254	70
male	109	30
Total	363	100
Age		
under 16	2	1
16–34	38	10
35–54	157	43
55–64	98	27
65 or over	71	19
Total	366	100
Race		
white, non-Hispanic	261	73
black, non-Hispanic	61	17
Hispanic	23	6
Asian/Pacific Islander	4	1
Native American	5	1
other	7	2
Total	361	100
Education: Last grade completed		
advanced degree	33	9
four-year (college) degree	39	11
two-year (associate) degree	50	14
vocational school	33	9
high school/GED	149	41
11 th grade or below	56	16
Total	360	100
Marital status		
single	52	14
married	221	62
separated	3	1
divorced	47	13
widowed	36	10
Total	359	100
Annual household income		
\$40,000 or more	87	25
\$30,000–\$39,000	53	15
\$20,000–\$29,000	62	18
\$10,000–\$19,000	79	23
under \$10,000	67	19
Total	348	100
Number of individuals in household		
less than 2	23	6
2–4	311	87
5–8	24	7
more than 8	1	less than 1
Total	359	100
Does your family member with a disability live with you?		
yes	278	77
no	84	23
Total	362	100
If yes, is there more than 1 person in your household with a disability?		
yes	56	18
no	256	82
Total	312	100

Employment of Family Member with a Disability

Participants were next asked a series of questions related to employment of their family member with a disability (hereafter referred to as family member). When asked if they felt their family member is qualified and able to work now, almost 59% responded yes, and of these, 61% reported that their family member is or has recently been employed. Among respondents whose family member was not able to work or not working, 22% indicated that their family member was prevented from working due to his or her condition. Fifteen percent reported that their family member cannot work regular hours; 15% reported that their family member needs additional skills, training, or education; and 13% felt that there were other obstacles preventing their family member from working. Conditions preventing employment for family members included problems associated with the disability (such as chronic pain and fatigue and difficulty in walking, sitting, or standing for long periods). Other reasons for not working included transportation problems and difficulty with employers. In addition, several respondents were retired and not working.

The next two items in the survey elicited information about problems and needs that families face helping their family member to find or keep a job. Participants were asked to indicate the biggest problems they have encountered in this area. Eighteen percent of the respondents checked “emotional and other stress,” more than 12% selected “transportation problems,” 9% selected “discrimination,” and 9% selected “other problems.” When asked to indicate the most important needs for their family in helping their family member to find or keep a job, 15% selected “transportation services,” 14%

chose “adequate health care,” and 12% checked “financial support.” See Table 12 for a breakdown of responses.

Table 12: Family Member’s Employment-Related Problems and Needs

	Frequency	Percent
BIGGEST PROBLEMS ENCOUNTERED IN HELPING FAMILY MEMBER FIND OR KEEP A JOB		
difficulties in obtaining adequate health care	61	8
difficulties in obtaining disability insurance or benefits	43	6
discrimination	68	9
emergencies and safety needs	30	4
emotional and other stress	131	18
job-related concerns for family member with disability (job security, work environment)	63	8
lack of adequate financial support	52	7
lack of information about disabilities and resources	46	6
lack of other support services	41	6
legal concerns (ADA-related)	10	1
problems in providing for personal care needs	45	6
transportation problems	93	12
other problems	64	9
Total	747	100
MOST IMPORTANT NEEDS FOR FAMILY IN HELPING FAMILY MEMBER FIND OR KEEP A JOB		
access to information about disabilities and resources	77	11
adequate disability insurance or benefits	75	10
adequate health care	95	14
advocacy	53	8
counseling on issues relating to disability (legal, safety, work-related, support, access)	80	11
family involvement in rehabilitation planning	33	5
family or marital counseling	11	2
financial support	87	12
personal care needs	49	7
transportation services	105	15
other needs	36	5
Total	701	100

About 9% of the respondents said that they had encountered “other problems” in helping their family member find or keep a job. Many of these responses related to their family member’s condition and the difficulties associated with dealing with physical problems or their disability while at work. One respondent said, “Who wants to hire someone part time otherwise when 3 full work days each week are utilized for dialysis treatment?”

Other respondents pointed to the need for additional supervision for some family members in dealing with on-the-job problems such as “poor social skills,” “inability to cope with a certain amount of stress,” and simply “overcoming negative self-image, self-esteem, working with others in a healthy relationship, emotional difficulties with past failures and loosing [sic] jobs.” Finally, some respondents felt that employers should do more for employees with disabilities. One comment was that “Employers are not educated on disabilities and how to deal with disabled clients. Also some don’t understand laws concerning employment of disabled persons.”

When asked to indicate the most important needs for helping their family member find or keep a job, about 5% of the respondents selected “other needs.” For the most part, these needs reflected many of the previously mentioned concerns as well as on-the-job issues. Several respondents described difficulties in gaining on-the-job support and acceptance for their family member:

- “Help with coworkers and supervisors understanding the needs of my daughter and her disability. They don’t have compassion or care that she is a little slower. No patience on their part.”
- “Helping her find a job where she is accepted as one of them.”
- “Him feeling good about himself and his accomplishments. Acceptance by others.”

Other needs mentioned were disability awareness education for employers and the general public and on-the-job training, coaching, and guidance/supervision.

In closing out the section on employment, participants were asked three questions to ascertain their general opinions concerning their family member’s employment. More

than 90% of the survey participants responded to these questions. The majority of respondents felt positively about their family member's employment. Sixty-four percent responded affirmatively to the question "Do you feel that your family member has the ability to work independently?" Seventy-five percent responded "yes" to the question, "Do you feel that employment for your family member would be beneficial for him or her?" Finally, 78% responded "yes" to the question, "Do you feel that employment for your family member would be beneficial for your family as a whole?"

Some important differences were revealed when DMV and SP sample responses to the Survey of Family Members were compared. Demographically, the samples were for the most part similar, although the age of DMV sample respondents appeared to be slightly older, with a higher percentage of both advanced degree holders (13% compared to 6%) and married individuals (71% as compared to 54%). Also, almost half (46%) of the SP sample members received an annual income of less than \$20,000 as compared to 36% of DMV sample members. More striking differences between the two samples appeared in responses to employment-related questions. Only 30% of DMV sample members felt that their family member was qualified and able to work, as compared to more than 80% of SP sample members. Thirty-five percent more SP sample members than DMV sample members said that their family member is or has recently been employed. Regarding the biggest problems and most important needs in helping their family member find or keep a job, DMV sample members listed "emotional and other stress," "other problems," and "difficulties in obtaining adequate health care" as the three biggest problems and "adequate health care," "access to information about disabilities and resources," and "financial support" as the three most important needs. These choices

differed from those of the SP sample, for whom “emotional and other stress,” “transportation problems,” and “discrimination” were the biggest problems, and “transportation services,” “adequate health care,” and “financial support” were the three most important needs.

Finally, concerning employment, about half (48%) of DMV sample members felt that their family member had the ability to work independently and that such employment would be beneficial. About half (53%) felt the employment would be beneficial for their entire family. The SP sample, however, was more supportive of employment for the family member. Among SP sample members, 76% felt that their family member had the ability to work independently and 93% felt that employment would be beneficial. Ninety-six percent felt that such employment would be beneficial for their whole family.

Vocational Rehabilitative Services

The next section of the family member survey contained a series of questions regarding awareness and use of employment-related services offered by the DVR. When asked if they were familiar with employment-related services offered by DVR, 51% of the respondents replied “yes,” while 49% replied “no.” When asked if their family member had received employment-related assistance from DVR, only 38% responded “yes,” while 62% said “no.” Finally, participants whose family members had received employment-related assistance from DVR were asked to indicate which types of services had been used. The services selected most often were “job placement,” “evaluation,” and “job training,” at 18%, 17%, and 15%, respectively. See Table 13 for a list of responses.

Table 13: Responses of Family Members Concerning DVR Service Use

Service Used	Frequency	Percent
academic training	27	6
counseling	62	14
evaluation	71	17
job placement	77	18
job training	65	15
referral to other agencies	45	10
support services after employment	51	12
treatment and restorative services	13	3
other	21	5
Total	432	100

Participants were also asked to indicate other employment-related services, from DVR or elsewhere, that they have used. A breakdown of these responses is listed in Table 14. The five services used most often were “assistance from a ‘job coach’ after getting a job” (10%), “training in work habits, appropriate clothing, people skills, etc.” (8%), “help in preparing a resume or filling out a job application form” (8%), “interviewing skills (how to handle yourself in an interview)” (8%), and “help in learning the skills for a new job” (8%).

Table 14: Responses of Family Members Concerning Employment-Related Services for Individuals with Disabilities

SERVICE	USED		MOST IMPORTANT	
	Frequency	Percent	Frequency	Percent
Equipment and modification services				
adaptive or assistive devices	25	2	43	3
equipment that would allow your family member to telecommute for a job	13	1	35	3
modification of your family member's work site	15	1	27	2
personal assistant	27	3	64	5
other tools or equipment that your family member needs for a job	11	1	11	1
Job-related services				
assistance from a "job coach" after getting a job	101	10	133	11
assistance in selecting an occupation	79	8	81	6
career development services	37	4	68	6
help in learning skills for a new job	80	8	64	5
help in preparing a resume or filling out a job application form	84	8	113	9
interviewing skills (how to handle yourself in an interview)	84	8	48	4
job counseling	75	7	79	6
job listings	45	4	42	3
job-site support	72	7	78	6
referral to job openings	59	6	69	6
training in work habits, appropriate clothing, people skills, etc.	85	8	68	6
Other services				
help in setting up your own business or self-employment	9	1	27	2
skills in training or education	44	4	77	6
transition (School-to-Work) services	16	1	18	1
treatment in correcting or improving a medical condition	37	3	57	5
work-related transportation services	40	4	54	4
other vocational rehabilitation services	8	1	5	less than 1
Total	1046	100	1261	100

Concerning DVR clients' awareness of and use of the CAP, more than 80% of respondents reported that they or their family member had never been informed about the CAP by DVR staff or counselors, and only 7% said they or their family member had ever used CAP. Of these, however, more than 80% thought the CAP had been helpful.

