

# 2020 Comprehensive Statewide Needs Assessment Report

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An Overview of Vocational Rehabilitation Services  
Needs and Strategies



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Austin, Texas 78701

## Acknowledgments

The Texas Workforce Commission (TWC) acknowledges the contributions of its Division for Operational Insight (DOI). DOI led the effort to analyze data and worked in collaboration with internal and external partners to produce a timely and accurate assessment of the needs of Vocational Rehabilitation (VR) customers in Texas. DOI partnered with the Rehabilitation Council of Texas (RCT) for guidance and research design input, the Public Policy Research Institute (PPRI) at Texas A&M for administration and analysis of the VR services needs assessment survey, and TWC's VR Division (VRD) for direction and information to develop data-driven conclusions in a rehabilitation context. Numerous subject matter experts also were consulted across the agency.

## Executive Summary

The Comprehensive Statewide Needs Assessment (CSNA) is required by federal law and describes the vocational rehabilitation (VR) service needs of individuals with disabilities residing or working in Texas. Every three years, the designated state unit (DSU) for the VR program uses the CSNA to identify goals and priorities for program administration aligned with a Combined State Plan (CSP) that addresses the state's workforce system needs. The 2020 CSNA Report provides the requisite assessment of VR service needs and associated needs of program staff and service providers.

The 2020 CSNA found that during Federal Fiscal Years (FFY) 2018 to 2020, the Texas VR program experienced significant staff turnover statewide (13.2% in 2018, 14.7% in 2019 and 11.1% in 2020). Moreover, during FFY 2017 to 2019, the Texas VR program experienced a substantial decline of 42% in the number of active service providers,<sup>1</sup> from around 9,500 at the start of FFY 2017 to around 5,500 by the end of FFY 2019. These trends were associated with decreasing program expenditures, limited provider options for customers, longer wait periods, and, at times, perceptions of lower quality services. During the same timeframe, the employment rate for VR program participants declined from 66% to 60%. By the end of FFY 2020, the number of active service providers and employment rate had decreased further, to around 4,400 and 57%, respectively.

The state's three overarching categories of VR service needs are:

1. **Provider Network:** recovering and maintaining a robust network of providers to ensure access to equitable and diverse services;
2. **Process Improvement:** streamlining procedures and approval processes to remove any unnecessary administrative processes for staff, providers, and customers; and
3. **Staffing and Expertise:** recovering and maintaining sufficient staff and expertise to effectively serve jobseekers with disabilities.

This 2020 CSNA Report details VR service needs that fall under the above overarching needs categories. The report discusses VR performance trends as well as staff, provider, and customer perceptions. Moreover, the report identifies potentially underserved populations that could benefit from increased engagement by the VR program.

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<sup>1</sup> The number of unique vendors who provided VR services in a given fiscal year based on purchase order (PO) expenditure data in ReHabWorks.

## Methodology of the 2020 CSNA

The 2020 CSNA analyzed data from the VR program in Texas during FFY 2017 to 2019. This timeframe aligns with the first three fiscal years after the integration of the VR program into the Texas Workforce Commission (TWC), including the subsequent reorganization of VRD into one DSU. Data were collected from March to June 2020, which coincided with growing public awareness of the COVID-19 pandemic. In response to safety concerns, the VR Division (VRD) utilized remote digital technology for all data collection efforts for the CSNA, including live town hall webinars, online surveys, and videoconferencing for interviews.

The five principal information sources for the 2020 CSNA included:

1. Four statewide virtual town hall meetings using the ZOOM webinar platform, in addition to one physical meeting that was held in Austin before closures related to the COVID-19 pandemic; an online SurveyMonkey town hall questionnaire allowed people who were unable to attend to provide input.
2. 13 key informant interviews with select VR managers and counselors;
3. An Internet-based VR needs survey using a random sample of customers, staff, and vendors that the VR program contracted with the Public Policy Research Institute (PPRI) at Texas A&M University; this survey focused on satisfaction with systems, processes, and specific VR services.
4. Customer satisfaction surveys; and
5. Data from ReHabWorks (the automated case management system used by the Texas VR program).

Quantitative analyses were facilitated using PC SAS, Microsoft Excel, and Tableau software. Data from the US Census Bureau were consulted via the US Census Bureau's American Community Survey (ACS) to create and assess potential VR customer and disability population estimates. The qualitative component of the 2020 CSNA centered on textual analysis of town hall meetings and key informant interviews conducted during the spring of FFY 20.

## Summary Themes of the 2020 CSNA

### Demographics of Disability in Texas

The proportion of Texans with disabilities has remained stable at about 12% with the state's growing population.<sup>2</sup> Including nonparticipants in the labor force, there were about 3,153,000 Texans with disabilities as of December

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<sup>2</sup> ACS Table S1810 (2014-2018, 5 Year Estimates) - 11.5%

31, 2018 — about half were male, half were female, 32% were of Hispanic and/or Latino ethnicity, and 23% belonged to a minority racial group.<sup>3</sup> The approximately 219,000 VR participants<sup>4</sup> served during FFY 2017 to 2019 generally matched these demographics; 31% were Hispanic and/or Latino and 27% belonged to a minority racial group. However, only 45% of VR participants were female, which reflects the lower levels of participation by females in the Texas labor force. In FFY 2019, about 60% of VR participants achieved desired employment outcomes, otherwise known as a successful VR case closure.

### **VR Service Needs and Potentially Underserved Populations**

Potentially underserved populations and related VR service needs include:

- Individuals who are age 55 years or older and unemployed at application to the VR program;
- Individuals who need supported employment to seek their first jobs;
- Individuals who are pursuing career advancement;
- Individuals living outside of major metro areas with neurodevelopmental disabilities such as autism spectrum disorder (ASD) or an intellectual developmental disorder (IDD), or who have psychosocial disabilities such as depressive mood or personality disorders and need access to specially trained staff, providers, and employers;
- Individuals who are stroke survivors or who have traumatic brain injuries, who need new service providers after an open enrollment period failed to attract specialized vendors;
- Students in rural or disadvantaged school districts, who need preemployment and other transition services;
- Veterans with disabilities, who need information about TWC services and may not be aware of the Texas VR program;
- Individuals with blindness or visual impairments (BVI), who need expanded access to providers of BVI and independent living services to support vocational goals; and
- Individuals receiving public benefits, who need easily accessible information about how employment may impact their public benefits.

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<sup>3</sup> ACS Table S1810 (2018, 5-Year Estimates) – 3,152,865.

<sup>4</sup> Rounded sum of annual FFY participant counts (76,338 in FFY 2017; 72,494 in FFY 2018, and 70,146 in FFY 2019.)

## **Stakeholder Perspectives on VR Program Needs**

All CSNA information sources and stakeholder groups indicated a need to streamline internal procedures and reduce paperwork to expedite service delivery for customers and improve collaboration with service providers. This need was emphasized especially regarding community rehabilitation programs (CRP) and supported employment (SE) providers. All stakeholder groups also voiced the need for additional training in using labor market information (LMI) data and the types of LMI tools available at TWC, coupled with education of local employers about the benefits of hiring customers with disabilities. In the PPRI VR needs survey, customers, staff, and providers each ranked concern over the loss of public benefits as a primary challenge to successful VR.

### ***Customer Perspectives***

VR customers prioritized the need for easily accessible information about public benefits during town halls. Customers with higher educational credentials asked for more assistance in professional placements. In connection with informed choice, customers requested expanded employment service and other specialty provider options, especially outside of major metro areas.

### ***Staff and Provider Perspectives***

VR program staff and providers emphasized challenges related to efficient service delivery, the lack of viable transportation options and inadequate community or family support to facilitate VR services. Program staff, especially counselors, also mentioned the need for resources to connect with local businesses.

### ***Diverging Perspectives among Stakeholders***

Together with other CSNA information sources, the 2020 PPRI VR needs survey revealed a growing divergence in perspectives between VR program staff on one hand, and customers and service providers on the other. For example, the gap between staff and customers in their valuation of informed choice increased. In 2020, customers and service providers were significantly less likely than staff to agree that customers were included in making choices about services. Moreover, VR customers were more likely than staff to perceive a lack of easily accessible information regarding public benefits as a frequent challenge to VR, while staff assigned less importance to benefits coordination and work incentive programs than did both VR customers and service providers.

## Addressing Challenges to Employment

Current VR program strategies to address challenges to employment emphasize implementing the agency's rapid process improvement (RPI) principles, which are described in more detail later in this report. Projects based on RPI principles may help the VR program identify and reduce continuing inefficiencies in service delivery processes for customers and providers. In follow-up to the 2017 CSNA, the VR program began to develop strategies to:

- Increase the visibility and availability of services to students;
- Improve delivery of services to individuals with neurodevelopmental disorders; and
- Identify effective ways to help customers who enter the VR program with limited or no prior work history.

Due to the impact of the COVID-19 pandemic, interference from systemic trends, and ongoing discussion about identifying root causes of problems, research has not yet determined the effect of these strategies on customer outcomes. However, under TWC's Pathways to Careers Initiative (PCI), the VR program has cultivated statewide programs to provide pre-employment transition services (Pre-ETS) for career exploration and higher education counseling, self-advocacy and workplace readiness training, and paid work experiences. Since its inception in FFY 2017, PCI has expanded to include eight strategies to increase the variety and access of Pre-ETS services to students with disabilities.

In addition to PCI strategies such as Summer Earn and Learn (SEAL), the VR program has also launched non-PCI strategies including the Explore Apprenticeship program, group skills trainings (GST) and year round paid work experiences that provide youth and adult customers with limited or no prior work history opportunities to participate in volunteering, internships, apprenticeships, and other temporary paid work. These opportunities aim to help youth and adults develop soft and hard skills in areas of interest and determine vocational goals. During the town halls, parents and caregivers of students with neurodevelopmental disabilities stated that SEAL and Project SEARCH programs helped lead to successful job placements. While further research is required to corroborate this perception, preliminary research evaluation conducted by DOI does tend to support it. DOI found that Project SEARCH participants between the ages 18 and 24 who exited the VR program during FFY 2015 to 2018 had about a two-thirds higher probability of achieving successful employment outcomes and were about one-third more likely to retain employment in the second through fourth quarters after

exiting the VR program, compared to VR customers with similar characteristics who did not participate in Project SEARCH.<sup>5</sup>

Customers with visual disabilities cited the importance of assistive technology provided by the VR program. Among individuals with the most significant disabilities, customers with ASD and customers with visual impairments other than legal blindness have maintained comparably high employment rates.<sup>6</sup>

### **Serving Students and Youth with Disabilities**

Before obligating funds for authorized Pre-ETS, state VR programs are required to estimate the cost of required and coordinated Pre-ETS. The Texas VR program uses a projection method based on information provided by the Rehabilitation Services Administration (RSA) and disseminated by the Workforce Innovation Technical Assistance Center (WINTAC). In brief, to project future expenditures, the current average cost of required and coordinated Pre-ETS per student is multiplied by the number of anticipated students needing these services in the future. That amount is subtracted from the Pre-ETS allocation. What remains can be used for authorized services.

Over the past several years, the number of eligible students and funds expended on Pre-ETS have increased. The number of Pre-ETS customers (VR eligible and potentially VR eligible) has more than doubled since the previous CSNA, from around 14,500 in FFY 2016 to over 29,800 in FFY 2019. However, this increase was expected since WIOA explicitly set aside 15% of total Title IV funding to ensure a robust Pre-ETS program, and TWC has continued to develop and improve efforts to serve students with disabilities. The VR program will continue to update estimates of potentially VR eligible students with disabilities in collaboration with the Texas Education Agency (TEA) and the US Department of Education's (ED) Office of Civil Rights. The data sharing agreement with TEA enables VR to base its estimates on trends

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<sup>5</sup> The employment rate for Project SEARCH participants in the study was 89.6%, compared to 53.5% for customers with similar characteristics who did not participate in Project SEARCH. Likewise, the Q2-Q4 retention rate for Project SEARCH participants was 73% compared to 56% for non-participants.

<sup>6</sup> During FFY 2017 to 2019, the overall employment rate for all VR customers with most significant disabilities was 54%, compared to 64% and 68% for customers with most significant ASD or most significant visual impairments other than legal blindness.



in the growth of special education and 504 plan student populations in Texas.

In response to the COVID-19 pandemic, VRD has provided guidance to Boards (Local Workforce Development Areas, LWDA) to enable virtual delivery of the 2021 SEAL program when possible, including remote work readiness training and monitoring visits, together with a blended model of both in person and virtual worksite placements. To enable successful virtual service delivery, VR counselors may also issue loaner devices to SEAL participants who need them to participate in virtual SEAL program services.

### **Establishing CRPs and Other Service Providers**

Data showed expected variability in VR customers' employment rates from region to region, with one notable exception. During FFY 2017 to 2019, caseloads dominated by customers with most significant disabilities had substantially lower employment rates outside of the largest metro areas. Employment rates for other caseloads did not vary in this way but did decline statewide.<sup>7</sup>

These declining statewide employment rates are associated with a substantial statewide decline in the number of VR service providers. During FFY 2014 to 2016, around 15,900 vendors<sup>8</sup> provided approximately 580,000 VR services, but during FFY 2017 to 2019, only around 11,000 vendors provided approximately 400,000 VR services, which is a decline of about 30% for both indicators. The steady decline in active service providers has resulted in an increasing participant-to-provider ratio. In FFY 2016, the statewide ratio of participants-to-providers was around eight (i.e. eight VR participants for every one active provider); by FFY 2020, this figure had nearly doubled to 15.

According to provider and staff feedback, the declining provider network is partly attributable to dissatisfaction with increasing paperwork and perceived procedural burdens. Providers and staff stated that unintended administrative complications arose during, and were associated with, the

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<sup>7</sup> For instance, the average employment rate for customers with cognitive or psychosocial difficulties outside of the largest metro areas (Greater Houston, Dallas-Fort Worth metro, Greater Austin and Greater San Antonio) was around 7 percentage points lower than for customers within these metro areas. Rate differences for specific disability causes such as depressive mood or personality disorders, ASD, and IDD ranged from 8 to 16 percentage points.

<sup>8</sup> In this report, "service providers" and "vendors" are interchangeable.

transition of the VR program to TWC during September 2016 and the subsequent reorganization of the VR program into one DSU. However, these administrative complications were not necessarily caused by the transition and reorganization process. The need for streamlining processes and reducing service delivery time was echoed by town hall participants and key informants, especially for more complex services such as vehicle modification and supported employment.

As childcare was also a noted challenge to employment, the VR program will continue to explore resources for available providers and supports. Since TWC administers the Child Care Development Block Grant, the VR program is theoretically well-positioned to determine how childcare providers can serve VR customers during the VR process. Progress in childcare service collaboration has not yet been documented.