DMV and SP sample members once again responded differently to questions relating to service use. More than two-thirds (68%) of SP sample members said they were familiar with services offered by DVR; yet more than two-thirds (71%) of DMV sample members said they were not. Similarly, 60% of the SP sample reported that their family member had received assistance from DVR in finding or keeping a job; however, most DMV sample members (92%) responded that their family member had received no assistance. Among those who had received assistance from DVR, the services used most were “job placement,” “evaluation,” “job training,” “counseling,” and “support services after employment” for the SP sample and “counseling,” “job placement,” “evaluation,” “academic training,” and “referral to other agencies” for the DMV sample.

For services used from any provider, SP sample members listed their family member as most often using “assistance from a ‘job coach’ after getting a job,” “training in work habits, appropriate clothing, people skills, etc.,” “help in preparing a resume or filling out a job application form,” “help in learning how to interview for a job,” and “help in learning skills for a new job.” DMV sample members listed the services as follows: “treatment in correcting or improving a medical condition,” “adaptive or assistive devices,” “assistance in selecting an occupation,” “help in learning skills for a new job,” and “skills training or education.” The most important employment-related services selected by SP sample members were “assistance from a ‘job coach’ after getting a job,” “help in learning skills for a new job,” “job-site support,” “assistance in selecting an occupation,” and “job counseling,” while those selected by DMV sample members were “personal assistant,” “treatment in correcting or improving a medical condition,”

“help in learning skills for a new job,” “skills training or education,” “adaptive or assistive devices,” and “assistance from a ‘job coach’ after getting a job.”

Finally, when asked about CAP, more SP sample members (28%) than DMV sample members (8%) indicated that they had been informed about CAP from DVR; more had used the CAP (11% as compared to 2%); and of those who had used the CAP, more thought that it was helpful (83% as compared to 67%).

Respondents who checked the answer “other tools or equipment that your family member needs for a job,” and “other vocational rehabilitation services not listed” (2%), named the following as needs for their member: computers; funding from DVR for college, clothing, and assistive devices; and other assistive and mobility devices.

The final two questions on the Survey of Family Members asked for any other comments about their needs in helping a family member find or keep a job, and if they had any specific suggestions to improve services to persons with disabilities. Many of the above-mentioned issues were reiterated, such as effective communication among employers, parents or family members, coworkers, and support staff such as job coaches:

- “It is important for the employer to be aware of the struggle of a parent who cares for the disabled individual, and how important communicating the employers’ needs with parents and dealing with occasional set-backs experienced by the individual at the workplace.”
- “We are very involved in our daughter’s work and life and we need constant communication between job coach and us to help with problems she has on the job.”

Many respondents also felt that counseling and support for all family members was important:

- “Families need to be aware of others with similar disabilities successfully employed. This expands their thinking and decreases some of [the] anxiety family members experience, also increasing the individual with disabilities’ confidence level.”
- “In my job I also work with disabled people. I find it is [as] important to have a support system to help deal with emotional issues as it is to provide for the physical needs. I see respite is needed for many. I see that many people need on-going support for a period of time after employment.”
- “It is a very stressful time, family counseling should be offered during this difficult time.”

Other comments about needs concerned more funding for services, independent living centers, adequate transportation, and dealing with AIDS discrimination.

When asked for their suggestions to improve services, family members voiced many of the above-mentioned concerns, especially in improving transportation. One respondent called for “more of a selection for transportation services—either public or private.” Other respondents suggested more personal assistant services and tax benefits/support to employers who hire individuals with disabilities. Finally, some respondents simply called for more awareness and understanding from the public:

- “More consideration to them as ordinary persons. Work with them more closely to find suitable places and people to work with. Get them full-time jobs where

they can get full benefits. Make sure on-job training and job coaches give training they need and counseling and encouragement.”

- “An awareness program to educate the public in understanding the disabled that truly try to fit in society, and gain self-esteem through their continued employment. And most importantly “socialization” for those who do not fit into our normal realm of society.”

Service Providers

A wide range of SP responded to the survey, including agencies serving different disability types and those serving local and state levels. A total of 89 SP responded, out of a possible 170. About 12% were located in Miami-Dade County, 7% in Broward County, 7% in Duval County, 7% in Palm Beach County, and 6% in both Orange and Pinellas Counties. All other counties had less than 5% each. Over 90% of SP reported that they are nonprofit organizations. Half received funding from federal and state

sources—20% from local sources and about 16% from nonprofit sources. Other funding sources included fundraising activities, donations, and sales and contract work.

Operating budgets for SP ranged from slightly more than \$30,000 to as high as \$20 million, with 63% having budgets of \$1.1 million or greater and less than 5% having budgets of less than \$200,000. Most (92%) SP serve mainly adults between the ages of 18 and 63, and the majority (97%) of SP serve clients with annual incomes of less than \$20,000. More than half (55%) reported that their organization serves a specific disability group. Of these, over 30% serve individuals with mental illnesses (an additional 6% serve persons with psychiatric disabilities), and more than 20% serve individuals with developmental disabilities (an additional 15% specified that they serve

individuals with mental retardation). Other disability types served include substance abuse, physical disabilities, and birth defects. The average percentages of disability levels reported were 49% for severely disabled, 41% for moderately disabled, and 28% for very severely disabled. See Table 15 for more information on characteristics of SP.

Table 15: Characteristics of Service Provider Organizations

	Frequency	Percent
Agency type		
public	4	5
nonprofit	82	94
private	0	0
other (consumer controlled)	1	1
Total	87	100
Budget		
under \$200,000	3	4
\$200,000–\$500,000	19	26
\$500,001–\$1 million	5	7
\$1.1 million–\$3 million	17	24
greater than \$3 million	28	39
Total	72	100
Funding		
federal	47	19
state	78	31
local	53	21
private	6	2
nonprofit	39	16
other	27	11
Total	250	100
Primary age group served		
children (under 18)	5	6
adults (18–63)	73	93
elderly (64 or older)	1	1
Total	79	100
Primary income group served		
high (\$40,000 or more)	0	0
middle (\$20,000–\$39,999)	3	3
low (below \$20,000)	83	97
Total	86	100
Specific disability served?		
yes	48	55
no	39	45
Total	87	100
Specific disability type served		
mental illness	16	31
developmental disabilities	11	21
epilepsy	8	15
mental retardation	7	13
substance abuse	4	8
psychiatric disabilities	3	6
physical disabilities	2	4
birth defects	1	2
Total	52	100

DVR Services

About 90% of the respondents reported that their clients use services offered by the Florida DVR. The services used most often ranged from evaluation (13%), job search

assistance (12%), and job training (12%). Services in the “other” category included support after employment, community living, and assistance in obtaining work needs such as medication, clothing, or transportation. See Table 16 for a breakdown of responses.

Table 16: Service Providers’ Perception of DVR Services

Services	Used by Clients		Most Helpful to Clients	
	Frequency	Percent	Frequency	Percent
academic training	37	8	22	7
assistive devices	39	8	28	9
counseling	47	10	25	8
evaluation	61	13	37	12
job search assistance	57	12	44	15
job training	54	12	43	15
modifications to home or worksite	26	6	15	5
rehabilitation engineering	18	4	8	3
referral to other agencies	49	11	19	6
support after employment	44	9	35	12
treatment	20	4	8	3
other	14	3	15	5
Total	466	100	299	100

Almost all SP (96%) whose clients use DVR services thought that DVR services had been helpful. The services typically reported to be the most helpful were job search assistance (15%), job training (15%), evaluation (12%), and support after employment (12%). Reasons cited as to why services were not helpful included problems with counselors such as skill deficiencies, counselor’s time constraints, and lack of knowledge concerning specific disabilities; limited consumer input in vocational choice; and the underserving of individuals with mental illnesses.

The SP survey asked questions regarding agencies’ collaboration with the DVR. Out of the 80 SP who responded, 93% reported that their organization has collaborated with DVR in providing vocational rehabilitation services to their clients. See Table 17 for a breakdown of the nature of collaboration of SP.

Table 17: Nature of Service Provider Collaboration with DVR

Collaboration	Frequency	Percent
provide services to DVR customers through fee-for-service arrangements	20	21
provide services to DVR customers under contract	51	53
provide nonvocational services that are coordinated with DVR services to DVR customers	11	11
provide other collaboration (inc. free services, referrals to or from DVR, joint planning, coordination of joint customers, housing, independent living skills training)	14	15
Total	96	100

SP were also asked what types of services they provided specifically to DVR customers. Fifteen percent indicated that they provide job search assistance, 15% provide support after employment, and 15% provide job development and contact with employers. SP also cited the following as other types of services that they offer to DVR customers: supported employment, employability skills training, job readiness, job coaching, job placement, deaf and hard of hearing services, blind services, and transportation. See Table 18 for more information on which services were provided to DVR customers.

Table 18: Services Provided to DVR Customers

Service	Frequency	Percent
academic training	7	2
assistive devices	9	2
coordination of services (case management)	27	7
counseling	28	7
evaluation	38	10
information and referral to other agencies	32	8
job development and contact with employers	57	15
job search assistance	59	15
rehabilitation engineering	3	1
restorative services and/or medical treatment	5	1
support after employment	58	15
training for your agency staff	15	4
vocational skills training	32	8
other	18	5
Total	388	100

In closing out the questions relating to contact and collaboration with DVR, SP were asked which areas of service delivery they felt could have been improved. Some (6%) stated that they did not feel any improvements were necessary, stating that they have had “very close working relations” that resulted in a positive effect for clients. One respondent stated that “collaboration is consumer driven and we consider them [DVR] partners in our efforts.”

Many ($n=48$), however, felt that some areas needed improvement. Almost 20% described their frustration with long waiting periods and delays with referrals, in-takes, and evaluation. Others called for improving communication and interaction between SP and DVR staff (14%); increasing support after employment services, especially for supported employment consumers (14%); resolving funding, payment, and contract issues; and resolving staff issues such as customer relations, high turnover rates, and insufficient knowledge concerning certain disabilities and contract procedures (18%).

One respondent described feelings of frustration regarding DVR collaboration:

As a long-term VR Provider Agency, we have experienced drastic changes in our contract agreement with DVR that have negatively impacted the ability for the service providers to sufficiently provide all the necessary services needed to insure a successful employment outcome for all eligible VR consumers. Communication between VR Counselors and Provider staff could improve. Recently, we have experienced a general attitude change in the VR Staff toward the provider agencies. We, the provider, have become the adversary to many VR workers and are often made the ‘bad-guy’ in bench-mark payment issues. There is a mood of

suspicion and mistrust among many VR workers when issues arise regarding benchmarks and payment. This lack of mutual respect and general understanding of the worth of the service provided causes unnecessary conflicts.

Another respondent saw their relationship with DVR, while not perfect, as essentially a good one:

Generally DVR and Developmental Services do an excellent job in the joint cooperation to provide supported employment. The one area which could be improved by both agencies is a smooth transition and referral process.

Other areas that were mentioned as needing improvement include job placement, collaboration, pre-screening and pre-qualifying clients for supported employment, and services for severely disabled.

Client Assistance Program

Participants were also asked about their knowledge of the federally funded CAP. Twenty-two percent replied that they had worked with or referred their clients to the CAP in Florida, 44% said they had not, and 34% said that they were unaware of CAP. It should be noted that CAP is, however, a private not-for-profit agency and is responsible for outreach to service providing agencies. Almost half of those who had worked with or referred clients to the CAP in Florida had positive responses about it. Several respondents thought that the CAP is “useful, independent, and objective,” and “an impartial forum for complaints for consumers” that provides advocacy and assistance in helping consumers get services they need. Other respondents only refer their clients to

the CAP and were therefore not sure of the usefulness of CAP. Finally, some criticisms of the CAP included problems with funding, defensiveness of DVR staff when CAP becomes involved, and inaccessibility of CAP offices (in Tallahassee) to some consumers.

Collaboration with Other Agencies

Seventy-seven percent of SP responded that they have also worked with other organizations besides DVR in providing employment-related services to their clients. Such partnerships include data collection/sharing, joint resource development, provision of nonvocational services, public affairs and client advocacy, referrals, fee-for-service arrangements, contract services, subcontracting, and staff training. See Table 19 for types of collaboration.

Table 19: Nature of Service Provider Collaboration with Other Organizations

Collaboration	Frequency	Percent
data collection and/or sharing	16	9
joint grant requests	16	9
joint resource development (fundraising, planned gift giving, etc.)	7	4
nonvocational services provided	10	6
public affairs and client advocacy	14	8
referrals	25	14
fee-for-service arrangements	15	9
services provided under contract	35	20
subcontracting	2	1
staff training	18	10
other collaboration	11	6
other contractual services	7	4
Total	176	100

Some of the collaborating organizations mentioned include other SP, state agencies including the Bureau of Prisons (federal and state), Department of Children and Families, Department of Transportation, Division of Blind Services, Department of Labor and Employment Security, school boards, chambers of commerce, other statewide

agencies, councils, and programs including One Stop Career centers, JTPA training, Employer Resource Council, and other local and community organizations.

About 60% of respondents who had worked with other organizations reported that they had not experienced any difficulties or problems with those organizations. The remaining 40% who did report difficulties cited problems such as lack of interagency communication, insufficient funding, delays in processing and referral, lack of clarity in contract agreements, lack of coordination of service delivery, and a need for more training of staff. One SP stated that their clients “always seem to slip between the cracks,” while another simply pointed out that in serving individuals with disabilities there are “some differences in philosophy.” Some SP reported encountering some of the above-mentioned difficulties specifically in working with “DS” (Developmental Services of the Department of Children and Families).

SP themselves also offer a variety of services, which are listed in Table 20. Most notable is the large amount of job-related assistance—10% offer job-search assistance, 9% offer job development, 8% offer job coaching, 8% offer referrals to job openings, and 8% offer job-readiness instruction. Other services listed include volunteer work, medical services, vocational evaluations, employability skills training, youthful offender program, bus training, and audiology services.

Table 20: Employment-Related Services Offered by Service Providers

Service	Frequency	Percent
adaptive or assistive devices	12	2
career development services	37	5
employer marketing/liaison	45	6
employment-related medical services	4	less than 1
housing modifications	10	1
job coaching	58	8
job counseling services	52	7
job development	64	9
job listings	43	6
job readiness instruction	56	8
job search assistance	67	10
personal assistant	12	2
referral to job openings	57	8
training or education related to employment	46	7
transition (School-to-Work) services	27	4
work-site adaptation/modification	18	3
work-site support services	55	8
work-related transportation services	22	3
other vocational rehabilitation services	18	3
Total	703	100

Employment-Related Services

When asked to describe what other DVR employment-related activities would further assist individuals with disabilities, respondents favored an increase in post-employment services and support after employment; more efforts in job development, job skills services, vocational and employability skills training, and “attitude” training; more training for staff; disability awareness training for employers; and increased transportation services. Other activities mentioned were tax incentives qualifications, job clubs, coalition building, supportive assistance (funds for schooling, transportation, etc.), increased coverage, and further outreach to underserved individuals and those with severe and most severe disabilities.

Next SP were asked for their views on the most important employment-related future trends. Out of 28 future employment-related trends for individuals with disabilities

listed on the survey, “changes in the Social Security program” was thought to be important by 11% of the respondents, followed by “transportation” (10%), “employer attitudes” (7%), “welfare reform and its impact on people with disabilities” (7%), and “Medicare and Medicaid changes” (7%). The other employment-related trends included post-employment services, part-time benefits, childcare, unemployment rate, negative effect of performance budgeting on SP, and employer incentives. SP perceptions of these trends are described in greater detail in Table 21.

Table 21: Most Important Employment-Related Future Trends

Trend	Frequency	Percent
ADA implementation	24	4
changes in the Social Security program	53	11
collaboration/coordination between organizations providing employment-related services	28	6
computer technology	21	4
continuing education and professional standards in the field of vocational rehabilitation	10	2
decreased level of funding for vocational rehabilitation services	30	6
demand for accessible/affordable housing	15	3
employer attitudes	37	7
family support	16	3
growing strength of advocacy groups (public awareness, research organizations)	22	4
growth in telecommuting	4	1
health care/insurance reform	26	5
increasing incidence of disability among the elderly	1	less than 1
job and skills training on-line via the Internet	2	less than 1
managed care growth and reforms in the HMO sector	9	2
Medicare and Medicaid changes	36	7
the movement to make personal assistance services (PAS) available	14	3
new technologies (other than assistive technology)	4	1
personal assistants	8	2
possible ADA rollbacks by Congress or the courts	5	1
privatization of public vocational, employment, and rehabilitation services	16	3
required professional standards and certification of vocational rehabilitation counselors	4	1
self-employment and growth of entrepreneurship	4	1
service vouchers	14	3
small business as a major jobs growth sector	4	1
transportation	50	10
welfare reform and its impact on people with disabilities	34	7
other employment-related trends	8	2
Total	499	100

Service Providers Responses

In the final two open-ended questions, SP were asked to describe changes to improve the quality of DVR services and to provide general comments they had regarding DVR employment-related services. In response to these questions, many praised DVR, saying that they “have a good working relationship” with DVR and that “the system is working well.” Others felt positive about specific areas, such as innovative projects,

supported employment, joint contracting, and counseling teams. One respondent described the relationship with DVR this way:

We are extremely fortunate—our [D]VR group is wonderful. We have our ‘issues’ that emerge but we communicate well and work together for mutual successes.

A total of 49 responses were received for the question “What other changes do you feel can be made to improve the quality and delivery of DVR services?” Overall, the respondents called for improved communication, coordination, and collaboration between themselves and the DVR and customers. Many respondents (20%) suggested means for improving payment systems such as mandating time limits on billing procedures, evaluating performance-based contracting procedures, increasing funding for services, and allowing for more flexibility in funding usage. Others (15%) felt that timeliness of services, such as the length of the intake process and the time between referral and placement, needs the most attention.

More than 30% of the respondents discussed issues relating to counselors. Many restated concerns that counselors and other staff need to be more knowledgeable about disability issues such as services available or the needs of different disability types (especially severe disabilities). Others were concerned about the high rates of counselor and staff turnover. Some found it difficult to reach counselors and staff. Two respondents described a lack of “consistency” among counselors in timeliness and in providing services, as well as a lack of “openness” in counseling individuals with certain disabilities. One commented:

I hear of consumers who felt that their [D]VR counselors did not do anything for them because the counselor felt there was nothing he/she could do! Most consumers would like to at least be given the opportunity to try!

Suggestions to address these problems included increasing education and training requirements for counselors and staff, as well as encouraging the professional development of counselors through continuing education or other means. Some respondents recommended lowering counselor caseloads and raising counselor salaries to offset high turnover. Implementing a client “sharing” plan to coordinate counselor absences, and creating an incentive plan, and a “burn-out assessment” were also suggested.