In urban areas, VR customers reported that public transportation is often unreliable. In rural areas, VR customers reported that public transportation is often nonexistent. It was suggested that ridesharing, nonprofit charities, and family and friends could sometimes supplement public transit services; however, persons with special mobility needs, such as wheelchair users, likely would not benefit from these options. Qualitative data from town halls and key informant interviews points to both the limited availability and the perception of decreased quality of service providers in smaller cities and outlying rural areas. This includes specialty doctors and employment providers who are trained to work with specific disability populations.

Moreover, employer perceptions of people with disabilities may vary with geography. Businesses outside of large metro areas may not be aware of the potential benefits of hiring individuals with most significant disabilities. In particular, town hall attendees and key informants emphasized the need for increased employer awareness of individuals with most significant neurodevelopmental and mental health disabilities, as well as legally blind individuals, in rural or outlying areas. More research is needed to better understand geographical, social, and cultural impacts on perceptions of disability, provider quality and availability, perceptions of customer choice, and employment outcomes.

## Table of Acronyms

<b>Acronym</b>	<b>Term</b>
<i>ACS</i>	American Community Survey
<i>ASD</i>	Autism Spectrum Disorder
<i>BVI</i>	Blind and Visually Impaired
<i>CCRC</i>	Criss Cole Rehabilitation Center
<i>CRP</i>	Community Rehabilitation Program
<i>CSNA</i>	Comprehensive Statewide Needs Assessment
<i>CSP</i>	Combined State Plan
<i>CY</i>	Calendar Year
<i>DARS</i>	Department of Assistive and Rehabilitative Services
<i>DOI</i>	Division of Operational Insight
<i>DSU</i>	Designated State Unit
<i>ED</i>	US Department of Education
<i>EOM</i>	End of Month
<i>ESP</i>	Employment Service Provider
<i>FFY</i>	Federal Fiscal Year
<i>HHSC</i>	Health and Human Services Commission
<i>HR</i>	Human Resources
<i>IDD</i>	Intellectual Developmental Disorder
<i>IPE</i>	Individualized Plan for Employment
<i>LEA</i>	Local Education Agency
<i>LMI</i>	Labor Market Information
<i>LWDA</i>	Local Workforce Development Area
<i>MOU</i>	Memorandum of Understanding
<i>OIB</i>	Older Individuals Who Are Blind
<i>PAS</i>	Personal Attendant Services

<b><i>Acronym</i></b>	<b><i>Term</i></b>
<i>PCI</i>	Pathways to Careers Initiative
<i>Pre-ETS</i>	Preemployment Transition Services
<i>PPRI</i>	Public Policy Research Institute (Texas A&M University)
<i>PY</i>	Program Year
<i>RCT</i>	Rehabilitation Council of Texas
<i>RSA</i>	Rehabilitation Services Administration
<i>SE</i>	Supported Employment
<i>SEAL</i>	Summer Earn and Learn
<i>SSDI</i>	Social Security Disability Insurance Program
<i>SSI</i>	Supplemental Security Income Program
<i>STEM</i>	Science, Technology, Engineering, and Math
<i>TEA</i>	Texas Education Agency
<i>TVRC</i>	Transition Vocational Rehabilitation Counselor
<i>TWC</i>	Texas Workforce Commission
<i>TWS</i>	Texas Workforce Solutions
<i>VA</i>	US Department of Veterans Affairs
<i>VI</i>	Visually Impaired
<i>VR</i>	Vocational Rehabilitation
<i>VRD</i>	Vocational Rehabilitation Division
<i>WINTAC</i>	Workforce Innovation Technical Assistance Center
<i>WIOA</i>	Workforce Innovation and Opportunity Act

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## 2020 CSNA Report Overview

Vocational rehabilitation (VR) services help individuals with disabilities realize their vocational potential and achieve career goals.

VR services include:

- vocational counseling and guidance;
- academic and occupational or vocational training;
- diagnosis and treatment of impairments;
- assessment of medical and vocational needs;
- assistive technology and equipment;
- disability-related skills training;
- job exploration and work-based learning;
- supported employment and related on-the-job assistance; and
- transportation, room, and board.

VR services normatively help customers become employed in integrated workplaces that provide pay, benefits, and advancement opportunities comparable to those offered to their peers who do not have disabilities.

To ensure the quality of VR services, the Rehabilitation Act of 1973, as amended, requires each state's VR program and state rehabilitation council to conduct jointly the Comprehensive Statewide Needs Assessment (CSNA) every three years. This requirement has been continued by the Workforce Innovation and Opportunity Act (WIOA) of 2014, which is the federal law that reauthorizes the VR program.

The CSNA emphasizes the following two populations:

- Individuals with significant or most significant disabilities
- Individuals with disabilities who are students

To be classified as a student with a disability, a VR customer must be enrolled in a secondary or postsecondary education or training program and be younger than 22 years of age as of September 1<sup>st</sup> of the state fiscal year VR services will be provided. Per 29 USC §705,<sup>9</sup> for a disability to be considered a significant disability, a VR customer must have serious limitations in one or more functional areas and require multiple VR services over an extended period. To have a most significant disability, the VR customer must have serious limitations in three or more functional areas (for example, mobility, communication, self-care, self-direction, interpersonal

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<sup>9</sup> US Code—Unannotated Title 29, Labor §705: Definitions

skills, work tolerance, and work skills) and need significant on-the-job supports for the duration of employment.

## Information Goals

The federal guidelines for the CSNA state:

Per Section 101 of the Rehabilitation Act of 1973, as amended, the CSNA report must:

- i. “include the results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council (if the State unit has a Council) every 3 years. . . .” Results of the assessment are to be included in the VR portion of the Unified State Plan or CSP. The comprehensive needs assessment must describe “the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of—
  - I. individuals with the most significant disabilities, including their need for supported employment services;
  - II. individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title;
  - III. individuals with disabilities served through other components of the statewide workforce development system . . . as identified by such individuals and personnel assisting such individuals through the components; and
  - IV. youth with disabilities, and students with disabilities, including their need for pre-employment transition services or other transition services;
- ii. include an assessment of the needs of individuals with disabilities for transition services and pre-employment transition services, and the extent to which such services provided under this Act are coordinated with transition services provided under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) in order to meet the needs of individuals with disabilities.”

An assessment of the need to establish, develop, or improve community rehabilitation programs (CRPs) within the state is also required.

In view of the reorganization of the Texas VR program during FFY 2015 to 2017, the 2017 CSNA Report functioned as the foundational study for ongoing research on how to improve the VR program. Thus, this current

report document, which describes the 2020 CSNA, will include an assessment of progress made in implementing recommendations from the 2017 CSNA.

## Organization of the Report

The next section of this report is an overview of the research methodology of the 2020 CSNA. Then, major themes of the 2020 CSNA study are discussed according to information source (for example, town hall meetings, key informant interviews, and so forth). Although summarized in this document, the full PPRI VR Needs Survey report will be released separately. The last main section of this CSNA summary report discusses CSP goals and priorities that are intended to address VR services gaps and needs.

## Methodology

The 2020 CSNA used a mixed-methods approach that combined quantitative evidence of VR service patterns with qualitative insights from customers, staff, and other stakeholders (especially providers).<sup>10</sup>

## Information Sources

The five principal information sources for the 2020 CSNA include:

1. **One local (in Austin) and four statewide virtual town hall meetings** using the ZOOM webinar platform (523 attendees); an online SurveyMonkey town hall questionnaire allowed people who were unable to attend to provide input (108 respondents).
2. **Internet-based VR needs assessment survey** of customers, staff, and providers contracted with the Public Policy Research Institute (PPRI) at Texas A&M University (1,283 respondents); this survey focused on satisfaction with systems, processes, and specific VR services.
3. **13 key informant interviews**, including one VR manager and one counselor from each of the six integrated service areas, in addition to one supervisor from the Criss Cole Rehabilitation Center (CCRC);
4. **Customer satisfaction surveys** conducted for VR by Westat; and

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<sup>10</sup> Creswell, W. John (2015). *A Concise Introduction to Mixed Methods Research*. Los Angeles, California: SAGE Publications, Inc.

5. **Data from ReHabWorks** (the automated case management system used by the Texas VR program).

Because the customer data timeframe of the CSNA was FFY 2017 to 2019, it was important to obtain comparable staff data. Human Resources at TWC provided data to review staff demographics within the assessment timeframe.

## **Data Collection and Organization Challenges**

### **COVID-19 Pandemic**

Information collection for the CSNA took place from March to June 2020, which coincided with growing public awareness of the Covid-19 pandemic. TWC had initially planned to conduct a series of in-person town hall meetings across the state, together with one virtual meeting. However, only one physical meeting occurred in early March. Due to mounting public health concerns, the remaining physical meetings were cancelled. TWC instead hosted four virtual town hall meetings using the Zoom webinar platform during May 2020. Holding the meetings online significantly increased the number of attendees and provided expanded opportunities for people living in smaller cities and towns across the state to voice feedback about the VR program. In addition to conducting town hall webinars, TWC's VR Division (VRD) developed a town hall survey using the survey monkey platform. The online town hall survey extended the window for answering town hall questions and enabled people who were unable to attend the virtual meetings to provide input. Responses were also submitted via email.

Based on recommendations from the 2017 CSNA, VRD implemented new strategies to reach a greater number of VR customers for the PPRI VR needs survey. These included mailing an invitation letter informing customers of the survey's purpose and providing a link so that they could take the survey online. Despite working from home, PPRI staff facilitated the mass mailing of over 5,000 invitational letters to potential survey respondents to the VR needs survey in April 2020. As a result, the representation of VR customers in the survey increased substantially, providing a more in-depth view of perceptions customers have about the VR program.

During the March to June 2020 period, most state employees in Texas moved to telecommuting status, which was accompanied by an increased emphasis on using videoconferencing platforms for meetings. Thus, all 13 key informant interviews were conducted using Microsoft Teams rather than by phone, which allowed for instant access to interview recordings and facilitated the participation of an ASL interpreter.

Feedback from VR program staff and service providers received during the course of CSNA data collection indicates that building on the shift toward digital means of communication and remote service delivery in the wake of the COVID-19 pandemic may help enhance customer engagement and streamline VR processes. VRD management continues to meet regularly with service providers and other stakeholders to discuss potential changes to policy based on COVID-19 exceptions. VRD is also working with the Division of Operational Insight (DOI) to assess the impact of the COVID-19 pandemic in real time and ensure staff and customer safety going forward. VRD has added questions to its quarterly customer satisfaction survey regarding service interruptions and job loss due to the COVID-19 pandemic.

### **Program Reorganization**

This CSNA summary report covers the first triennial period since the reorganization of the VR program was completed on October 1, 2017. Based on a routine review of certain Texas state agencies conducted by the Texas Sunset Commission, the 84<sup>th</sup> Texas Legislature passed Senate Bill 208 to reorganize the administering agencies of the VR program.

Senate Bill 208 required that:

- the VR program move to TWC by September 1, 2016;
- the VR program combine blind services and general services into one DSU by October 1, 2017; and
- the VR staff integrate into the Workforce Solutions Offices in Texas.

Throughout the DSU combination and reorganization, TWC aimed to eliminate duplicative management structures, realign staff positions, and increase VR counselor positions to meet customer demand.

### ***Effects on Staff, Providers, Processes, and Services***

The changes noted above were associated with significant structural and organizational shifts, which influenced the perceptions of customers, staff, providers, and other stakeholders. Information collected during the 2020 CSNA revealed the following trends correlated with the reorganization of the VR program:

- DSU combination and reorganization, coupled with a change in corporate culture and identity, was associated with increased staff turnover and counselor position vacancies;
- changes in policies and auditing procedures accompanying the move to TWC were associated with additional layers of internal bureaucracy as well as increased paperwork processes for providers;

- decreased visibility of the Texas VR program, unrevised service rates, and instability or loss of prior relationships between providers and state agency staff were correlated with substantial statewide declines in the number of VR service providers (During FFY 2014 to 2016, around 15,900 vendors provided approximately 580,000 VR services, but during FFY 2017 to 2019, only around 11,000 vendors provided approximately 400,000 VR services<sup>11</sup>); and
- the transition of the VR program to TWC has been accompanied by raised customer expectations in terms of labor market knowledgeability and working relationships with local employers.

### ***Summary of Reorganization Themes and Needs***

A common and prominent CSNA theme that emerged across town hall meetings and online surveys was the need to streamline paperwork and internal procedures to reduce wait-time for receiving services. All CSNA information sources also emphasized the need for consistency within and across VR offices for receiving accurate and up-to-date information and concise explanations of VR services and policies. Customers in particular noted complaints about communication and service interruptions due to prolonged counselor position vacancies or having several changes in counselors within a short period of time.

When comparing the 2020 and 2017 CSNAs, one notices a considerable increase in feedback about the need for informed customer choice and a perceived lack of service provider options. At the town halls, providers stated that new policies put into place during the transition of the VR program from DARS to TWC resulted in additional paperwork processes, especially for outcome-based services such as supported employment. They also noted the need for rate revisions to bring contracted prices into closer alignment with standard market values. Six town hall attendees identified as providers who had left the VR network for these reasons. Current providers asked for expanded opportunities for constructive engagement with VR management to provide feedback and discuss policy changes. Respondents to the town hall question regarding customer choice frequently commented on the limited number of VR provider options rather than no options. Likewise, 8 of the 13 key informants (VR managers and counselors) mentioned deficits of specialty service providers outside of large metro areas.

The present reality of a declining service provider network helps to explain perception gaps between staff and VR program participants. In other words, staff may be following procedures as specified, but due to current provider

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<sup>11</sup> Based on unique purchase orders in ReHabWorks.

network circumstances, customers still may feel that they have not been offered a satisfactory choice in services. Participants also highlighted the need for expanded labor market knowledgeability by VR staff, together with employer education and awareness, to cultivate a greater diversity of employment options after exiting the VR program.

## Definitions

To interpret the content of the 2020 CSNA report, it is important to define what is meant by a VR participant. A participant is a customer who:

- has signed an individualized plan for employment (IPE; the customer is considered “in plan”); and
- has begun receiving VR services in accordance with the IPE.

Regarding gender, it should be noted that the VR program has historically used the word gender to refer to the anatomy of an individual’s reproductive system or sex assigned at birth. No assumptions about gender identity are intended. To draw a clearer distinction between sex assigned at birth and gender identity, the CSNA 2020 has used the word sex to refer to the anatomy of an individual’s reproductive system or sex assigned at birth.

To facilitate analyses of customer groups and align with US Census Bureau practice, the Texas VR program’s 2020 CSNA has adopted the *American Community Survey’s* (ACS) six disability-related difficulties, making slight clarifications in language to facilitate mapping to impairment subcategories from ReHabWorks (see Table A1 in Appendix A). These six ACS difficulties can have a physical, mental, or emotional cause. ACS difficulties can be collapsed into three large categories for broad comparisons: mental and social, physical and mobility, and sensory and communication difficulties.