About 20% of the respondents feel there is a need to improve communication between DVR counselors and customers, as well as between DVR staff and SP staff. For example, many respondents complained that clients did not have enough of a voice in selecting services and employment outcomes:

The current system is based on a ‘professional to client’ relationship.

Translated this means ‘you do as I say, because I know what is best for you.’ Claims that say they are ‘customer driven’ are fallacious.

Consumers complain of little choice or inability to access.

Other respondents felt that there is a lack of consistency in the information they receive from different DVR offices. Some providers call for improving coordination (reducing “bureaucracy”) among DVR and providers by establishing “coordinated services and partnerships” among providers and government agencies. Others suggested that to

improve interagency collaboration, DVR must be more willing to work with providers besides those with whom they have already established relationships.

Lastly, some respondents felt that service delivery to individuals with severe disabilities and developmental disabilities needs improvement. They suggested the following: implementing a low demand training program for individuals with severe disabilities who want to work, increasing services, and creating educational programs for counselors relating to psychiatric disabilities. In addition, suggestions were made to extend post-employment services to include onsite job coaching and support for at least one year and to make supported employment and job coaching services available to all disability groups.

Respondents also mentioned increasing outreach efforts, increasing public awareness about the capabilities of people with disabilities, improving client intake and evaluation procedures, assisting small businesses as a major jobs growth sector, and developing interagency initiatives as other ways to improve service delivery.

In response to the question, “What other comments do you have regarding employment-related services at DVR?”, SP again discussed many of the above-mentioned concerns relating to communication, counselors, consumer choice, timeliness of services, payment and funding procedures, and service delivery to underserved populations. Although some were critical of DVR, the majority of respondents responded positively about DVR’s commitment towards assisting individuals with disabilities in Florida:

[D]VR has been most helpful to us through the years. We would not be nearly so successful in placing persons with disabilities in employment

were it not for [D]VR's contracting with us, and [D]VR's provision of other services to our mutual clients.

One of the most serious problems voiced by many SP again pertained to payment and contract issues. One respondent summed up the experiences of many in the following statement:

Vocational Rehabilitation provides much needed evaluation, planning, training, placement and when necessary, referral to a community provider . . . for additional services. These services are essential for consumers to succeed in the work world. Most of the services provided by DVR are extremely beneficial to individuals with disabilities who are interested in going to work. It is unfortunate, however, that due to continuous funding cuts and the rate of turn-over in DVR staff, much needed services are often not provided. The changes in the DVR contracts for all employment related services (performance based—benchmark payment system) has caused many providers to consider not providing these types of services to DVR consumers due to the basic cash flow problem that it creates in any business (for-profit or not-for-profit) that has monthly overhead to deal with. There needs to be a much clearer understanding of the value of many of the services provided by agencies that contract with DVR.

Other suggestions to improve the quality of DVR services include the following:

- provide long-term services for individuals with traumatic brain injury;

- hire specialists for certain activities and services (job placement, job development, and marketing) specialists;
- establish career development/job exploration activities and programs;
- increase publicity about DVR services;
- increase support to clients who are facing loss or reduction of benefits;
- increase focus on client needs and reduce focus on laws and meeting goals at regional and state levels; and
- establish “follow along” services and individualized training for mental health clients.

Discussion

A great deal of information was collected during the course of this needs assessment, and the results of the study have been presented in great detail in the last section. What do these findings suggest and what implications do they have for the delivery of employment-related services to individuals with disabilities in Florida? Some important trends can be observed from a closer look at the findings for each of the survey populations.

Individuals

- Individuals with disabilities in Florida appear to have many of the same characteristics found in national disability-related research.
- There may be an unmet need for assistive technology (AT) and personal assistance services (PAS).

- Although most individuals with disabilities in Florida who want to work are employed, many are *underemployed*.
- Among individuals who have used services offered by DVR, almost *three-fourths* (71%) felt that DVR services have helped them find or keep a job, and 78% felt that services were received in a timely manner. Many individuals, however, were not aware of the availability of vocational rehabilitation services in Florida.
- The SP population should be targeted for services as they are more actively seeking work and more in need of services. On the other hand, the DMV population may need more outreach since they are less aware of vocational rehabilitation services.

Among the populations surveyed in this study, individuals with disabilities in Florida appear to have many of the same characteristics found by national disability-related surveys, such as those conducted periodically by the Census Bureau and the National Center for Health Statistics (see Stoddard, Jans, Ripple, and Kraus, 1998 for more information). For example, many of the respondents to our surveys were older, with low levels of education and low incomes. Moreover, the types of disabilities reported most often, including arthritis, mental/personality disorders, back injuries, learning disabilities, and mental retardation, represent those most prevalent at the national level. On the other hand, about half of the two populations surveyed reported a need for assistance in getting around, a need for assistance with self-care activities, or a need for structural modifications. These conclusions suggest a large and possibly unfulfilled need among Floridians for assistive devices, personal assistance services, and other similar services.

Although more than two-thirds of individuals with disabilities responding to our survey feel “qualified and able” to work, three-fourths reported that they are employed, and 83% feel satisfied with their job, we noticed a high rate of *underemployment* for these individuals. Most who are working still receive moderate to low wages (\$7 per hour or less), almost half work only part-time, and only half had health insurance available through their employer. Moreover, almost half work in service (such as health, food, and janitorial) industries, yet only 13% indicated an interest in pursuing service occupations. Finally, as mentioned above, most have low incomes (less than \$20,000 annually). These findings would suggest that the vocational rehabilitation system in Florida might want to make a coordinated effort towards finding more full-time jobs and more jobs with benefits such as health insurance.

There are also general indications among our respondents of a lack of awareness of service availability. Almost half of our respondents had not used DVR services, and of those who did, more than half were not informed about CAP by DVR staff. Moreover, only 4% reported using the Social Security Administration’s PASS program. Additionally, about one-third of the respondents to the open-ended questions said they were not familiar with DVR services.

Those who had used DVR services, however, mostly felt positive about the availability and delivery of services. More than half had used DVR services (most used job-related services), and over 70% of those who had used the services found them helpful. The most helpful services included job placement, job training, support after employment, and counseling. Specific suggestions to improve services included increasing “work-at-home” and other job opportunities, more computer training, more

counselor training, and improving transportation services. Those not finding services helpful reported having problems with counselors and staff (inaccessibility, delays in receiving services, limited participation in planning for work), limited employment choices, and inadequate training and follow-up after evaluation. General comments regarding employment-related services for individuals with disabilities in Florida also reflected similar concerns, and respondents were concerned about employer discrimination and fear of loss of benefits upon employment as well.

The differences between the DMV and SP samples should also be noted, as these represent two “types” of disability groups in the state. The SP population is younger, is more active, is more often seeking employment, has fewer physical disabilities but more mental and other disabilities, and has less education and lower income. These generalizations lead us to believe that the SP population should be targeted since they appear more able to work and are actively seeking work in most cases (70%). The DMV population, on the other hand, may need increased outreach since they appear to be less aware of vocational rehabilitation services. Additionally, the rate of nonresponse was higher for the DMV sample and the study’s results may be conservative. There may be greater amounts of unemployed individuals and individuals who are unable to work in the DMV population than the study was able to determine.

Family Members

- Most family members are supportive of employment for their relative with a disability. However, in helping their relative find or keep a job, family members encounter serious problems, especially emotional stress, transportation difficulties, and discrimination.

- As with individuals, many family members are unaware of vocational rehabilitation services.
- Family members feel that employers and coworkers of their relative need to be more supportive and understanding.
- Family members also feel a need for family counseling in dealing with stress.
- Overall, family members feel that the public should be better educated about individuals with disabilities.

Most family members reported that their relative with a disability lives with them, and about a fifth of the respondents have more than one relative with a disability living with them. Most family members seem supportive of employment for their relative and feel that employment is beneficial for their family as a whole. About 60% say that their relative is working; however, problems such as emotional stress, transportation difficulties, and discrimination seem to plague families who try to help their relative find or keep a job. Family members expressed a need for more employer and coworker support, better health care, and more financial support.

About half of all family members were aware of DVR services, and most family members were unaware of the CAP. Even more family members in the DMV sample (71%) said that they were not familiar with DVR services, and more than half (52%) did not believe that their relative could work. Once again, greater outreach to the DMV population may be needed; indeed, the employment outcomes for this population might be improved if they had more awareness of vocational rehabilitation services.

Family members of both groups seemed to feel that better communication and more understanding between employers and parents/families could improve the

employment situation of their relative. Some respondents also suggested the use of family counseling in order to help families deal with the stress of helping a relative with a disability. Finally, family members feel that the public in general does not know enough about the experiences and difficulties individuals with disabilities face in finding and keeping employment, and they called for increased public awareness concerning individuals with disabilities.

Service Providers

- Almost all SP (96%) felt that *DVR services are helpful* to their clients.
- SP, however, felt improvements could be made in the delivery of employment-related services for individuals with disabilities in Florida. The following areas were specifically mentioned: timeliness of services, staff and counselor issues, payment systems, services to individuals with severe disabilities, and outreach.

Most SP (90%) are nonprofit organizations, about half receive funds from federal and state government, and most have annual budgets of at least \$1 million. They primarily serve working-age adults with low incomes, and many serve specific disability types such as epilepsy and mental conditions. The majority of SP (93%) have collaborated with DVR, and over three-fourths have collaborated with other SP. SP thought that Social Security and Medicare/Medicaid changes, transportation, employer attitudes, and welfare reform and impact are the most important trends in the future for the delivery of employment-related services to individuals with disabilities.

Most SP (90%) have clients who use DVR services, and it should be stressed that, as with individuals and family members, *almost all SP (96%) felt DVR services are helpful to their clients*. SP listed a number of constructive criticisms, dealing mainly with

timeliness of services; issues related to DVR counselors and staff, such as lack of adequate skills and knowledge concerning needs and available services; difficulties with receiving payment for services rendered; inadequate services for individuals with severe disabilities, especially mental illness; and a need for outreach to underserved populations. These same problems were reported by SP who collaborate with other agencies (besides DVR) in providing services.

Recommendations

The findings from this study reveal a number of issues important to the delivery of vocational rehabilitation and employment-related services to individuals with disabilities in Florida. Embedded in many of our respondents' remarks were actual suggestions and recommendations on how to improve service delivery. We incorporated these remarks within our own recommendations for continued improvement to DVR service delivery.

The following section presents these recommendations in five categories of concern: timeliness, staff and counselor issues, coordination of service delivery networks, service to individuals with severe disabilities, and outreach.

Timeliness

- *Reduce the length of processing time*

If possible, the length of time needed from referral to placement should be reduced.

Many respondents reported experiencing excessive waiting periods; some individuals said that they "gave up" on services after not receiving any follow-up after application, while SP were often frustrated with difficulties they had as a result of administrative delays. Whenever possible, steps should also be taken to reduce paperwork requirements.

Staff and Counselor Issues

- *Review qualifications and standards for counselors, or institute on-the-job counselor training programs*

SP and consumers feel that among many DVR staff and counselors there is a lack of knowledge about some disabilities, especially severe disabilities, mental illnesses, and psychiatric disorders. In some cases, the experiences of respondents led them to question the qualifications of counselors. In addressing this problem, DVR can review its standards regarding staff qualifications and revise them if appropriate. Alternatively, several respondents suggested establishing educational, training, and professional development programs and workshops for counselors, especially in regards to services for severe disabilities, mental illnesses, and psychiatric disorders.

- *Reduce counselor and staff turnover*

SP and consumers noticed a high rate of staff turnover and an inaccessibility of counselors due to high caseloads. They feel that these problems negatively affect the quality of services. To reduce counselor and staff turnover, DVR could consider the following actions:

1. Counselor compensation: raise counselor salaries and/or lower caseloads and counselor workloads.
2. Client sharing: to reduce caseloads, implement a client “sharing” system in which counselors would share the responsibilities of serving other clients when a client’s primary counselor was absent or unable to see them.
3. “Burn-out” assessments: in conjunction with periodic evaluations, counselors could be observed to see if their performance suggested “burning-out,” such as

a substantial dissatisfaction with their duties or a lack of interest in client welfare.

- *Consider hiring job development, marketing, and job placement specialists*

As one SP pointed out, counselors and related staff may not always have a sufficient background in job development activities. Yet many respondents reported a lack of adequate employment opportunities for consumers as a major problem. In conjunction with outreach to employers, hiring specialized staff to develop these areas could expand employment choices for consumers while relieving counselors of these additional duties.

- *Focus on client needs and consumer choice*

Many respondents felt that not enough attention was given to consumers and that their input in developing their vocational rehabilitation plan was very limited. Given the additional mandate of the Rehabilitation Act to increase consumer participation in vocational rehabilitation planning at all levels, DVR could develop a client-centered planning approach which might

1. Allow more freedom to consumers in choosing occupations.
2. Increase access to a variety of needed services, including transportation assistance, personal assistance services, computer training, independent living centers, and supportive assistance (funding for school, transportation, etc.).
3. Increase employment options through increasing job development efforts.

Such efforts could include offering more full-time or “flex-time” placements, as well as more jobs with health care and/or benefits. In addition, DVR could

consider adding other services, such as guided “work-at-home” employment, employability skills training, or job “club” facilitation.

4. Consider a “voucher” program in which services are coordinated by DVR but consumers have a choice in selecting services and SP. Such a voucher plan could also incorporate the above-mentioned elements of increased consumer choice, access to diverse services, and expanded employment options and services.

Coordination of Service Delivery Networks

- *Set standards for collaboration between the DVR and SP, as well as SP*

Many SP commented on the difficulties and cash flow problems they had encountered in trying to receive payment and funding for services rendered, whether under contract with DVR or with other SP. These situations seemed to be marked by a lack of communication and a lack of clarity in expectations among the parties involved. To improve communication and understanding between DVR and SP and among SP, DVR can set standards for collaboration, serving as a coordinating body for regulating collaborative agreements and insuring clarity in contract agreements. In addition, DVR may need to review and evaluate its performance-based contract system, and in order to insure that providers can meet existing budgetary needs, DVR should consider allowing more flexibility in the use of funding and mandated time limits on payment and billing procedures.

- *Use developing computer technologies as a means of communication*

DVR should continue to improve and expand its telecommunications and computer networks. Internet technologies and e-mail could be more exploited as a

means of quick and inexpensive communication. For example, the DVR Website could be further developed to publicize important developments for SP such as best practices and information on collaborative initiatives in the state, while also providing on-line access to administrative documents or contact information.

- *Advocate for increased state and national funding to meet the needs of individuals*
Many of our respondents felt that there is insufficient funding available to meet the needs of individuals with disabilities. By nature of its position, DVR plays a significant role in coordinating the efforts of advocacy groups and organizations in Florida. DVR should continue to provide the Florida Legislature and the national Rehabilitation Services Administration with regular reports on the employment-related needs of individuals with disabilities in the state, and should continue to support diverse initiatives at the state and national levels to meet funding needs, including increased or alternative funding, tax incentive plans, work incentives, and health care and Social Security reform.

Services for Individuals with Severe Disabilities

Our study found that many individuals with severe disabilities, including mental retardation and psychiatric or mental disorders, are underserved (some respondents even felt that there was a bias against or a reluctance in serving these individuals). In meeting the needs of these populations, DVR could consider the following suggestions:

- *Increase services for psychiatric and mental disorders*

As mentioned above, many DVR staff and counselors appeared to lack knowledge concerning appropriate services for individuals with these disabilities. In addition to more training for staff in these areas, DVR should consider establishing more

services for these populations; for example, using individualized training and “follow along” models along the lines of supported employment.

- *Increase post-employment and “support after employment” services.*

Many SP called for changes in the delivery of post-employment services. Most suggestions called for lengthening the time that services were offered, while others suggested that programs serving other disability groups could adapt supported employment methodology to fit their needs.

- *Consider new services for specific disability types*

In addition to individuals with psychiatric and mental disorders, other disability populations may be underserved. DVR should consider creating new services or expanding existing programs in the following areas: specialized long-term services for individuals with traumatic brain injuries (TBI), low-demand training programs for individuals with severe disabilities, and initiatives to increase awareness about AIDS/HIV and to reduce discrimination.

Outreach

While DVR enjoys a high level of success and satisfaction among clients, it appears to be virtually unknown among some populations and in some areas of the state. This may in part be due to the fact that there may not be a need for DVR services among these groups, yet increased outreach may be useful. Also, many barriers and obstacles to employment for individuals with disabilities may be reduced with increased efforts towards making the public more aware about disability issues.

- *Increase publicity about services*

DVR should consider developing a multimedia campaign (including television or radio public service announcements and brochures) to increase public awareness about individuals with disabilities, as well as to increase awareness of vocational rehabilitation services. Such a campaign could coordinate with other state agencies and SP to insure maximum dissemination of materials. DVR should also publicize already existing outreach resources, such as its Website, to provide disability-related information and information on services quickly and cheaply. The Website could also be expanded to include on-line resources and links such as the Florida Alliance of Information and Referral Services (FLAIRS) provider database. Finally, in addition to targeting individuals with severe disabilities, DVR should market itself in rural areas of the state, which, tending to have higher disability rates, may have significant populations who are in need of services.

- *Establish career development and job exploration activities and programs*

Many respondents who have never had a job or have not been working for a long time are in need of supportive mechanisms to help them get in the work force. Also, other individuals who are not satisfied with their current occupation may wish to explore a new one. DVR could help to assure client satisfaction with placement by piloting job exploration activities or referring clients to existing internships. These activities could be coordinated with employers, thereby allowing consumers to experience an occupation before being committed to it.

- *Increase support to clients who may face a loss of benefits upon employment*

The loss or reduction of benefits such as Social Security or Medicaid upon employment is a serious problem facing individuals with disabilities throughout the country. Many of our respondents expressed having this fear; some even said that they had turned down services since they would be better off if they kept receiving public assistance. Although most individuals with disabilities would like to work, they need more support in the transition to employment. DVR can help to address this issue by helping to disseminate information about work incentive programs like the Social Security Administration's Plan for Achieving Self-Support (PASS), focusing job development efforts on providing more full-time employment options, and coordinating with employers about available insurance and benefits.

- *Monitor demographic trends among individuals with disabilities*

While there is a lack of reliable demographic information regarding individuals with disabilities at the national and especially the state levels, DVR can monitor national and state disability trends from existing sources in order to contribute to informed policymaking. Several national surveys periodically measure disability status and trends among Americans with disabilities, including most recently the March 1998 Current Population Survey and the 1998 Louis Harris survey; but the most accurate upcoming source (especially for Florida disability estimates) will be the Census of 2000. DVR should make preparations for analyzing and interpreting the disability-related information from the census when it becomes available. In the meantime, DVR can coordinate with other state agencies, such

as the Florida Developmental Disabilities Council, which conducts research on individuals with disabilities in Florida.

- *Giving staff “field” experiences on a periodic basis*

As mentioned above, some respondents described experiences that made them feel that counselors and other staff have an insufficient knowledge of the needs of consumers. In light of these experiences, DVR could consider a pilot “fieldwork” program in which staff members travel to regional offices or service provider locations in order to interact with consumers and get a better feel for their day-to-day experiences and needs.