The ACS six types of disabilities are as follows:

- **Hearing Difficulty:** deafness or serious difficulty hearing without assistive technology and devices
- **Vision Difficulty:** blindness or serious difficulty seeing, even when wearing glasses
- **Cognitive Difficulty:** serious difficulty remembering, concentrating, or making decisions without assistance
- **Ambulatory Difficulty:** serious difficulty with physical exertion, walking, climbing stairs, and/or using arms and legs
- **Self-Care Difficulty:** serious difficulty bathing, dressing, or using small objects like toothbrushes, buttons, and eating utensils without assistive technology and devices

- **Independent Living Difficulty<sup>12</sup>**: serious difficulty managing high-stress social interactions, participating in local communities, or running errands alone, such as visiting a doctor or shopping

The VR program does not always internally categorize disabilities according to ACS categories. Instead, the VR program's disability categories are usually defined according to groups based on federally provided codes for each disability cause and subcategory. These codes allow for a nuanced understanding of disabilities and are not directly comparable to a singular ACS difficulty category (Table 1).

**Table 1. Comparing Internal and ACS Disability Categories**

<i>Texas VR Program Disability Category</i>	<i>ACS Difficulty Categories</i>
Cardiac/Respiratory/Circulatory	Ambulatory
Cognitive	Cognitive
Deaf and/or Hard of Hearing	Hearing
Emotional/Mental/Psychological	Cognitive/Independent Living
Musculoskeletal/Neurological/Orthopedic	Ambulatory/Self-Care
Other	Ambulatory/Self-Care
Other Chronic Diseases	Ambulatory/Self-Care
Other Physical Debilitation or Impairment	Ambulatory/Self-Care
Spinal Cord Injury/Traumatic Brain Injury	Ambulatory/Cognitive/Self-Care
Substance Abuse	Cognitive/Independent Living
Blindness/Visual Impairment	Vision

Likewise, Table 2 categorizes the internal VR disability categories according to the five major RSA disability impairment categories: auditory/communicative, cognitive, physical, psychological/psychosocial and visual (including legally blind and other visual impairments).

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<sup>12</sup> Note that an independent living difficulty involves only community and social interaction challenges and should not be confused with independent living services, which focus on eliminating barriers to living an independent life and providing self-care.



**Table 2. Comparing Internal and RSA Disability Categories**

<b><i>Texas VR Program Disability Category</i></b>	<b><i>RSA Impairment Categories</i></b>
Cardiac/Respiratory/Circulatory	Physical
Cognitive	Cognitive
Deaf and/or Hard of Hearing	Auditory/Communicative
Emotional/Mental/Psychological	Psychological/Psychosocial
Musculoskeletal/Neurological/Orthopedic	Physical
Other	Physical
Other Chronic Diseases	Physical
Other Physical Debilitation or Impairment	Physical
Spinal Cord Injury/Traumatic Brain Injury	Physical/Cognitive
Substance Abuse	Psychological/Psychosocial
Blindness/Visual Impairment	Visual

## Summary of Research Process

The quantitative component of the 2020 CSNA centered on ReHabWorks customer information and other internal data sets for FFY 2017 to 2019. Quantitative analyses were facilitated using PC SAS, Microsoft Excel, and Tableau software. For customer estimates, ACS data from the US Census Bureau were consulted via the American FactFinder.

The qualitative component of the 2020 CSNA centered on textual analysis of a series of one physical and four virtual town hall meetings and an online town hall survey, together with key informant interviews conducted during the spring of FFY 2020. RCT members approved the research study design proposed by DOI at TWC and facilitated town hall meetings. Later, the RCT provided input regarding CSP goals, priorities, and strategies. Other stakeholders participated in town hall meetings and provided feedback via the VR needs survey administered by Texas A&M, e-mails, and in-person consultations and meetings. Other stakeholders were represented among RCT members as well.

## 2020 CSNA Themes

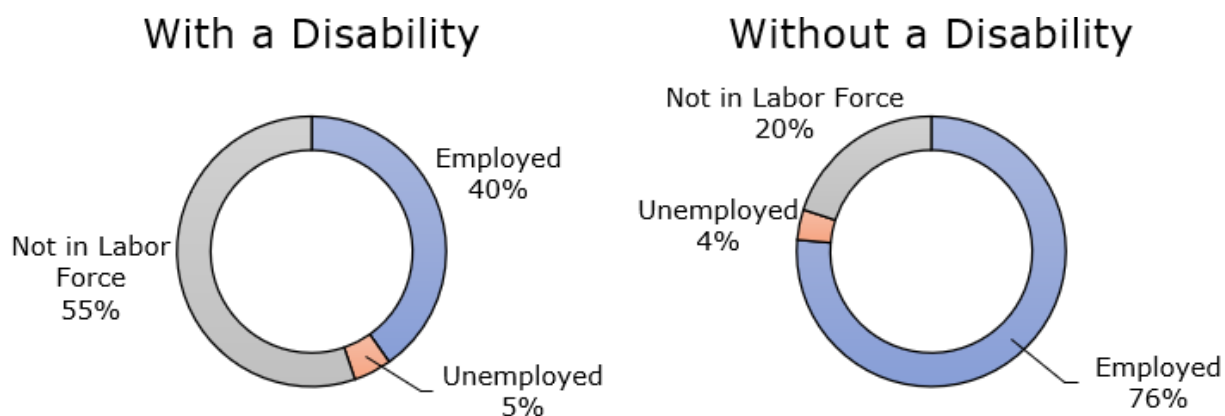
This section overviews major themes from the 2020 CSNA and discusses implications for the Texas VR program. As required by the federal guidelines, identified VR service needs are used to develop the goals and priorities as agreed upon with the RCT for the CSP.

### Demographics of Disability in Texas

#### Employment Estimates

Since the 2010 Census, the proportion of Texans with disabilities has remained stable at approximately 12% of the state's growing population. As of December 31, 2018, there were about 3,153,000 Texans with disabilities.<sup>13</sup> 735,000 Texans with disabilities were in the labor force, of whom about 660,000 were employed.<sup>14</sup> Per the ACS, in 2018, about 75,000 individuals with disabilities were actively seeking work in Texas. The number of unemployed Texans with disabilities decreased since the previous (2017) CSNA – but the most recent ACS does not reflect data subsequent to the COVID-19 pandemic.<sup>15</sup>

**Figure 1. Employment Status by Disability Status in Texas**



Source: Texas ACS Table B18120 (2018, 1-Year Estimates).

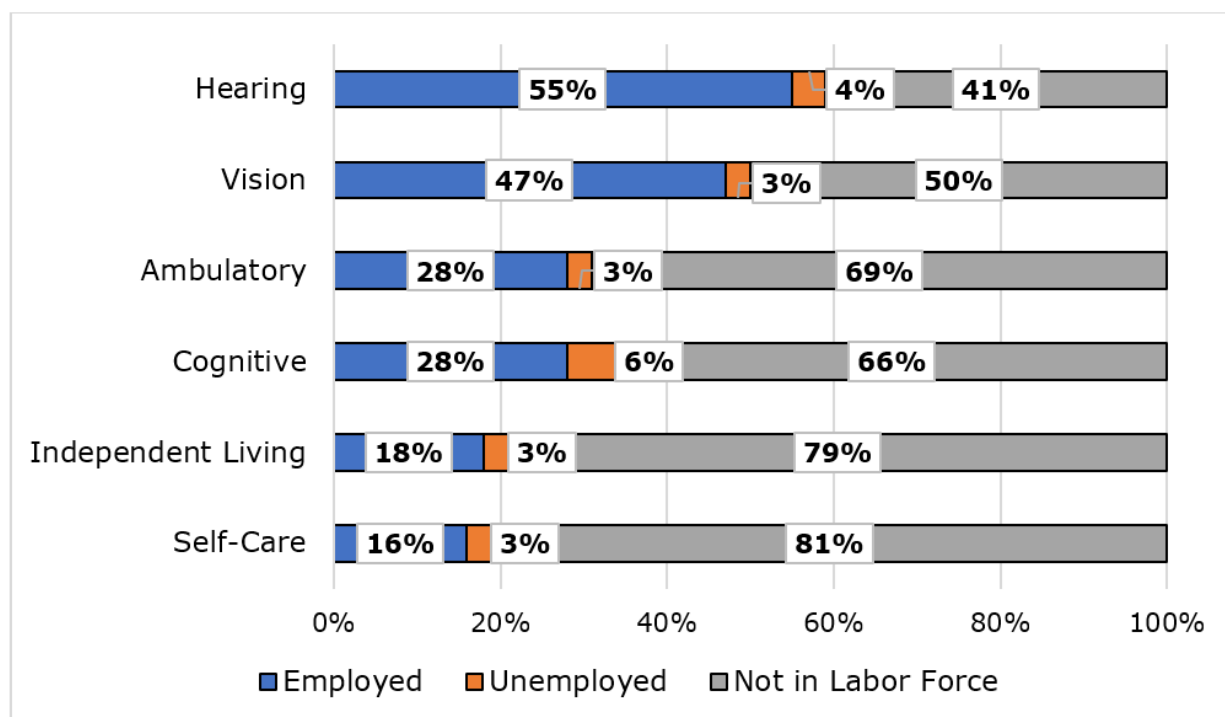
<sup>13</sup> Texas ACS Table S1810 (2018, 5-Year Estimates)

<sup>14</sup> Texas ACS Table B18120 (2018, 1-Year Estimates)

<sup>15</sup> Texas ACS Tables B18120 (2016 and 2019, 1-Year Estimates) The ACS estimate of unemployed Texans with disabilities at the end of 2016 was around 85,000, compared to around 71,000 at the end of 2019.

Figure 1 shows that 55% of working-age individuals with disabilities<sup>16</sup> were not in the labor force during 2018, compared to 20% of those without a disability. Judging from this disparity, the need for quality VR services is evident. The Texas VR program aims to help more individuals with disabilities who are not currently in the labor force find employment.

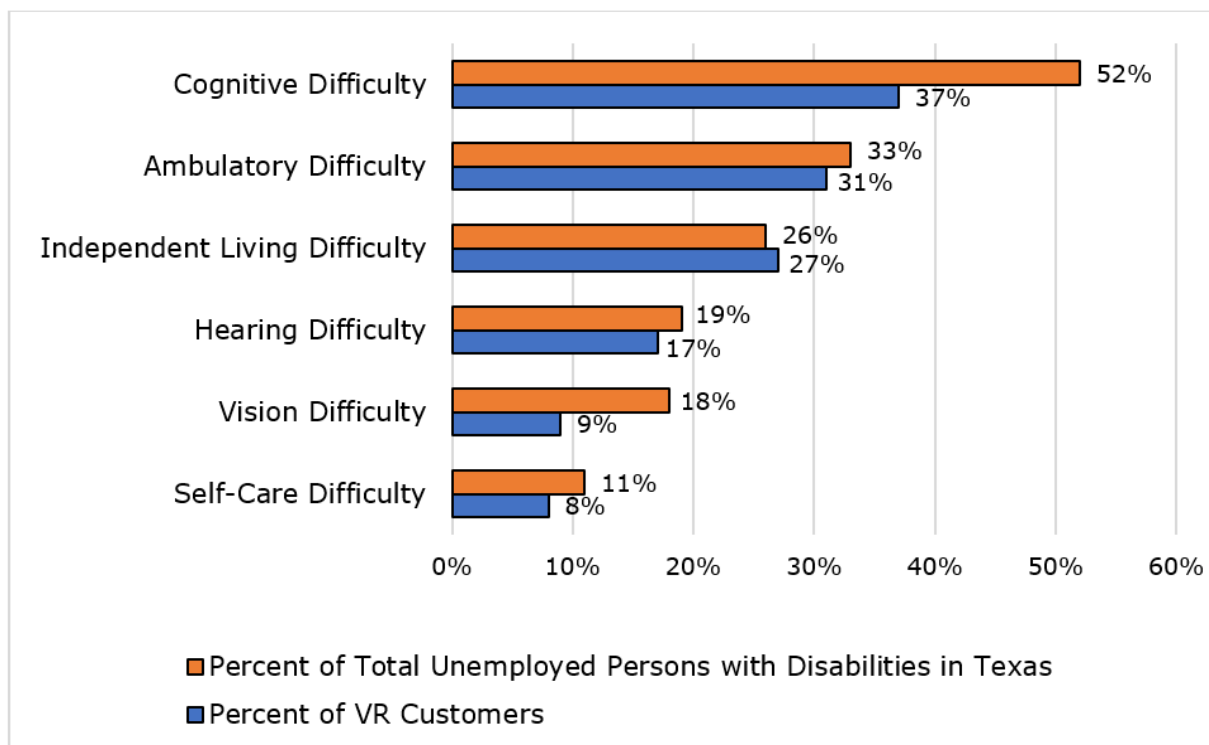
**Figure 2. Employment Status by ACS Difficulty Category in Texas**



Source: Texas ACS Table B18120 (2018, 1-Year Estimates)

Figure 2 portrays employment status by ACS disability difficulty types in 2018. Individuals with vision and hearing difficulties reported the highest levels of employment, above the state average of 40% for individuals with disabilities. At the same time, around two-thirds of individuals with cognitive or ambulatory difficulties, and around 80% of individuals who reported independent living or self-care difficulties, were not in the labor force, underscoring the ongoing need for services to assist individuals with these difficulties.

<sup>16</sup> Ages 18 to 64. According to the ACS, in 2018 there were approximately 1,640,000 individuals of working age with disabilities in Texas.

**Figure 3. Distribution of Disability Type by ACS Difficulty, CY 18**

Source: Texas ACS Table B18120 (2018, 1-Year Estimates), ReHabWorks

Figure 3 is a snapshot of unemployed individuals with disabilities in calendar year (CY) 2018 per ACS estimates, compared to VR customers during the same period. The disability difficulty proportions in Texas are generally comparable with that of VR customers during this time frame, suggesting an equitable distribution of VR services overall.<sup>17</sup> The proportional differences between ACS unemployment estimates and VR customers in CY 2018 were somewhat higher for individuals with cognitive and visual difficulties.

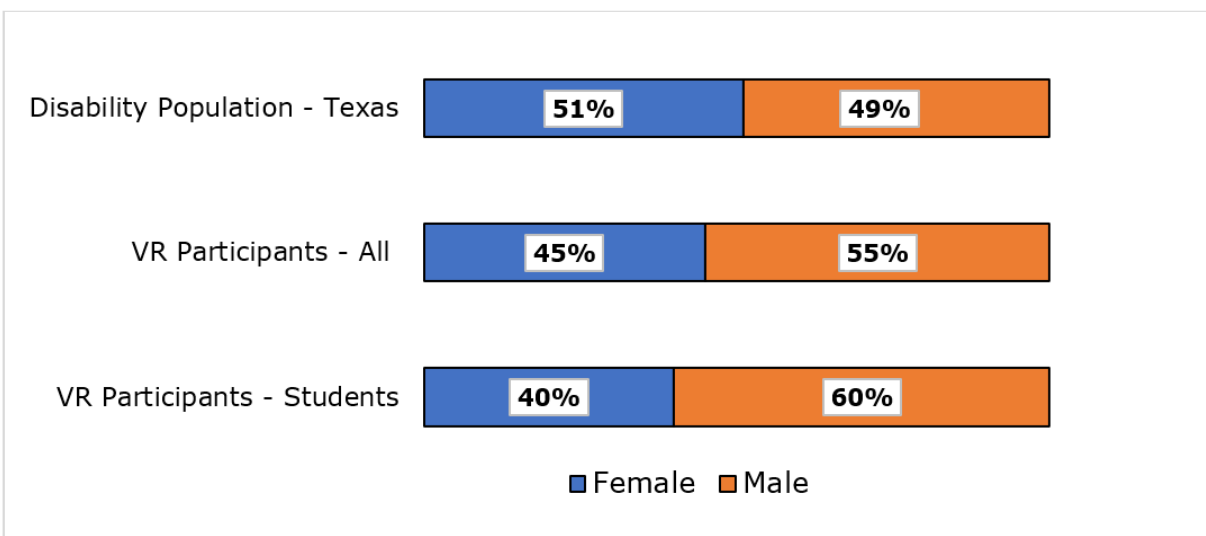
### Disability Prevalence across Sex and Race/Ethnicity

According to the 2018 ACS, approximately 51% of Texans with disabilities are female. As Figure 4 demonstrates, the proportion of female participants

<sup>17</sup> The grand total of ACS difficulty categories exceeds 100 percent, due to individuals reporting more than one disability difficulty. To align with the ACS, VR customer data for Figure 3 includes primary, secondary and tertiary disabilities.

in the VR program is currently around 45%, and 40% of VR participants who are students are female.

**Figure 4. Sex of Individuals with Disabilities**



Source: Texas ACS Table S1810 (2018, 5-Year Estimates), ReHabWorks Tables (aggregate counts for FFY 2017 to 2019).

The difference in the proportions for sex among VR participants is largely due to the higher prevalence of neurodevelopmental disabilities among the male student population. Around two-thirds of VR participants who are students have a primary neurodevelopmental disability, which is reflective of the Texas student population ages 14-21 enrolled in special education.<sup>18</sup>

Disability prevalence also varied significantly across race and ethnicity, as shown in Tables 3 and 4. Further research is required to understand this variation.

<sup>18</sup> Source: ReHabWorks and Texas Education Agency data on secondary special education enrollment for the 2019-20 academic year. Around 65% of special education students ages 14 to 21 in Texas are male (not including students with a 504 plan). Among specific disability causes, Autism Spectrum Disorder has relatively higher proportions of males. During FFY 2017 to 2019, 84% of students in the Texas VR program with ASD were males.

**Table 3. Prevalence of Disability across Race**

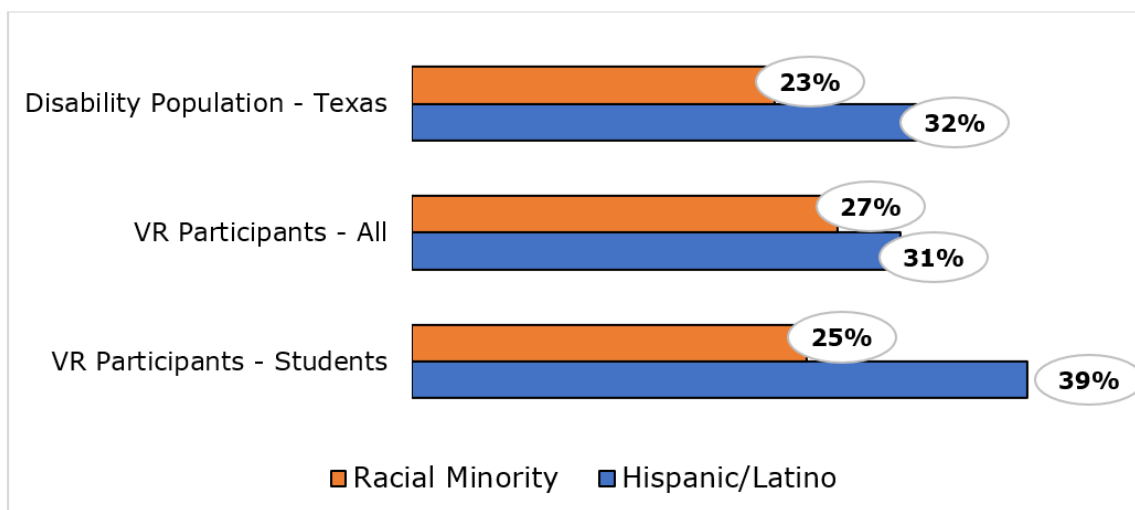
<b>Race</b>	<b>Percent with a Disability</b>	<b>Number with a Disability</b>
<i>Asian</i>	6%	72,000
<i>Pacific Islander</i>	10%	2,000
<i>Other</i>	9%	142,000
<i>Two or more races</i>	11%	75,000
<i>White</i>	12%	2,414,000
<i>Black</i>	13%	426,000
<i>Native American</i>	17%	22,000

**Table 4. Prevalence of Disability across Ethnicity**

<b>Ethnicity</b>	<b>Percent with a Disability</b>	<b>Number with a Disability</b>
<i>Hispanic (any race)</i>	9%	1,014,000
<i>White (not Hispanic)</i>	14%	1,582,000

Source: Texas ACS Table S1810 (2018, 5-Year Estimates).

**Figure 5. Racial and Ethnic Minorities with Disabilities**



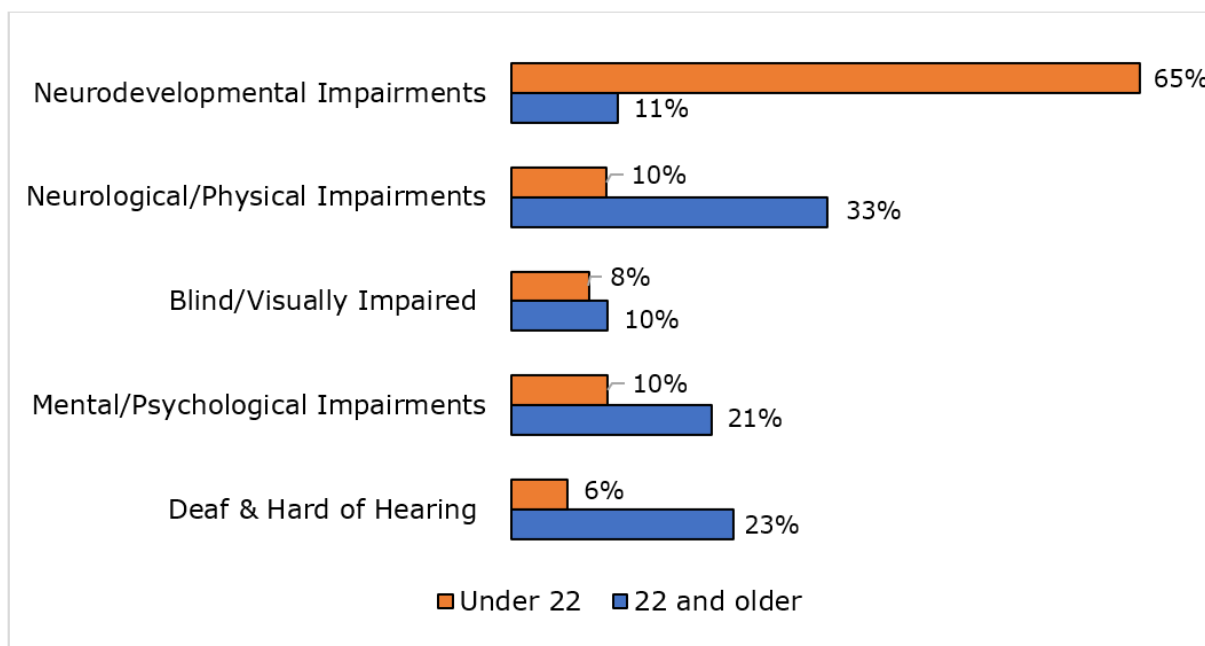
Source: Texas ACS Table S1810 (2018, 5-Year Estimates), ReHabWorks Tables (aggregate counts for FFY 2017 to 2019).

As shown in Figure 5, the proportions of VR participants who belong to racial minorities or identify with Hispanic/Latino ethnicity are reflective of the Texas population of people with disabilities.

### Disability Prevalence among the Student-aged Population

The number of Texans with disabilities enrolled in secondary education grew steadily over the 2020 CSNA reporting period.<sup>19</sup> As shown in Figure 6, the prevalence of disability types in the student-aged population differs from that of older customers. For VR participants under age 22 at the beginning of the state fiscal year, nearly two-thirds had a primary neurodevelopmental disability, such as ASD, ADHD, or intellectual or learning disabilities. In contrast, the most prevalent disability types among VR participants aged 22 and older were physical and/or neurological, followed by hearing impairments.<sup>20</sup>

**Figure 6. Primary Disability Cause by Age, VR Participants**



Source: ReHabWorks, Aggregate counts, FFY 2017 to 2019 Tables

<sup>19</sup> TEA student counts provided through a data sharing agreement with TWC.

<sup>20</sup> Under 22 at the beginning of the State Fiscal Year (SFY). Cases where disability is known, as of September 2020.

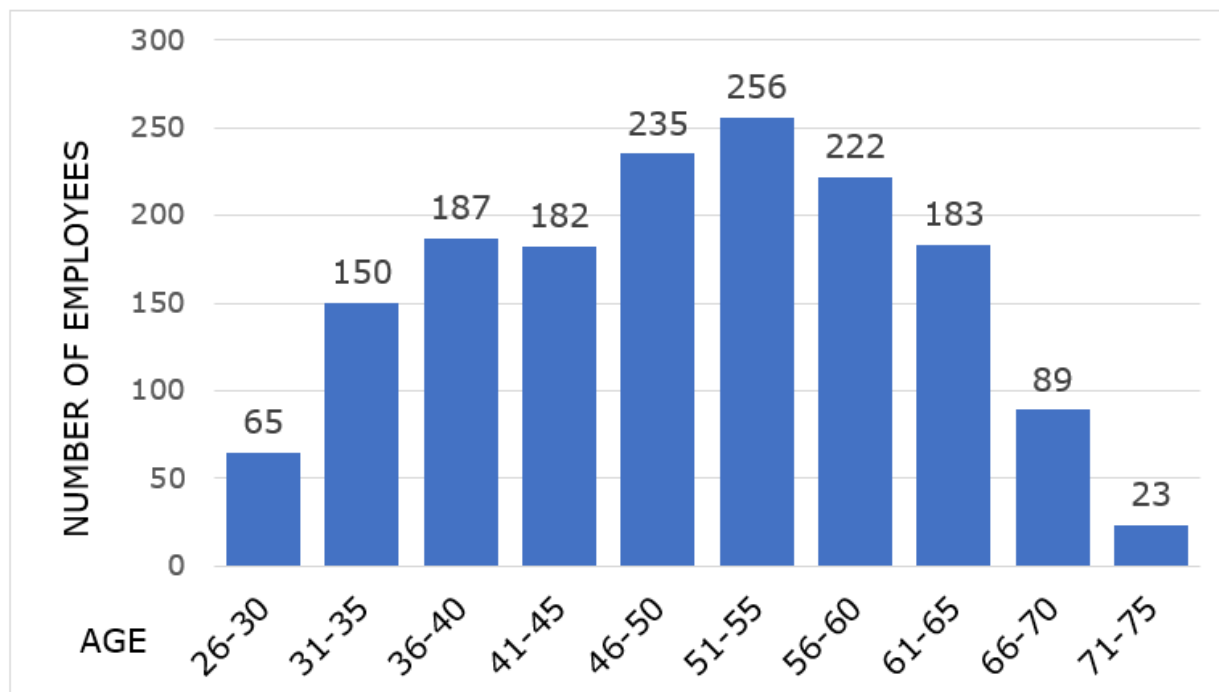
## Texas VR Program Resources

The VR program offers services to customers through a combination of staff, VR counselors, and service providers. As of the beginning of FFY 2020, the VR Division had 614 VR counselors, including Transition VR counselors (TVRCs) for students and youth. Other staff positions, including teachers for blind services, VR technicians, and other support positions, totaled 984.

### Workforce Sustainability

The VR Division at TWC had 1,598 employees as of August 31, 2019. Per Figure 7, the age distribution skewed slightly right from a normal curve, as expected for an experienced and sustainable workforce. However, the center of the distribution was older than is typical for a sustainable workforce. The mode age range for VRD employees was 51–55, and roughly half of VR employees were over the age of 50. Thus, 31% to 61% of current VRD staff might choose to retire within the next decade.

**Figure 7. Age Distribution of VRD Employees**



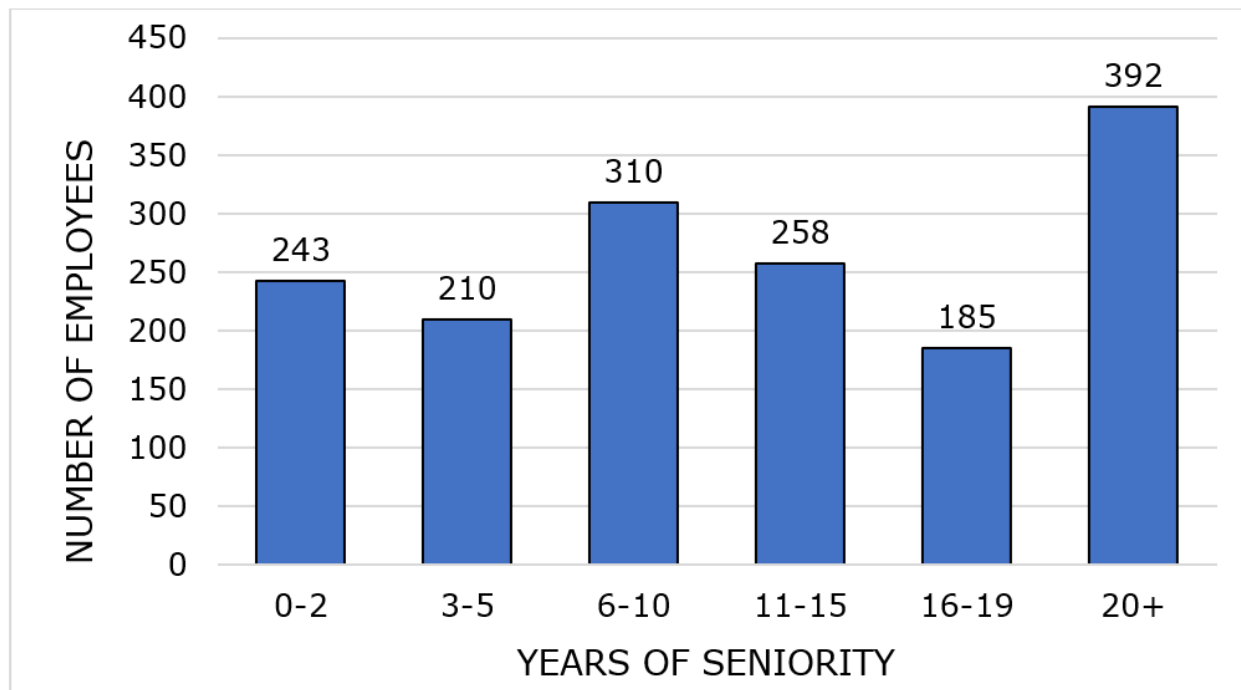
Source: TWC HR Data, VRD Employees, EOM August 2019. Note: There were a combined total of 6 employees in the 21-25 and 76-80 age ranges.