- *Increase outreach to employers*

Many respondents felt that employers were often unsupportive or unaware of the difficulties that individuals with disabilities face in finding or keeping employment. In our previous literature review, we found prior research indicating that, in fact, most employers have positive opinions about employment and individuals with disabilities; however, many employers feel they may incur extra expenses upon employing an individual with a disability (Florida Chamber of Commerce, 1995). With these factors in mind, it may be helpful for DVR to foster the development of employer networks by publicizing existing disability awareness programs or workshops for employers, or by creating new ones. These programs and workshops could also advise employers about applicable laws and existing support (tax incentives) for employers who hire individuals with disabilities. In addition, DVR could improve existing employer networks through (1) supporting the involvement and participation of employers in disability-related

activities, including organizational or committee meetings, or at disability-related conferences and other events and (2) publicizing employer resources available through DVR, such as employer consultation services.

Recommendations for Future Studies

In looking at future developments, DVR has a major role to play in maintaining research and planning efforts. The federally mandated tri-annual needs assessment provides for a regular statewide study of individuals with disabilities, and we recommend using similar survey research strategies in subsequent needs assessments. We do, however, have some additional suggestions to share. In regards to sampling, a database containing information on recent clients of SP could be developed in order to sample individuals more efficiently. Moreover, the SP database used in this study could be regularly updated to be used in future studies. Finally, future research should make use of other new resources, including national resources such as new population and trend data from the upcoming Census of 2000 and relevant state sources.

Conclusions

DVR serves as an important source of stable support for many Floridians with disabilities who might not receive services otherwise. Indeed, our study found that most people who used DVR services found the services helpful. At the same time, DVR is an innovator and a leader in diversifying services. To improve services further, DVR should listen to the voices of those for whom services are the most important—individuals with disabilities in Florida. In keeping with the mandate of the Rehabilitation Act towards client empowerment, vocational rehabilitation agencies need to refocus their efforts

towards giving consumers more input in planning services and in determining their eventual occupational outcome. In fact, this study has taken a step in that direction by involving the consumers themselves in determining what needs are most important. Family members and employers also represent an important voice as well as a valuable source of support, and their needs must be taken into account in prioritizing services and needs.

Furthermore, there is a mounting need for vocational rehabilitation agencies and SP to continually combine their efforts in providing services. Our recommendations for continued collaboration and outreach reflect the opportunity that DVR has in becoming a leader, or as one respondent put it, a “catalyst,” for a coordinated effort to improve service delivery.

But most of all, DVR should remain faithful to its mission of helping individuals with disabilities in Florida find employment and increased independence. As a respondent to the Individual Survey so eloquently said, “Nobody is prepared for the sadness and depression that follows after someone loses his job due to a disabling condition . . . perhaps if you work with that situation before anything else you will be helping a lot of people come back to life and be productive again.”

References

- Agosta, J., Brown, L. D., & Melda, K. (1997). *Commitment to excellence: The present and potential role of Louisiana Rehabilitation Services in meeting the needs of people with disabilities*. Salem, OR: The Human Services Research Institute.
- Florida Chamber of Commerce. (1995). *Member perception survey, the Americans with Disabilities Act, January 1995*. Columbia, MD: Mason-Dixon Political/Media Research, Inc.
- Johnson, D. E., Meiller, L. R., Miller, L. C., & Summers, G. F. (Eds.). (1987). *Needs assessment: Theory and methods*. Ames, IA: Iowa State University Press.
- McKillip, J. (1987). *Need analysis: Tools for the human services and education*. Newbury Park, CA: Sage Publications.
- National Council on Disability. (1997). Removing barriers to work: Action proposals for the 105th Congress and beyond [On-line]. Available: <http://www.ncd.gov/publications/publications.htm>
- Reviere, R., Berkowitz, S., Carter, C. C., & Ferguson, C. G. (Eds.). (1996). *Needs assessment: A creative and practical guide for social scientists*. Washington, DC: Taylor & Francis.
- Stoddard, S., Jans, L., Ripple, J. M., & Kraus, L. (1998). *Chartbook on work and disability in the United States, 1998. An info use report* [On-line]. Available: <http://www.infouse.com/disabilitydata/workdisability.html>
- West Virginia Rehabilitation Research and Training Center. (1996). Statewide comprehensive needs assessment of individuals with disabilities in West Virginia: Final report. Morgantown, WV: Author.

Appendix A: Individual Survey



Services Related to Employment

Individual Survey

We need your help. Could you please take a few minutes to complete the following survey? Your answers will help plan future services that can better assist individuals with disabilities.

What will this survey do? This survey is being used to determine the service needs of individuals like you who want to get a job, keep one, or gain greater independence and self-sufficiency. Your responses will be treated with the strictest confidence. All information will be kept confidential and used only for research and planning purposes. Respondents will remain anonymous.

What do you do when you've completed the survey? Fold and place it in the postage-paid, pre-addressed envelope provided and drop it in the mail. Thank you for your cooperation.

Directions: Please check (✓) the best answer or write your answer on the lines provided. Please ask for assistance from a family member or a friend if you need help in completing this questionnaire.

Is someone assisting you in completing this questionnaire?

- yes
- no

If yes, who?

- family member
- non-family member

(continued on next page)

1. What is your sex?

- female
- male

2. What is your age?

- under 16
- 16–34
- 35–54
- 55–64
- 65 or over

3. What is your race?

- white, non-Hispanic
- black, non-Hispanic
- Hispanic
- Asian/Pacific islander
- Native American
- other

4. What was the last grade you completed in school?

- advanced degree
- four-year (college) degree
- two-year (associate) degree
- vocational school
- high school/GED
- 11th grade or below

5. What Florida county do you live in? _____

(continued on next page)

**6. Please check (✓) the type of disability or chronic health problem you have.
Check all that apply.**

- alcohol-related substance abuse
 - arthritis
 - back injury
 - cancer
 - cardiovascular and/or circulatory disease (heart disease)
 - cerebral palsy
 - deafness or hearing loss
 - diabetes
 - digestive system disorders
 - drug-related substance abuse
 - epilepsy
 - HIV/AIDS
 - kidney problems
 - learning disabilities
 - loss of limbs
 - mental and/or personality disorders
 - mental retardation
 - multiple sclerosis
 - muscular dystrophy
 - polio or post-polio
 - respiratory conditions (asthma, emphysema)
 - speech problem
 - spinal injury
 - traumatic brain injury
 - visual impairments
 - other conditions (please specify)
-

(continued on next page)

7. Please check (✓) any of the following assistive devices that you use for mobility to go outside, on an errand, or to and from work.

- braces
- cane or crutches
- manual wheelchair
- modified shoe
- power wheelchair
- scooter
- walker
- other (please specify) _____

I do not need assistive devices for mobility purposes.

8. If you need help from others in performing some or all of the basic activities of daily living and providing your own self-care, please check (✓) which ones and how often.

- | | | | |
|---|---------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> bathing | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> dressing | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> eating | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> food preparation | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> housekeeping | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> toileting | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> transferring | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
| <input type="checkbox"/> other (specify) | <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> never |
-
-

(continued on next page)

9. Please check (✓) any of the following structural modifications to your surroundings that you require.

At my home

- bathroom modifications
- bedroom modifications
- handrails and/or grab bars
- kitchen modifications
- lift
- ramps
- widened doors
- other (please specify)

At my worksite

- bathroom modifications
- customized desk
- handrails and/or grab bars
- lift
- ramps
- special equipment/devices
- widened doors
- other (please specify)

I do not need structural modifications at my home.

I do not need structural modifications at work.

10. Do you feel qualified and able to work now?

- yes
- no

11. If yes, are you now, or have you been recently, employed?

- yes
- no

(continued on next page)

12. If you are not working, please tell us why. Check (✓) THREE reasons.

- I am unable to access potential workplaces due to physical barriers (such as steps, curb access, etc.).
- I am unable to work regular hours.
- I feel discriminated against because of my condition(s).
- I have responsibilities at home that keep me from working.
- I need additional skills, training, or education.
- I need personal assistance to get ready for work each day.
- My condition(s) prevent(s) me from working because _____

- My disability benefits or health insurance will be stopped or reduced if I work.
- Public transportation is inadequate and/or not sufficient for me to use. Please explain._____

- There are no jobs available in my field or occupation.
- Transportation to and from work is unavailable to me.
- Other obstacles preventing me from working are _____

13. If you are not employed, but are able to work, are you looking for work?

- yes
- no

IF YOU ARE NOT EMPLOYED, PLEASE SKIP TO QUESTION 26.

14. If you are employed, how long have you been at your current job?

- more than 4 years
- 3–4 years
- 1–2 years
- less than 1 year

(continued on next page)

15. How many hours do you work per week?

- more than 40
- 31-40
- 21-30
- 10-20
- less than 10

16. Please indicate your occupation from the following list. Check (✓) ONE.

- laborer (construction, farming, industrial)
- office/clerical (including data entry)
- professional/managerial/technical
- sales (retail and personal services)
- self-employed
- service (food, health, janitorial)

If you don't see your occupation listed, how would you best describe it? _____

17. Are you satisfied with your occupation?

- yes
- no

18. If no, why? _____

19. Please check (✓) any other occupations you would be interested in.

- laborer (construction, farming, industrial)
- office/clerical (including data entry)
- professional/managerial/technical
- sales (retail and personal services)
- self-employed
- service (food, health, janitorial)
- other (please specify) _____

(continued on next page)

20. If you are employed, are you paid an hourly wage or a salary?

- hourly wage
- salary

21. If you are paid an hourly wage, what is your rate? Please check (✓) ONE.

- less than \$5.15
- \$5.16–\$7.00
- \$7.01–\$10.00
- \$10.01–\$15.00
- more than \$15.00

22. If you are paid a salary, please write your salary on the line provided. Then put a check (✓) to indicate how often you are paid that salary.