Regarding employee retention, over half (52%) of employees have over 10 years of seniority with state employment, suggesting workforce sustainability could become problematic soon due to retirements and



departures for new careers (Figure 8). The mode range (25%) for seniority was 20 or more years of service.

**Figure 8. Service Longevity of VRD Employees**



Source: TWC HR Data, VRD Employees, EOM August 2019

### **Workforce Diversity and Integration**

Workplace diversity and integration is commonly associated with increased productivity, creative competition, and a reduced risk of employee and customer discrimination.<sup>21</sup> Therefore, the VR Division should maintain a workforce that reflects the diverse demographics of its customers and understands the perspectives of Texans with disabilities.

As of August 31, 2019, about 60% of VRD employees belonged to an ethnic or racial minority group, while around 80% of employees were women. The percentage of women employees is higher than the general disability

<sup>21</sup> Kelli Green, Mayra López, Allen Wysocki, Karl Kepner, Derek Farnsworth, and Jennifer L. Clark (June 2002; revised October 2015). Diversity in the Workplace: Benefits, Challenges, and the Required Managerial Tools. Retrieved on October 20, 2019 from <https://edis.ifas.ufl.edu/pdf/HR/HR02200.pdf>

population (51% per the 2018 ACS), and represents a slight increase from 76% (DARS employees) as of August 31, 2016.

While approximately 5% of VRD employees have currently requested workplace accommodations due to a disclosed disability, the actual proportion of VRD staff with disabilities is likely higher.<sup>22</sup> For instance, over one quarter (27%) of counselors who responded to the PPRI VR needs survey indicated that they had at least one disability.

### Service Providers

VR customers receive services based on a preliminary assessment of eligibility as well as a comprehensive assessment of reasonable and necessary services that is documented in an IPE. During FFY 2017 to 2019, VR services in eight broad categories were available (and continue to be available) from providers. The eight categories are as follows:

- **Academic and Occupational or Vocational Training**  
(examples: four-year college and certificate programs)
- **Assessment of Medical and Vocational Needs**  
(example: existing medical records assessment)
- **Assistive Technology and Equipment**  
(examples: computers, low-vision aids, and speech-to-text software)
- **Disability-Related Skills Training**  
(examples: self-advocacy, cane travel, and diabetes education)
- **Diagnosis and Treatment of Impairments**  
(examples: surgery, orthotics and prosthetics, and therapy)
- **Supported Employment and Related On-the-job Assistance**  
(examples: attendants, interpreters, and care providers)
- **Transportation and Room and Board**  
(examples: bus passes and Criss Cole Rehabilitation Center residency)
- **Job Exploration and Work-Based Assistance and Learning**  
(examples: job placement, job coaches, and on-the-job training)

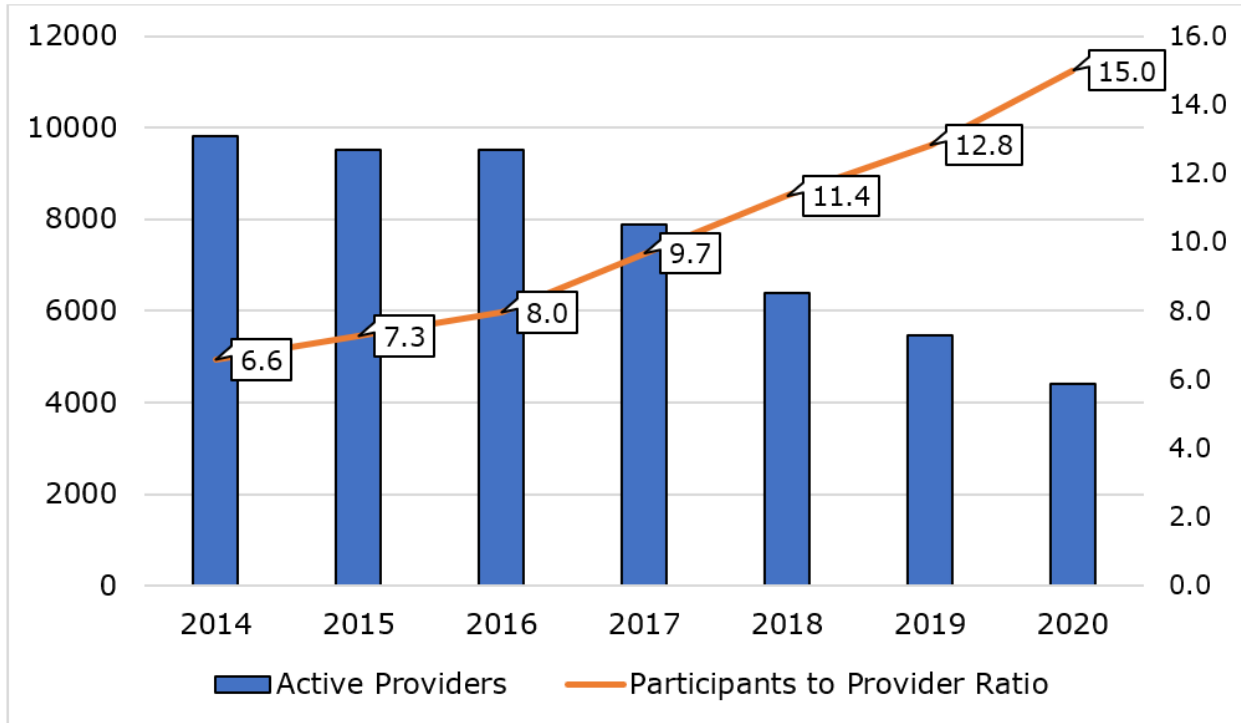
The provider network available to VR program staff can vary significantly depending on geography and disability type. For instance, VR program staff noted shortages of qualified psychologists in some smaller cities and rural areas, including those trained to evaluate individuals who are deaf or hard-of-hearing, or legally blind/visually impaired. VR program staff also often

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<sup>22</sup> According to the 2018 ACS, approximately 5.5 percent of individuals in the Texas workforce have at least one disability. This figure does not include those individuals with disabilities who are of working age (18-64) but not participants in the workforce (see Figure 1).

provide services such as assistive technology evaluation, installation and training, orientation and mobility, and other in-home services for individuals who are blind. Providers for these services are also limited, especially in rural areas.

**Figure 9. Number of Active Service Providers by FFY**



Source: ReHabWorks, Purchase Order Tables

Figure 9 depicts the number of active service providers during FFY 2014 to 2020.<sup>23</sup> While overall the service provider base remained relatively stable throughout the previous CSNA period (FFY 2014 to 2016), in FFY 2017, the number of active providers began to steadily decline on a year-to-year basis. For instance, there were over 9,500 service providers active during FFY 2016 compared to around 5,470 in FFY 2019, an overall decrease of 42%. The downward trend continued in FFY 2020, representing a 53% decrease relative to FFY 2016. The steady decline in active service providers has resulted in an increasing participant-to-provider ratio. In FFY 2016, the statewide ratio of participants-to-providers was around eight (i.e. eight VR

<sup>23</sup> The number of unique active service providers is based on purchase order (PO) expenditures during a given fiscal year (not including cancellations or full refunds).

participants for every one active provider); by FFY 2020, this figure had nearly doubled to 15.

**Table 5. Change in Active Providers by Service Category**

<b>VR Service Category</b>	<b>2017</b>	<b>2019</b>	<b>Change</b>
Academic and Occupational or Vocational Training	835	598	<b>-28%</b>
Assessment of Medical and Vocational Needs	2,945	2,090	<b>-29%</b>
Assistive Technology and Equipment	2,083	1,277	<b>-39%</b>
Diagnosis and Treatment of Impairments	3,717	2,575	<b>-31%</b>
Disability-Related Skills Training	497	353	<b>-29%</b>
Job Exploration and Work-Based Learning	825	724	<b>-12%</b>
Supported Employment and Related On-the-job Assistance	498	338	<b>-32%</b>
Transportation, Room, and Board	270	263	<b>-3%</b>

Source: ReHabWorks, Purchase Order Tables

As demonstrated by Table 5, the decline in the number of active service providers was evident across all eight VR service categories. From FFY 2017 to 2019, categories with the sharpest decreases in providers included: assistive technology and equipment (39% decrease); on-the-job care and supported employment (32%); and diagnosis and treatment of impairments (31%).

As noted earlier in this report, two factors associated with a declining active provider network were increasing paperwork processes (especially for outcome-based services such as supported employment) and a possible discrepancy between current VR program service rates and market values. Providers also asked for more opportunities to provide feedback on VR

policies. Proposed VRD strategies to constructively engage with former and existing providers are outlined later in this report.

Further research will study whether the number of active service providers, or the providers' training and proficiency, or some combination thereof, are limiting factors. Targeted strategies can then be further developed to address the need for services and additional providers. Moreover, improved information about employment service providers, particularly provider performance, will better help staff and customers to make educated and informed choices about services.

## VR Service Expenditures

Table 6 shows statewide purchase order (PO) payments according to CSNA VR service category. For the sake of comparison, the following table (Table 7) lists PO payments for the previous CSNA period. Aggregated PO expenditures in FFY 2017 to 2019 were approximately 18% lower than for FFY 2014 to 2016. However, expenditures did not decrease across the board. VR service categories with a relative increase in spending during FFY 2017 to 2019 included assistive technology (40% higher) and job exploration and work-based learning (60% higher).

**Table 6. Purchase Order Payments by Service Category, FFY 17-19**

<b>VR Service Category</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Academic and Occupational or Vocational Training	\$18,518,000	\$16,186,000	\$15,842,000
Assessment of Medical and Vocational Needs	\$15,984,000	\$11,041,000	\$11,317,000
Assistive Technology and Equipment	\$29,342,000	\$27,663,000	\$26,861,000
Diagnosis and Treatment of Impairments	\$30,783,000	\$20,113,000	\$17,080,000
Disability-Related Skills Training	\$3,739,000	\$2,767,000	\$2,519,000
Job Exploration and Work-Based Learning	\$22,245,000	\$20,580,000	\$24,002,000
Supported Employment and Related On-the-job Assistance	\$12,787,000	\$9,157,000	\$8,650,000
Transportation, Room, and Board	\$6,850,000	\$4,976,000	\$4,320,000
Other	\$972,000	\$462,000	\$451,000
<b>Total:</b>	<b>\$141,220,000</b>	<b>\$112,945,000</b>	<b>\$111,042,000</b>

Source: ReHabWorks, Purchase Order Tables (rounded to nearest \$1,000)

**Table 7. Purchase Order Payments by Service Category, FFY 14-16**

<b>VR Service Category</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Academic and Occupational or Vocational Training	\$17,152,000	\$17,160,000	\$21,219,000
Assessment of Medical and Vocational Needs	\$21,330,000	\$22,233,000	\$21,507,000
Assistive Technology and Equipment	\$16,172,000	\$19,361,000	\$24,077,000
Diagnosis and Treatment of Impairments	\$44,344,000	\$49,840,000	\$43,785,000
Disability-Related Skills Training	\$3,099,000	\$3,436,000	\$3,218,000
Job Exploration and Work-Based Learning	\$10,356,000	\$12,582,000	\$18,609,000
Supported Employment and Related On-the-job Assistance	\$13,458,000	\$15,010,000	\$14,832,000
Transportation, Room, and Board	\$6,489,000	\$10,540,000	\$10,007,000
Other	\$685,000	\$1,655,000	\$4,225,000
<b>Total:</b>	<b>\$133,085,000</b>	<b>\$151,817,000</b>	<b>\$161,479,000</b>

Source: ReHabWorks, Purchase Order Tables (rounded to nearest \$1,000)

Table 8 shows statewide PO payments according to CSNA VR service category for students and youth. For the sake of comparison, Table 9 lists PO payments for students and youth during the previous CSNA period.

**Table 8. Purchase Order Payments for Students and Youth, FFY 17-19**

<b>VR Service Category</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Academic and Occupational or Vocational Training	\$12,261,000	\$11,539,000	\$11,881,000
Assessment of Medical and Vocational Needs	\$1,843,000	\$1,181,000	\$1,330,000
Assistive Technology and Equipment	\$7,733,000	\$7,531,000	\$6,322,000
Diagnosis and Treatment of Impairments	\$3,271,000	\$2,506,000	\$2,272,000
Disability-Related Skills Training	\$1,728,000	\$1,426,000	\$1,519,000
Job Exploration and Work-Based Learning	\$15,512,000	\$15,401,000	\$19,025,000
Supported Employment and Related On-the-job Assistance	\$7,237,000	\$5,095,000	\$4,697,000
Transportation, Room, and Board	\$4,488,000	\$3,404,000	\$3,143,000
Other	\$536,000	\$210,000	\$242,000
<b>Total:</b>	<b>\$54,609,000</b>	<b>\$48,293,000</b>	<b>\$50,431,000</b>

Source: ReHabWorks, Purchase Order Tables (rounded to nearest \$1,000)

There was a 25% increase in expenditures for students and youth in FFY 2017 to 2019 relative to FFY 2014 to 2016. In particular, expenditures for job exploration and work-based learning more than doubled, from \$20,591,000 during FFY 2014 to 2016 to \$49,938,000 during FFY 2017 to 2019.



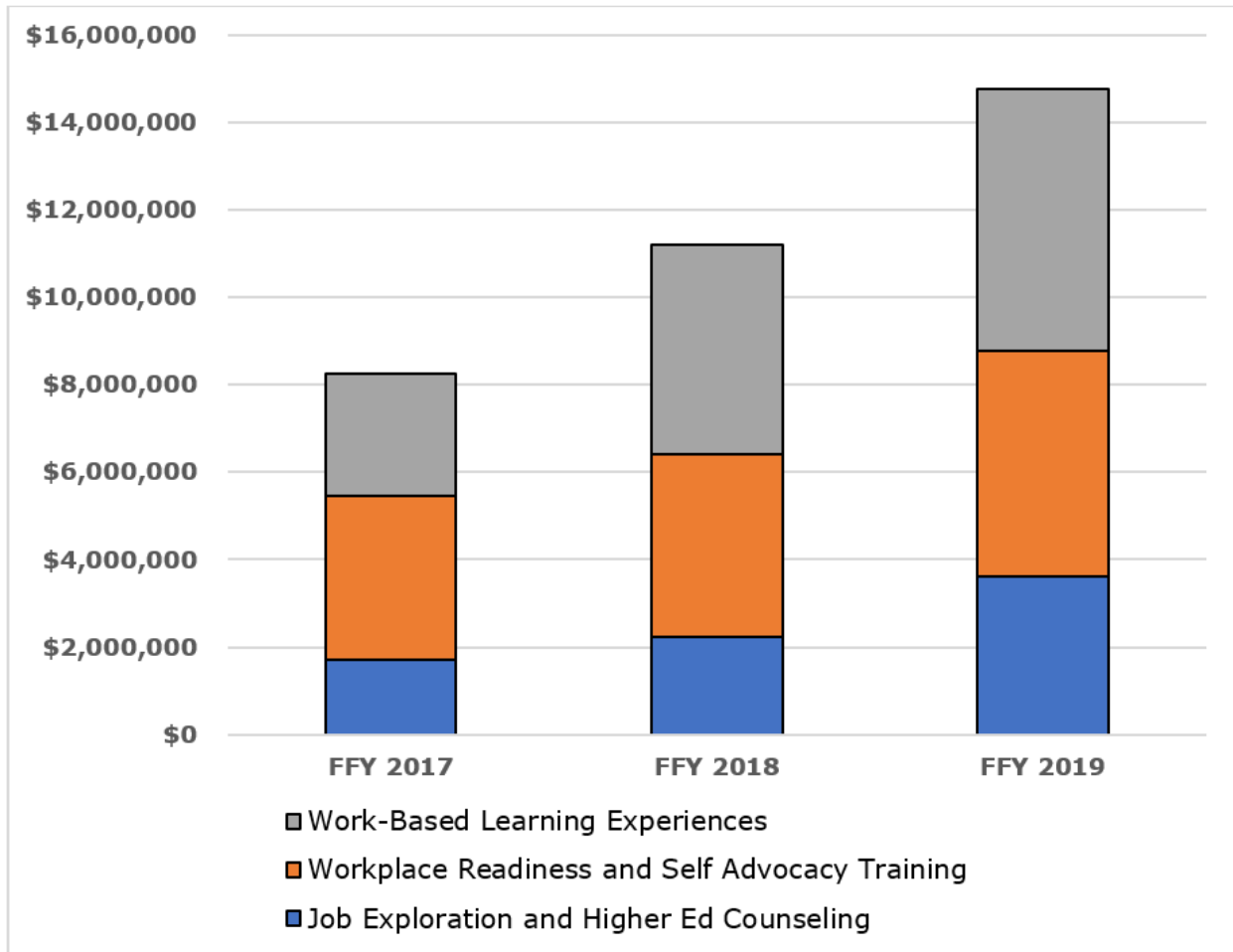
**Table 9. Purchase Order Payments for Students and Youth, FFY 14-16**

<b>VR Service Category</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Academic and Occupational or Vocational Training	\$8,100,000	\$8,907,000	\$13,068,000
Assessment of Medical and Vocational Needs	\$1,580,000	\$1,990,000	\$2,565,000
Assistive Technology and Equipment	\$2,491,000	\$3,241,000	\$3,976,000
Diagnosis and Treatment of Impairments	\$3,846,000	\$4,420,000	\$3,163,000
Disability-Related Skills Training	\$748,000	\$917,000	\$1,028,000
Job Exploration and Work-Based Learning	\$3,953,000	\$5,349,000	\$11,289,000
Supported Employment and Related On-the-job Assistance	\$5,986,000	\$7,040,000	\$7,773,000
Transportation, Room, and Board	\$3,170,000	\$6,365,000	\$6,417,000
Other	\$243,000	\$1,069,000	\$3,623,000
<b>Total:</b>	<b>\$30,117,000</b>	<b>\$39,298,000</b>	<b>\$52,902,000</b>

Source: ReHabWorks, Purchase Order Tables (rounded to nearest \$1,000)

As shown in Figure 10 below, the expansion of strategies under PCI has fueled robust growth in Pre-ETS spending in job exploration, workplace readiness and work-based learning – from a total of around \$8,265,000 in FFY 2017 to \$14,768,000 in FFY 2019. The number of Pre-ETS customers (VR eligible and potentially VR eligible) has more than doubled since the previous CSNA, from around 14,500 in FFY 2016 to over 29,800 in FFY 2019. Specific Pre-ETS strategies to engage student customers are discussed further in this report.

**Figure 10. Annual FFY Pre-ETS Expenditures**



Source: ReHabWorks Purchase Order Tables

## VR Program Performance

### Predictors of Success

Several key predictors were associated with VR success from FFY 2017 to 2019, including disability difficulty, age at application, earnings at IPE, public benefits received during the case, and the type of geographical area where the customer received services. These predictors met the following criteria:

- They were known at application to the VR program.
- Success rate differences between each predictor's categories were practically significant (greater than 5%).
- Closure counts in the categories had the same order of magnitude.
- The categories included, in principle, all VR participants.

Tables 10 through 20 on the following pages summarize the data for these predictors for three fiscal years: 2017, 2018, and 2019. The tables are categorized by demographic, financial and geographic factors. These data identify customer groups that are less successful in achieving employment outcomes and therefore may benefit from additional supports and interventions, or for whom the VR program may need to consider improvements in VR service design and delivery.

**Table 10. Employment Rates by Primary Disability Difficulty**

<b>Primary Disability Difficulty<sup>24</sup></b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
Mental/Social	28,825	14,847	52%
Physical/Mobility	17,952	10,803	60%
Sensory/Communication	19,641	15,726	80%

**Table 11. Employment Rates by Age at Application**

<b>Age at Application</b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
24 or Younger	20,255	10,416	51%
25 to 54	31,804	20,473	64%
55 or Older	14,359	10,487	73%

<sup>24</sup> Mental/Social includes the 'Cognitive' and 'Psychological and Psychosocial' RSA primary disability categories; Sensory/Communication includes the 'Visual' and 'Auditory and Communicative' categories.

**Table 12. Employment Rates by Earnings at IPE**

<b><i>Earnings at IPE</i></b>	<b><i>Closures</i></b>	<b><i>Successful</i></b>	<b><i>Employment Rate</i></b>
Weekly Earnings	15,539	13,042	84%
No Weekly Earnings	50,879	28,334	56%

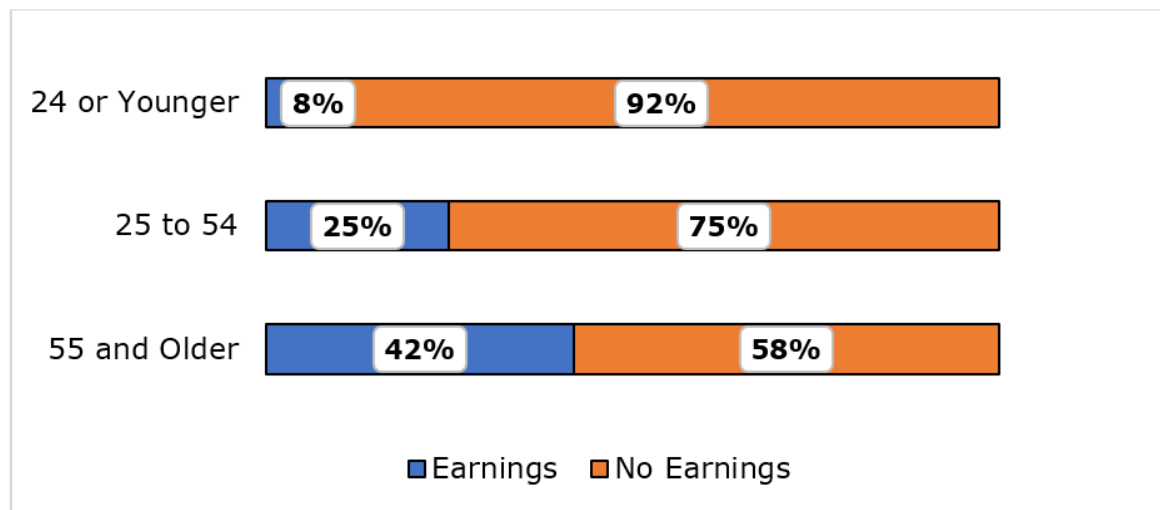
Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

In principle, anyone determined eligible for VR should be able to succeed in obtaining employment. However, certain groups reflected in Tables 10 through 12 had a success rate of less than 60%, including individuals with mental/social difficulties, students and youth under age 25, and those with no weekly earnings at IPE. This is compared to success rates of over 80% for the other groups reflected in the table, including individuals with sensory and/or communication difficulties and those having some earnings at IPE.

The proportion of individuals with no weekly earnings at IPE in aggregate closures increased from 66% during the previous CSNA period (FFY 2014 to 2016) to 75% during FFY 2017 to 2019. A contributing factor is the steady growth in the population of students and youth with disabilities in Texas.<sup>25</sup> As demonstrated in Figure 11, a significantly smaller proportion of youth (aged 14 to 24) in the VR program have earnings at IPE. Strategies to provide students and youth with paid work experiences and other Pre-ETS services are discussed below.

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<sup>25</sup> Based on TEA data shared with TWC. The percentage of VR participants who were between the ages of 14 and 24 increased from 39% in FFY 2017 to 42% in FFY 2019. (Source: ReHabWorks).

**Figure 11. Percentage of VR Customers with Earnings at IPE**

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

As shown in Tables 13 through 16, individuals with earnings at IPE had significantly higher employment rates across most disability difficulty and age categories. Among those with no earnings at IPE, individuals over the age of 55 with mental or social difficulties or physical or mobility difficulties had significantly lower rates than the age 25-54 cohort.

**Table 13. Employment Rates by Age and Earnings at IPE**

<b>Age at Application</b>	<b>Mental/Social Difficulty</b>	<b>Physical/Mobility Difficulty</b>	<b>Sensory/Communication Difficulty</b>
24 or Younger	52%	71%	85%
25 to 54	63%	81%	93%
55 or Older	64%	80%	93%

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

**Table 14. Closure Counts by Age and Earnings at IPE**

<b>Age at Application</b>	<b>Mental/Social Difficulty</b>	<b>Physical/Mobility Difficulty</b>	<b>Sensory/Communication Difficulty</b>
24 or Younger	1,103	185	346
25 to 54	1,208	2,820	3,893
55 or Older	148	1,103	4,733

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

**Table 15. Employment Rates by Age and No Earnings at IPE**

<b>Age at Application</b>	<b>Mental/Social Difficulty</b>	<b>Physical/Mobility Difficulty</b>	<b>Sensory/Communication Difficulty</b>
24 or Younger	50%	51%	51%
25 to 54	52%	56%	72%
55 or Older	46%	51%	78%

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

**Table 16. Closure Counts by Age and No Earnings at IPE**

<b>Age at Application</b>	<b>Mental/Social Difficulty</b>	<b>Physical/Mobility Difficulty</b>	<b>Sensory/Communication Difficulty</b>
24 or Younger	14,478	1,848	2,295
25 to 54	10,241	8,645	4,997
55 or Older	1,647	3,351	3,377

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

As shown in Tables 17 and 18, public benefits status appears to have had a significant impact on case outcomes. Individuals who are receiving SSI and/or SSDI benefits during their case accounted for around one quarter (27%) of aggregated closures from FFY 2017 to 2019 but only around one fifth (21%) of successful closures. Overall, both SSI/SSDI and Medicaid recipients had employment rates that were 20 percentage points lower than customers who were not receiving those benefits. Strategies to address customer concern over public benefits loss due to employment are discussed further in this report.

**Table 17. Employment Rates by SSI/SSDI**

<b>SSI/SSDI during Case</b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
SSI/SSDI during case	18,053	8,680	48%
<i>Percent of Total Closures, with SSI/SSDI</i>	<i>27%</i>	<i>21%</i>	<i>N/A</i>
No SSI/SSDI during case	48,365	32,696	68%

**Table 18. Employment Rates by Medicaid**

<b>Medicaid during Case</b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
Medicaid during case	10,132	4,577	45%
<i>Percent of Total Closures, with Medicaid</i>	15%	11%	N/A
No Medicaid during case	56,286	36,799	65%

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

As shown in Tables 19 and 20, for certain disability categories, the geographical area of residence affects employment outcomes. For instance, individuals with cognitive or psychological/social difficulties residing outside of Texas' four core metropolitan areas were less likely to achieve a successful employment outcome, with employment rates of 48% and 46%, respectively, compared to 55% and 53% for those in the largest metropolitan areas. Conversely, individuals with visual difficulties residing outside of metro areas have somewhat higher employment rates compared to those within major metro areas (67% vs. 61%, respectively). There appears to be no significant difference based on area of residence for individuals with auditory/communicative or physical difficulties.