\$ _____

- per year
- per month
- 2 times a month
- weekly
- daily
- other (please specify) _____

23. Is health insurance available through your employer?

- yes
- no (skip to question 26)

24. If yes, do you participate in the health insurance available through your employer?

- yes
- no

(continued on next page)

- 25. If you do not participate in the health insurance available through your employer, check (✓) the reason why.**
- cost
 eligibility
 benefits do not cover my condition
- 26. Do you receive financial support from any of the following sources? Check (✓) all that apply.**
- annuities, mutual funds, trust funds
 legal settlements
 Medicaid
 Medicare
 private health insurance
 public assistance
 retirement benefits
 Supplemental Security Income (SSI)
 Social Security Disability Insurance (SSDI)
 other disability insurance
 unemployment insurance
 veterans benefits (VA/CHAMPS)
 worker's compensation
 other sources of income (please specify) _____

27. What is your total income (from all sources) for one year?

- \$40,000 or more
 \$30,000–\$39,999
 \$20,000–\$29,999
 \$10,000–\$19,999
 under \$10,000

(continued on next page)

28. Are you familiar with services offered by the Florida Division of Vocational Rehabilitation?

- yes
- no

29. Have you received any assistance with finding or keeping a job through one of the following?

- Department of Labor and Employment Security, Jobs and Benefits
- Division of Vocational Rehabilitation
- other service providers

IF YOU HAVE NOT RECEIVED EMPLOYMENT-RELATED ASSISTANCE FROM THE DIVISION OF VOCATIONAL REHABILITATION, PLEASE SKIP TO QUESTION 38.

30. If you have received employment-related assistance from the Division of Vocational Rehabilitation, please check () the types of services you have used.

- academic training
- counseling
- evaluation
- job placement
- job training
- referral to other agencies
- support services after employment
- treatment and restorative services
- other (please specify) _____

31. Each state has a separate Client Assistance Program (CAP) that acts as an advocate for consumers of the Division of Vocational Rehabilitation and helps to resolve questions about the delivery of vocational rehabilitation services. Were you informed about the Client Assistance Program by the Division of Vocational Rehabilitation staff or your counselor?

- yes
- no

(continued on next page)

32. Have you ever used the Client Assistance Program in Florida?

- yes
- no

33. If yes, was the program helpful to you?

- yes
- no

34. Was the assistance you received from the Division of Vocational Rehabilitation helpful to you in finding or in keeping a job?

- yes
- no

35. If yes, what services were most helpful to you?

- academic training
- counseling
- evaluation
- job placement
- job training
- referral to other agencies
- support after employment
- treatment and restorative services
- other (please specify) _____

36. If the assistance you received from the Division of Vocational Rehabilitation was not helpful, please explain why.

37. Was the service timely?

- yes
- no

38. Do you have a Center for Independent Living (CIL) near your home?

- yes
- no

39. If yes, have you used any services provided by the Center for Independent Living?

- yes
- no

40. Are you familiar with the Plan for Achieving Self-Support (PASS) sponsored by the Social Security Administration?

- yes
- no

41. Have you ever used the Plan for Achieving Self-Support (PASS)?

- yes
- no

42. Have you used or are you currently using any of the following types of vocational rehabilitation employment-related services? Check (✓) all that apply.

Equipment and modification services

- adaptive or assistive devices
 - equipment that would allow you to telecommute for a job
 - a modified worksite
 - personal assistant
 - other tools or equipment that you need for a job (please specify) _____
-

Job-related services

- assistance from a "job coach" after getting a job
- assistance in selecting an occupation you would enjoy
- career development services
- help in learning the skills for a new job
- help in preparing a resume or filling out a job application form
- interviewing skills (how to handle yourself in a job interview)
- job counseling
- job listings
- job site support services
- referral to job openings
- training in work habits, appropriate clothing, people skills, etc.

Other services

- help in setting up your own business or self-employment
 - skills training or education
 - transition (School-to-Work) services
 - treatment in correcting or improving a medical condition
 - work-related transportation services
 - other vocational rehabilitation services (please specify) _____
-

43. Which employment-related services do you feel are most important? Check (✓) up to a total of FIVE services from the three categories listed.

Equipment and modification services

- adaptive or assistive devices
 - equipment that would allow you to telecommute for a job
 - a modified worksite
 - personal assistant
 - other tools or equipment that you need for a job (please specify) _____
-

Job-related services

- assistance from a “job coach” after getting a job
- assistance in selecting an occupation you would enjoy
- career development services
- help in learning the skills for a new job
- help in preparing a resume or filling out a job application form
- interviewing skills (how to handle yourself in a job interview)
- job counseling
- job listings
- job site support services
- referral to job openings
- training in work habits, appropriate clothing, people skills, etc.

Other services

- help in setting up your own business or self-employment
 - skills training or education
 - transition (School-to-Work) services
 - treatment in correcting or improving a medical condition
 - work-related transportation services
 - other vocational rehabilitation services (please specify) _____
-

- 44. Do you have any other comments regarding employment-related programs and services at the Division of Vocational Rehabilitation?**

- 45. Are there specific suggestions you would like to offer to improve services to persons with disabilities?**

Dear Respondent,

We know your time is valuable and we appreciate your effort to answer these questions in detail. All information shared on this questionnaire is confidential and the respondents will be anonymous. No names or other means of identification will be used. The privacy and confidentiality of data supplied for research and planning purposes is protected and guaranteed by federal law.

Thank you,
Educational Services Program
Florida State University
Phone: 1-850-644-8210

Appendix B: Survey of Family Members



Services Related to Employment

Survey of Family Members

We need your help. Could you please take a few minutes to complete the following survey? Your answers will help plan services that are more sensitive and responsive to the needs of families who have a family member with disabilities.

What will this survey do? This survey is for individuals in families who have a member with a disability. It is part of a larger study that is being conducted to determine the service needs of individuals with disabilities who want to get or keep a job or gain greater independence. Your responses will be treated with the strictest confidence and all information will be kept anonymous and used only for research and planning purposes.

What is a "family member"? "Family member" here refers to any individuals in your household with whom you have a close relationship. Thus, you should fill out this questionnaire if you have a relative with a disability or if you are a partner or a caregiver to a household member with a disability.

What do you do when you've completed the survey? Place it in the postage-paid, pre-addressed envelope provided and mail it. Thank you for your cooperation.

Directions: Please answer the first eight items about yourself. Check (✓) the best answer or write your answer on the lines provided.

1. What is your gender?

- female
- male

2. What is your age?

- under 16
- 16-34
- 35-54
- 55-64
- 65 or over

(continued on next page)

3. What is your race?

- white, non-Hispanic
- black, non-Hispanic
- Hispanic
- Asian/Pacific islander
- Native American
- other

4. What was the last grade you completed in school?

- advanced degree
- four-year (college) degree
- two-year (associate) degree
- vocational school
- high school/GED
- 11th grade or below

5. What Florida county do you live in? _____

6. What is your marital status?

- single
- married
- separated
- divorced
- widowed

7. Please indicate your annual household income.

- \$40,000 or more
- \$30,000–\$39,999
- \$20,000–\$29,999
- \$10,000–\$19,999
- under \$10,000

8. How many individuals live in your household?

- less than 2
- 2–4
- 5–8
- more than 8

(continued on next page)

Directions: Please answer the following in reference to your family member with a disability. If you have more than one family member with a disability, choose one and answer only for that individual. Check (✓) the best answer or write your answer on the lines provided.

9. Does your family member with a disability live with you?

- yes
- no

10. If yes, is there more than one person in your household with a disability?

- yes
- no

11. Do you feel that your family member is qualified and able to work now?

- yes
- no

12. If yes, is or has your family member recently been employed?

- yes
- no

13. If your family member is not working or not able to work, please tell why. Check (✓) the top THREE reasons.

- Disability benefits or insurance will be stopped or reduced if he or she starts working.
- He or she cannot work regular hours.
- He or she feels discriminated against because of his or her condition(s).
- He or she has responsibilities at home that keep him or her from working.
- He or she is unable to access potential workplaces due to physical barriers (such as steps, curb access, etc.)
- He or she needs additional skills, training, or education.
- His or her condition(s) prevent(s) him or her from working because _____

- Public transportation is inadequate and/or not sufficient to meet his or her needs.
- There are no jobs available in his or her field or occupation.
- Transportation to and from work is unavailable for him or her.
- Other obstacles preventing him or her from working are _____

(continued on next page)

14. In your opinion, which of the following are the biggest problems you have encountered in helping your family member to find or keep a job? Please check (✓) the top THREE major problems.

- difficulties in obtaining adequate health care
- difficulties in obtaining disability insurance or benefits
- discrimination
- emergencies and safety needs
- emotional and other stress
- job-related concerns for family member with disability (job security, work environment)
- lack of adequate financial support
- lack of information about disabilities and resources
- lack of other support services
- legal concerns (ADA-related)
- problems in providing for personal care needs
- transportation problems
- other problems (please explain) _____

15. In your opinion, which of the following are the most important needs for your family in helping your family member to find or keep a job? Please check (✓) the top THREE.

- access to information about disabilities and resources
- adequate disability insurance or benefits
- adequate health care
- advocacy
- counseling on issues relating to disability (legal, safety, work-related, support, access)
- family involvement in rehabilitation planning
- family or marital counseling
- financial support
- personal care needs
- transportation services
- other needs (please explain) _____

(continued on next page)

16. Do you feel that your family member has the ability to work independently?
- yes
 no
17. Do you feel that employment for your family member would be beneficial for him or her?
- yes
 no
18. Do you feel that employment for your family member would be beneficial for your family as a whole?
- yes
 no
19. Are you familiar with employment-related services offered by the Florida Division of Vocational Rehabilitation?
- yes
 no
20. Has your family member received any assistance from the Division of Vocational Rehabilitation with finding or keeping a job?
- yes
 no
21. If your family member has received employment-related assistance from the Division of Vocational Rehabilitation, please check (✓) the types of services they used.
- academic training
 counseling
 evaluation
 job placement
 job training
 referral to other agencies
 support services after employment
 treatment and restorative services
 other (please specify) _____

(continued on next page)

22. Each state has a separate Client Assistance Program (CAP) that acts as an advocate for consumers of the Division of Vocational Rehabilitation and helps to resolve questions about the delivery of vocational rehabilitation services. Were you or your family member informed about the CAP by the Division of Vocational Rehabilitation staff or your family member's counselor?