**Table 19. Employment Rates in Major Metro Areas**

<b>RSA Primary Difficulty</b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
<i>Visual</i>	2,228	1,349	61%
<i>Auditory/Communicative</i>	8,228	7,074	86%
<i>Physical</i>	9,319	5,465	59%
<i>Cognitive</i>	9,047	4,949	55%
<i>Psychological/Social</i>	9,170	4,897	53%

**Table 20. Employment Rates Outside of Major Metro Areas**

<b>RSA Primary Difficulty</b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
<i>Visual</i>	2,633	1,754	67%
<i>Auditory/Communicative</i>	6,552	5,550	84%
<i>Physical</i>	8,633	5,337	62%
<i>Cognitive</i>	6,564	3,147	48%

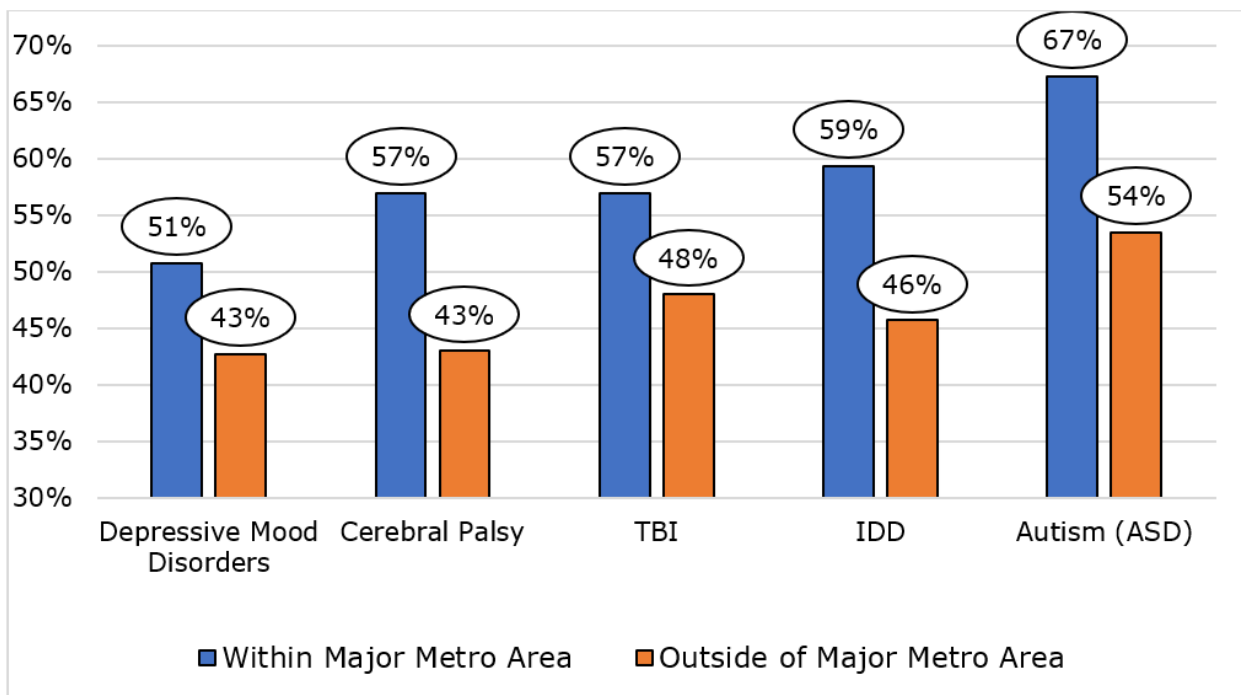
<b>RSA Primary Difficulty</b>	<b>Closures</b>	<b>Successful</b>	<b>Employment Rate</b>
<i>Psychological/Social</i>	4,044	1,854	46%

\*Major (core) metropolitan areas include Greater Houston, Dallas/Fort Worth Metroplex, Greater San Antonio and Greater Austin, as defined by the US Census Bureau.

Source: ReHabWorks Tables (aggregate counts for FFY 2017 to 2019)

Disaggregating by disability cause reveals a more pronounced effect of urbanization levels on specific disabilities. Figure 12 depicts disabilities with the highest differences in employment rates for large metro areas compared to other cities or towns. Employment rates for customers with depressive mood or personality disorders, ASD, intellectual disabilities (IDD), cerebral palsy and traumatic brain injury (TBI) ranged from 8 to 15 percentage points lower outside of the core metro areas.

**Figure 12. Employment Rates by Area of Residence, FFY 17-19**



Source: ReHabWorks, (aggregate counts for FFY 2017 to 2019)

As noted earlier in this report, town hall attendees and key informants commented on the limited availability of certain specialty providers outside of the largest metro areas. These included neurocognitive specialists, applied behavioral therapists, and supported employment providers specializing in Autism, full-time psychologists, and mental health and substance abuse



support groups. Recent nationwide studies have shown that areas with lesser degrees of urbanization not only have higher percentages of people reporting disabilities, but also pose greater challenges for providing equitable healthcare, vocational rehabilitation, and educational service delivery.<sup>26</sup> The question of why the level of urbanization appears to have a varying impact on Texans with disabilities merits further research.

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<sup>26</sup> Prevalence of Disability and Disability Types by Urban–Rural County Classification—U.S., 2016, American Journal of Preventive Medicine, Volume 57, Issue 6, pages 749-756, December 1, 2019, [https://www.ajpmonline.org/article/S0749-3797\(19\)30332-0/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30332-0/fulltext), accessed on November 9, 2020.

## Customer Satisfaction Surveys

VRD uses Westat, a contractor, to conduct quarterly telephone surveys with VR participants and to analyze and report results. Results of the surveys are used to inform staff of possible performance improvement opportunities. The survey results are reported to VRD on a quarterly basis by State Fiscal Year (SFY), from 1 September to 31 August.

- In SFY 2017, 14,601 VR participants completed the survey, including 9,503 active and 5,098 closed cases;
- In SFY 2018, 14,962 VR participants completed the survey, including 9,987 active and 4,975 closed cases; and
- In SFY 2019, 14,702 VR participants completed the survey, including 8,371 active and 5,971 closed cases.

VR participants generally reported satisfaction with various aspects of their VR case's management. The percentage of respondents who were satisfied or very satisfied with their overall experience remained between 86% to 88% for active and closed cases throughout SFY 2017 to 2019.

For closed cases, respondents also reported high levels of satisfaction with jobs and job-related benefits (for respondents who had jobs and benefits). At the same time, from SFY 2017 to 2019, 45% of respondents who were employed at the time of taking the survey indicated that they had no employee benefits, with less than half (44%) of them indicating that they were satisfied with not having job-related benefits. Customers with sensory/communicative impairments consistently had the most favorable responses, while those with psychological impairments generally reported the lowest level of satisfaction with services.<sup>27</sup>

Among service-related measures, input in choosing service providers has consistently reflected comparatively lower ratings. In SFY 2017 and 2018, only around 73% and 75% (open cases) of respondents, respectively, indicated that they had a choice of providers. In March 2019, at the request of the RCT, VRD reworded the question concerning the choice of service providers for clarity, to include a detailed list of the types of VR services that may be included in the IPE. Following the clarification, overall satisfaction

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<sup>27</sup> For example, in SFY 2019, quarterly satisfaction ratings for customers with sensory/communicative impairments ranged from 90% to 96% (open) and 94% to 98% (closed), compared to 80% to 84% (open) and 77% to 87% (closed) for customers with psychological impairments.

levels for choosing providers edged down slightly, to around 72% of active cases and 68 percent of closed cases in SFY 2019, and around 66% of active cases and 67% of closed cases in SFY 2020. Strategies to improve customer choice are discussed further in the report.

## Town Hall Meetings

One of the needs identified during the previous 2017 CSNA town hall cycle was reaching more customers in small towns in rural and remote areas, where the lack of reliable transportation and limited bus service often present challenges for conducting in-person meetings with customers. Accordingly, TWC had originally planned to conduct one virtual town hall to reach outlying areas, in addition to a series of physical meetings. However, in response to the COVID-19 pandemic, TWC made the decision to cancel the in-person meetings and conduct four virtual meetings in May 2020. Over 900 people registered for the webinars, with 523 attending the live events.<sup>28</sup>

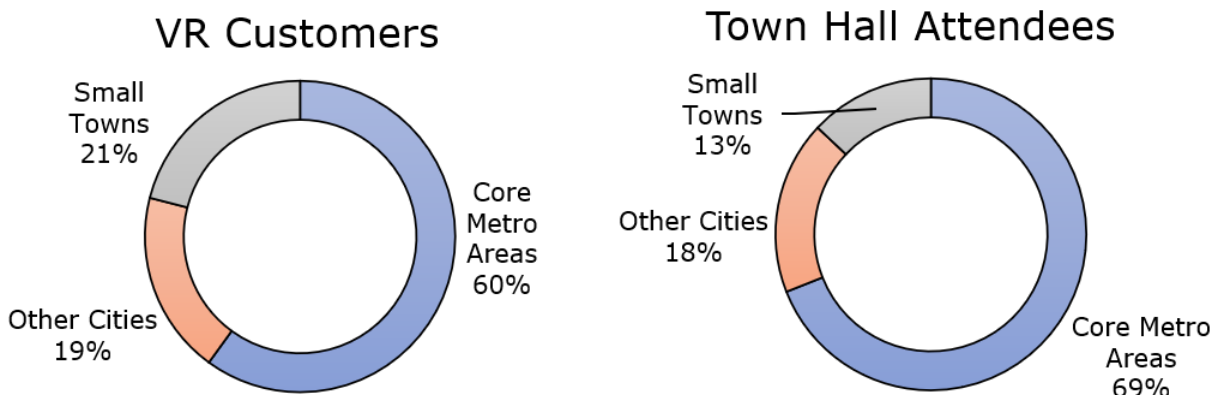
Outreach efforts for the town halls series were aimed at 1) customers and caregivers; and 2) community service providers, including representatives from secondary schools, school district offices, and education service centers.<sup>29</sup> Together, these two groups accounted for almost three fourths (73%) of attendees. An estimated 33% of total town hall attendees were VR customers.

In addition to increasing attendance, holding the 2020 town halls virtually also expanded the geographical scope of participation, offering a more detailed picture of the VR service needs of customers from over 100 cities and towns across Texas. Based on webinar registration data, approximately one-third of town hall attendees were from outside of the largest metros. This roughly 2:1 ratio mirrors the overall geographical distribution of VR participants. For FFY 2017 to 2019, around 60% of VR program customers were from the four largest metros (Houston, Dallas/Fort Worth, Austin and San Antonio metropolitan areas), while around 40% were from other cities and towns.

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<sup>28</sup> The Zoom webinar platform distinguishes between “participants” and “attendees.” Participants include the webinar host, co-hosts, and designated panelists. The attendance numbers in this report do not include the 20 to 25 participants at each webinar, such as the RCT facilitators, State Office staff and regional VRD representatives designated to respond live to inquiries.

<sup>29</sup> Estimates based on registration data and content analysis. One of the recommendations for the next CSNA town hall cycle is to include affiliation with the VR program as one of the registration fields.

**Figure 13. Geography of VR Participants and Town Hall Attendees**

*Core metro = Greater Houston, Dallas-Fort Worth Metroplex, Greater Austin and Greater San Antonio*

*Small town = population of under 50,000, not part of larger metro area*

Source: Town Hall Webinar Registration data; ReHabWorks

Based on Figure 13, town hall attendee geographical characteristics generally mirrored that of VR customers, allowing for a balanced representation of VR customers, providers, and staff. Outreach in future town hall series could be further targeted at customers and providers in smaller towns or rural areas. It is evident that holding the town halls virtually allows customers and providers in small rural towns, who otherwise might not have been able to attend in-person meetings, to have their voices heard.

To extend the window for feedback on town hall questions, TWC also created an accessible town hall online survey using the survey monkey platform. The survey was taken by 108 people, who answered a total of 930 individual questions (the survey had a total of 10 questions). These questions were identical to those asked during the live virtual town halls.

### **Content Analysis: Town Halls and Online Survey**

The sources for content analysis consisted of closed-captioning transcripts from each of the four virtual town hall meetings, the in-person meeting in Austin, and survey monkey responses. Due to large attendance at the virtual town halls, verbal individual responses were limited to two minutes, with a maximum of ten minutes allotted for total responses to each question. There were no limits on text-based responses, however, and this option (Zoom Q&A function) was used over 400 times during the four town halls.

Table 21 lists the need categories based on the number of unique mentions in the town halls and online survey.<sup>30</sup> For the sake of comparison, rankings from the 2017 are included in the table.

**Table 21. VR Needs Mentioned, Town Hall Meetings and Survey**

<b>VR Program or Service Need</b>	<b>2020 Ranking (Mentions)</b>	<b>2017 Ranking (Mentions)</b>
Communication/Collaboration	1 (136)	1 (89)
Disability Training and Awareness	2 (93)	2 (39)
VR Staffing and Workloads	3 (75)	N/A
Customer Choice/Provider Availability	4 (69)	9 (6)
Labor Market Knowledgeability	5 (63)	N/A
Community Outreach and Marketing	6 (53)	6 (15)
Readiness/Work-based Learning	7 (42)	3 (34)
Transportation/Housing	8 (38)	4 (23)
Benefits and Work Incentives	9 (36)	7 (10)
Supported Employment	10 (33)	5 (18)
Disability Skills/Assistive Technology	11 (25)	8 (10)
Diagnosis/Treatment of Impairments	12 (23)	11 (2)
Academic/Vocational Training	13 (19)	10 (2)
Medical/Vocational Assessment	14 (16)	13 (1)

Source: 2017 and 2020 Town Hall Meeting Textual Analysis

### **Discussion of Needs Mentioned**

#### **Communication and Collaboration Needs**

Town hall attendees<sup>31</sup> identified a need for increased communication, transparency, and collaboration between the VR program and customers and providers. Two common themes were: (1) the need to streamline paperwork and procedures to reduce waiting time for receiving services; and (2) the need for consistency within and across VR offices when providing accurate and up-to-date information about VR services and policies.

<sup>30</sup> Unique mention: keywords were counted only once for each discrete response

<sup>31</sup> For ease of presentation, in this section the term “attendees” will include online survey (SurveyMonkey) respondents in addition to the live attendees at the four virtual town halls and one in-person meeting.

Providers expressed the need for expanded opportunities to network with each other and work with the agency, to simplify paperwork processes, and to consider rate increases for services that may better align with market values. Attendees also emphasized a need for greater transparency and cooperation regarding VR policymaking, with involvement from the broader disability community, including customers, providers, and advocacy groups.

While several attendees from school districts spoke about successful cooperation with transition counselors, others identified areas for possible improvement in coordinating Pre-ETS services, such as more frequent communication between special education teachers and VR staff. Additionally, attendees voiced a need to increase collaboration with mental health/IDD agencies, to improve the referral process to the VR program, and to coordinate long-term care needs for customers after exit.

### Workload and Staffing Needs

Attendees expressed concern about VR counselors' workloads and suggested hiring additional staff. Customers and providers perceived that some counselors seemed too busy or overburdened with documentation and heavy caseloads to provide timely service or to meet with CRP staff.

Likewise, staff turnover was mentioned as a challenge for both customers and providers. New counselors' limited experience with VR program policies and procedures was cited, as well as delays in services or communication interruptions with the VR program due to prolonged vacancies or having several changes in counselors over a short period.

### Staff and Employer Disability Training

Attendees highlighted the importance of training focused on increasing disability awareness. According to feedback from town halls, many employers may be unaware of the capabilities of individuals with disabilities and of the support employers can receive to make workplaces accessible.

Several town hall attendees stated that progress had been made over the past two years in providing specialized training for counselors on ASD and related services. At the same time, town hall attendees observed that some VR counselors may have less familiarity and experience with certain kinds of disabilities, especially regarding multiple or overlapping disabilities, including visual or neurological impairments associated with TBI, co-occurring neurodevelopmental and mental health disabilities, deaf-blindness, and developmental disorders with combined physical and mental aspects.

Town hall attendees called for improved diagnosis and treatment of impairments. They emphasized the need for additional ABA (Applied

Behavioral Analysis) and neurocognitive (TBI) providers, as well as specialty doctors in rural and outlying areas.

### Career Counseling, Guidance, and Labor Market Knowledge

Customer and provider attendees called for greater familiarity with local job markets, including increased outreach and collaboration with potential employers. Customers with higher educational attainments mentioned that they had expected the VR program to help them find a professional level job and were surprised when they had to perform most of the legwork. This may point to misunderstandings about the role of the VR customer and counselor during the rehabilitation and job search process.