- yes
- no

23. Have you or your family member ever used the CAP in Florida?

- yes
- no

24. If yes, was the CAP helpful to you?

- yes
- no

(continued on next page)

25. Has your family member used or is he or she using any of the following types of employment-related services? Check (✓) all that apply.

Equipment and modification services

- adaptive or assistive devices
 - equipment that would allow your family member to telecommute for a job
 - modification of your family member's worksite
 - personal assistant
 - other tools or equipment that your family member needs for a job (please specify)
-
-

Job-related services

- assistance from a "job coach" after getting a job
- assistance in selecting an occupation
- career development
- help in learning how to interview for a job
- help in learning skills for a new job
- help in preparing a resume or filling out a job application form
- job counseling
- job listings
- job site support
- referral to job openings
- training in work habits, appropriate clothing, people skills, etc.

Other services

- help in setting up your own business or self-employment
 - skills training or education
 - transition (School-to-Work)
 - treatment in correcting or improving a medical condition
 - work-related transportation
 - other vocational rehabilitation services not listed (please specify)
-

26. In your opinion, which employment-related services are most important? Check (✓) up to a total of FIVE services from the three categories listed.

Equipment and modification services

- adaptive or assistive devices
 - equipment that would allow your family member to telecommute for a job
 - modification of your family member's worksite
 - personal assistant
 - other tools or equipment that your family member needs for a job (please specify)
-
-

Job-related services

- assistance from a "job coach" after getting a job
- assistance in selecting an occupation
- career development
- help in learning how to interview for a job
- help in learning skills for a new job
- help in preparing a resume or filling out a job application form
- job counseling
- job listings
- job site support
- referral to job openings
- training in work habits, appropriate clothing, people skills, etc.

Other services

- help in setting up your own business or self-employment
 - skills training or education
 - transition (School-to-Work)
 - treatment in correcting or improving a medical condition
 - work-related transportation
 - other vocational rehabilitation services not listed (please specify) _____
-

27. Do you have any other comments about the needs of families who are helping a family member with a disability find or keep a job?

28. Are there specific suggestions you would like to offer to improve services to persons with disabilities?

Dear Respondent,

We know your time is valuable and we appreciate your effort to answer these questions in detail. All information shared on this questionnaire is anonymous. No names or other means of identification will be used. The privacy and confidentiality of data supplied for research and planning purposes is protected and guaranteed by federal law.

Thank you,
Florida State University
Educational Services Program
Phone: 1-850-644-8210

Appendix C: Survey of Service Provider



Services Related to Employment

Survey of Service Providers

This survey is being conducted to determine the service needs of individuals with disabilities as related to obtaining and retaining employment. The information collected will help the Florida Division of Vocational Rehabilitation plan future services that are aligned with the needs of individuals with disabilities. All responses will be treated with the strictest confidence and the information will be kept anonymous and used only for research and planning purposes.

When you have completed the survey, place it in the postage-paid, pre-addressed envelope provided and mail it. Thank you for your cooperation.

Directions: Please check (✓) the best answer or write your answer on the lines provided.

1. Name of your agency or organization (optional) _____
2. Which of the following best describes your organization?
 public (federal, state, local)
 nonprofit
 private (for profit)
 other (please specify) _____
3. In which Florida county are you located? _____
4. Please list all counties covered by your local organization.

5. What is the approximate annual budget for your local organization? \$ _____

(continued on next page)

6. What are your main funding sources? Check (✓) all that apply.

- federal
- state
- local
- private (for profit)
- nonprofit
- other (please specify) _____

What are the primary characteristics of your clients? Questions 7–9 ask you to indicate the characteristics of the individuals with disabilities that you serve. Check (✓) ONE response from each category.

7. What age group does your organization mostly serve?

- children (under age 18)
- adults (age 18–63)
- elderly (64 or older)

8. What is the income level of most of your clients?

- high (\$40,000 or more)
- middle (\$20,000–\$39,999)
- low (below \$20,000)

9. Does your organization serve a specific disability population (i.e., persons with multiple sclerosis, cognitive disabilities, speech impairments, etc.)?

- yes
- no

10. If yes, please specify disability. _____

11. What are the levels of disability in your client population? Give percentage (%) for each category.

_____ % moderately disabled

_____ % severely disabled

_____ % very severely disabled

(continued on next page)

12. Do any of your clients use services offered by the Florida Division of Vocational Rehabilitation (DVR)?

- yes
- no
- don't know

IF YOU ANSWERED NO OR DON'T KNOW TO QUESTION 12, PLEASE SKIP TO QUESTION 21.

13. If yes, please indicate the services your clients have used.

- academic training
- assistive devices
- counseling
- evaluation
- job search assistance
- job training
- modifications to home or worksite
- rehabilitation engineering
- referral to other agencies
- support after employment
- treatment
- other (please specify) _____

14. Would you describe the services your clients receive from DVR as helpful?

- yes
- no

(continued on next page)

15. If yes, which services are most helpful to your clients?

- academic training
- assistive devices
- counseling
- evaluation
- job search assistance
- job training
- modifications to home or worksite
- rehabilitation engineering
- referral to other agencies
- support after employment
- treatment
- other (please specify) _____

16. If you would not describe the services as helpful, please give details.

17. Has your organization collaborated with DVR in providing vocational rehabilitation services to your clients?

- yes
- no

IF YOU ANSWERED NO TO QUESTION 17, PLEASE SKIP TO QUESTION 21.

18. If yes, please indicate the nature of the collaboration below.

- We provide services to DVR customers through fee-for-service arrangements.
 - We provide services to DVR customers under contract.
 - We provide to DVR customers nonvocational services that are coordinated with DVR services.
 - We provide other collaboration (please specify). _____
-

(continued on next page)

19. What types of services do you provide to DVR customers? Check (✓) the FIVE most important.

- academic training
- assistive devices
- coordination of services (case management)
- counseling
- evaluation
- information and referral to other agencies
- job development and contact with employers
- job search assistance
- rehabilitation engineering
- restorative services and/or medical treatment
- support after employment
- training for your agency staff
- vocational skills training
- other (please specify) _____

20. Based on your experiences in working with DVR, which areas do you feel could have been improved?

21. Each state has a federally funded and separate Client Assistance Program (CAP) to help resolve questions about the delivery of vocational rehabilitation services and advocates for the client. Have you worked with or referred your clients to the CAP in Florida?

- yes
- no
- I was not aware of CAP.

22. If yes, please indicate whether the program was useful. Why or why not?

23. Has your organization worked with other organizations (other than DVR) in providing employment-related services to your clients?

- yes
- no

(continued on next page)

24. If yes, please list the organizations.

25. If you answered yes to question 23, please indicate the nature of the collaboration. Write in agency names where appropriate.

data collection and/or sharing

joint grant requests

joint resource development; i.e., fundraising, planned giving, etc. (please specify) _____

nonvocational services provided to _____

public affairs and client advocacy (please explain) _____

referrals provided to _____

services provided through fee-for-service arrangements to _____

services under contract provided to _____

subcontracts provided to _____

training of staff

other collaboration (please specify) _____

other contractual services (please specify) _____

26. If your organization has worked with other organizations, did you experience any difficulties or problems?

yes

no

IF YOU ANSWERED NO TO QUESTION 26, PLEASE SKIP TO QUESTION 28.

27. If yes, please explain briefly.

(continued on next page)

28. Which of the following does your organization currently offer?

- adaptive or assistive devices
- career development services
- employer marketing/liaison
- employment-related medical services
- housing modifications
- job coaching
- job counseling services
- job development
- job listings
- job readiness instruction
- job search assistance
- personal assistant
- referral to job openings
- training or education related to employment
- transition (School-to-Work) services
- worksite adaptation/modification
- worksite support services
- work-related transportation services
- other vocational rehabilitation services (please specify)

29. What other DVR employment-related activities do you feel can further assist individuals with disabilities?

(continued on next page)

30. What are the most important employment-related trends for people with disabilities in the next 5–10 years? Please check (✓) your top FIVE choices.

- ADA implementation
 - changes in the Social Security program
 - collaboration/coordination between organizations providing employment-related services
 - computer technology
 - continuing education and professional standards in the field of vocational rehabilitation
 - decreased level of funding for vocational rehabilitation services
 - demand for accessible/affordable housing
 - employer attitudes
 - family support
 - growing strength of advocacy groups (public awareness, research organizations)
 - growth in telecommuting
 - health care/insurance reform
 - increasing incidence of disability among the elderly
 - job and skills training on-line via the Internet
 - managed care growth and reforms in the HMO sector
 - Medicare and Medicaid changes
 - the movement to make personal assistance services (PAS) available
 - new technologies (other than assistive technology)
 - personal assistants
 - possible ADA rollbacks by Congress or the courts
 - privatization of public vocational, employment, and rehabilitation services
 - required professional standards and certification of vocational rehabilitation counselors
 - self-employment and growth of entrepreneurship
 - service vouchers
 - small business as a major jobs growth sector
 - transportation
 - welfare reform and its impact on people with disabilities
 - other employment-related trends (please specify) _____
-