### Job Placement, Readiness, and Workplace Learning Needs

Caregivers of customers requiring more direct assistance, such as individuals with intellectual disabilities and/or ASD, expected a greater variety of job placement options. VR staff also expressed a need for more comprehensive vocational assessments to ensure realistic career goals. Counselors mentioned the need for more training in using labor market information as well as more readily available resources to connect with local businesses.

Town hall attendees identified a perceived need for training on job readiness skills, reforming job placement processes, and creating opportunities for work-based learning and career advancement support. Customers stated that Employment Service Providers (ESP) need to prioritize taking their career preferences into account. Customers also stated that ESP staff need to have deeper knowledge of disabilities that require additional personal care skills and accommodations in the pace and level of instruction and batching of work-related tasks, such as for customers with intellectual disabilities, neurological/physical impediments such as cerebral palsy, and visually impaired and deaf-blind customers.

### Customer Choice

Town hall attendees expressed a need for more diversification and choice in general service providers, especially in smaller cities and rural areas and for Pre-ETS customers. Customers frequently noted that they had limited service choices rather than none. Town hall attendees also expressed the need for more disability-specific providers in rural areas, such as those with ASD specialization, and supported employment providers for individuals with intellectual disabilities and visual impairments.

### Supported Employment, Long-Term Care

The need for more frequent Supported Employment (SE) referrals and reducing associated paperwork was mentioned by both providers and customers. Meanwhile, attendees identified a perceived need to reform the

benchmarking system for SE. One provider in the Dallas – Fort Worth area noted that the Rapid Process Improvement (RPI) initiative has helped to reduce paperwork and expedite the SE process. More SE providers and options for customers with visual and intellectual disabilities are needed.

### Public benefits and Work Incentives

Attendees emphasized a perceived need for greater counselor familiarity with the relationship between public benefits and employment, although the knowledgeability of SSI/SSDI subject matter experts was mentioned by some attendees. Nearly as frequently, attendees cited Medicaid, including Medicaid Waivers, Medicaid Buy-in, and related benefits, as ways to provide long-term care support for VR customers.

### Transportation

Attendees identified a perceived need for increased transportation options, especially in rural areas. Although ride-sharing services have been considered, including Uber/Lyft, these options were not viewed as reliable in outlying areas, or practical for customers in wheelchairs or with personal care needs. Attendees also expressed a need for streamlining the process for vehicle modifications, in particular fast-tracking customers who are already employed. Attendees claimed that urban customers on bus lines are not eligible for vehicle modifications, which limits their employment options to only businesses with a bus stop nearby. This represents a misunderstanding of the vehicle modification eligibility process and suggests the need for staff training and community education. A recent RPI project to streamline and clarify vehicle modification services is an example of one effort to address this misunderstanding.

### Marketing and Outreach

Attendees cited the need for increased visibility of the VR program, and of vocational services that are available for people with disabilities in general. There were also recommendations to create a more visible and user-friendly website for information about the program in general or specific case inquiries. Both customers and providers voiced the need for continued community outreach and disability education efforts aimed at employers.

### ***Discussion of Progress Mentioned***

The feedback received at the town halls and online survey reflected not only perceived needs, but also statements about perceived areas of progress as well. Table 22 depicts the total mentions of progress, such as mentions of successful customer outcomes, acknowledgement of improved services and effective strategies, etc.



**Table 22. VR Progress Mentioned, Town Hall Meetings and Survey**

<b>VR Progress Area</b>	<b>Number of Mentions</b>
General Customer Satisfaction	16
Statewide Pre-ETS initiatives	14
Comprehensive Service Delivery: ASD	10
Collaboration with CRPs, Schools	8
Assistive/Adaptive Technology	6

Source: 2020 Town Hall Meeting Textual Analysis

Sixteen VR customers and caregivers expressed satisfaction with their experiences with VR staff, including, courtesy, respectfulness and a supportive ('can-do') attitude. Those who expressed dissatisfaction most frequently noted interruptions in communication or gaps in services (see 'Needs' section above). The most frequently recognized service delivery area was collaboration with VR on Pre-ETS services, cited by school representatives. Instances of successful SEAL outcomes were cited by customers as well. VRD's expanded services for customers with ASD were mentioned as more a comprehensive approach to meeting the employment needs of this population. Additionally, some CRP staff remarked on improved collaboration with the VR program. Finally, several participants related that the assistive technology they received through VR has met their employment-related needs.

### **Key Informant Interviews**

Thirteen key informant interviews were conducted via TEAMS during April and May 2020, with one VR manager from each integrated service area in addition to the CCRC, and six VR counselors with specialty or general caseloads. Of the 14 VR needs categories identified by the 2020 CSNA, the following five figured prominently in key informant interviews:

- Communication and collaboration (10 interviews)
- Employer, service provider, and staff training (eight interviews)
- Customer choice and provider availability (six interviews)
- Transportation and room and board (six interviews)
- Community outreach and marketing (six interviews)

The following is a breakdown of the aforementioned categories.

#### *Communication and Collaboration*

- streamlining internal VR processes, such as reducing the number of approvals related to service delivery;
- reducing paperwork for CRPs, especially for outcome-based services such as supported employment;
- increasing partnerships with local MH/IDD agencies and not-for-profit ESPs to provide long-term supports for VR customers; and
- updating the Memorandum of Agreement (MOA) with Veterans Administration (VA) to provide for better information sharing.

#### *Employer, service provider, and staff training*

- in-depth training for counselors on working with individuals with mental health and visual disabilities;
- diabetes training;
- more frequent CSP training due to staff turnover;
- training on assistive technology and on-the-job accommodations for blind/VI and deaf/hard of hearing customers;
- increasing employer awareness of the needs of individuals with intellectual and mental health disabilities, especially in rural areas; and
- holding a statewide conference/training for deaf and hard of hearing counselors to collaborate and learn about resources across the state.

#### *Customer Choice and Provider Availability*

- recruiting specialty providers outside of major metro areas, especially those trained to work with individuals with ASD and blind or visually impaired individuals;
- locating more active support groups (such as churches, community centers, etc.) for substance abuse customers;
- ensuring timely and regular access to psychiatrists and counseling services for mental health customers in rural areas;
- recruiting ESPs and Pre-ETS training providers to work with schools in rural areas; peer counseling program and summer camp opportunities; and
- creating a reliable rating system of ESP effectiveness, including customer reviews and disability specialization.

#### *Transportation and Housing*

- expanding public transportation opportunities outside of major metro areas for blind/visually impaired and substance abuse customers;

- improving rural transportation, especially for students, and customers needing vehicle modifications or transportation training; and
- providing more veteran housing in more rural areas.

### *Outreach and Marketing*

- increasing visibility of VR program in local communities and schools;
- expanding community outreach to disabled veterans to inform them of VR services; and
- conducting more outreach to county mental health agencies to better inform them about the VR program, so they can make more relevant referrals.

Several key informants noted perceived areas of progress, including improved responsiveness and guidance from State Office specialists together with successful statewide Pre-ETS initiatives in their localities, such as SEAL, Project SEARCH, year-round work experiences, and Student Hireability Navigators. Interviewees also noted enhanced collaboration with Workforce Solutions offices and school districts in some areas.

## **VR Needs Survey**

The 2020 Texas Workforce Solutions (TWS) Vocational Rehabilitation Web Survey (VR needs survey) was designed to provide feedback on VR services provided by TWS as well as to test the reliability of the recently developed survey instrument, which includes items intended to gauge the importance of services, the quality of services, challenges to successful rehabilitation, satisfaction with service delivery, and knowledgeability about VR services. The full report on the survey is available separately and is only summarized in this section.

### **Summary of Methodology**

In fall of 2019, TWC asked PPRI to submit a bid to conduct the web-based survey portion of TWC's VR needs survey. This survey was only one part of the CSNA. Other components of the CSNA, including town hall meetings and related questionnaires, analysis of internal customer data, and Westat's customer satisfaction surveys, were not included in the scope of work conducted by PPRI. The 2020 survey replicates and extends an earlier survey conducted by PPRI in 2017.

The 2020 VR needs survey was designed to provide feedback on VR services provided by Texas Workforce Solutions (TWS) and test the reliability of a survey instrument, including items intended to gauge the importance of VR services, the quality of those services, challenges to successful

rehabilitation, satisfaction with service delivery, and knowledge about VR services. The 2020 survey replicates and extends research conducted in 2017. While that survey largely validated the survey instrument, the results were based on a sample heavily reliant on staff and without adequate representation of VR participants or vendors. The 2020 survey accounts for these deficits and provides a more robust validation of the survey instrument.

### ***Survey Respondents***

Potential respondents for the study were chosen using simple random selection from three strata of possible respondents: VR staff, vendors, and VR participants (including open and closed cases).<sup>32</sup>

### ***Survey Instrument***

The survey instrument consisted of 60 items developed by DOI at TWC. The programming of the instrument was completed and tested in late November 2019. To assure that respondents could complete the survey regardless of preferred language, the survey was offered in English and Spanish. 10 respondents chose to answer the survey in Spanish. To allow individuals with visual disabilities to take the survey, the survey was also programmed in JAWS (Job Access With Speech), a Microsoft Windows-based screen reader to assist individuals with visual disabilities.

### ***Recruitment***

Two strategies were implemented to increase survey participation in the 2020 survey. First, VR participants and vendors were sent an invitation letter informing them of the survey's purpose and providing a link so that they could take the survey online. Research indicates invitation letters can increase survey participation. Second, the number of initial sample records for participants and vendors was increased from 1,000 to 4,000, respectively, for a total of 8,000 sample records.

The invitational letter was mailed to 5,411 potential respondents on April 15, 2020. Reminder emails were then sent out on April 20, April 24, and May 11 encouraging potential respondents to complete the survey. Calls were also made to respondents to recruit them into the survey. In addition, invitational e-mails were sent to 600 counselors. The survey link closed on 8:00 am on the morning of June 23, 2020.

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<sup>32</sup> In the separate PPRI survey report, the term "vendors" is used to refer to service providers. Please also note that "participants" refers specifically to the subset of customers who have signed an IPE and who are receiving (open cases) or have completed receiving (closed cases) VR services.

### ***Response Rates***

Overall, 1,283 respondents completed the survey including 745 VR participants, 256 staff members, and 282 vendors (service providers).

The larger sample size and additional efforts to boost the response rate such as mailing out invitational letters and follow-up calls succeeded in yielding a more representative sample. In the 2020 survey, VR participants accounted for 58% of respondents, compared to 19% in the 2017 survey. The larger overall sample size in 2020 provided a more robust validation of the survey instrument and revealed more statistically significant differences across groups of respondents.

### ***Demographic Makeup***

The demographic makeup of respondents mirrored the Texas disability population as measured by the 2018 American Community Survey. Among VR participants who took the survey over half (53%) were female. One quarter (25%) identified as a racial minority, compared to the ACS 2018 estimate of 23% for the general Texas disability population. In terms of ethnicity, Hispanics/Latinos appeared to be slightly underrepresented at 23% (versus ACS 2018 estimate of 32%), although there were 67 missing cases for ethnicity (Hispanic).

For VR counselors, the numbers are similar or higher: 80% of counselors who took the survey were female, while 25% identified as a racial minority and 31% identified as Hispanic or Latino. 27% of VR counselors reported some type of disability.

### ***Summary of Themes***

#### ***Importance of the Role of Services***

The survey results revealed that all categories of VR services were perceived as playing a large role in successful rehabilitation. Important differences emerged, however, across groups of respondents (staff, participants, and vendors) in terms of how they evaluated services and service delivery, challenges to rehabilitation, and knowledge of employment and disability.

First, for all but two VR services categories, nearly two-thirds of all respondents said that these categories played a large role in successful rehabilitation. The two exceptions were work incentive programs and benefits planning coordination (49.3%) and transportation and room and board (55%).

Examining the results across groups of respondents, participants generally believed that VR service categories played smaller roles in successful rehabilitation. On one item, the differences were particularly large: 89% of

staff indicated that assessment of medical and vocational needs played a large role in successful rehabilitation, compared to 68% of vendors and 58% of VR participants. There were a few exceptions. Staff were less likely than participants or vendors to say that benefits counseling and work incentive programs, transportation, and room and board played a large role in VR success.<sup>33</sup>

### ***Quality and Timeliness of Services***

A similar pattern emerged for ratings of the quality and timeliness of services. First, between 57% and 69% of respondents agreed or strongly agreed that the services were meeting their needs with respect to quality and timeliness. Even the lowest ranked service—work incentive programs and benefits planning coordination—was evaluated by most respondents (57.4%) as meeting needs with respect to quality and timeliness. Respondents were most positive about assistive technology and equipment (69.1%) and job exploration and work-based assistance and learning (67.7%). Looking across groups, staff consistently gave more positive responses than vendors or participants. The differences on academic and occupational or vocational training (18%), assessment of medical and vocational needs (19%), and job exploration and work-based assistance and learning (19%) were particularly significant.

### ***Satisfaction with Service Delivery***

Respondents also expressed satisfaction with the delivery of services. Across categories, roughly two-thirds of respondents said they were satisfied or very satisfied with VR services. On the most positively rated service – courtesy and respectfulness of VR counselors and staff – more than three-quarters of respondents (77.5%) said they were satisfied or very satisfied. Consistent with quality and timeliness, staff expressed the greatest satisfaction with VR services. Only one item – referrals and information about service providers – did satisfaction drop below 70%. On the remaining items, nearly 80% of staff said they were satisfied or very satisfied.

### ***Challenges to Successful Vocational Rehabilitation***

In addition to evaluating services, the survey also sought to identify challenges to successful rehabilitation and general knowledgeability about employment and disability. When it came to challenges to success,

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<sup>33</sup> 35% of staff indicated that work incentive and benefits planning services play a large role in VR, compared to 55% of vendors and 54% of VR participants. Likewise, 46% of staff said that transportation and room and board play a large role, compared to 64% of vendors and 55% of VR participants.

respondents overwhelmingly identified as their greatest challenges concern over a loss of public benefits, lack of affordable childcare, housing, and transportation, and employer perceptions of people with disabilities. Cultural, racial, or sexual discrimination or immigration status were rarely seen as a challenge to success.<sup>34</sup>

Perceptions of challenges to success differed across groups. With a few exceptions, vendors and staff were more likely to report that any given challenge got in the way of successful VR. The gap was particularly notable in responses regarding a lack of affordable childcare, housing, and transportation. Staff and vendors were much more likely than VR participants to say the lack of affordable childcare, housing, and transportation and personal attitudes about employment got in the way of successful rehabilitation. VR participants, in contrast, were more likely to say a lack of information about public benefits interfered with successful VR.

### ***Knowledgeability of Disability and Employment***

Most respondents indicated they were at least somewhat knowledgeable about a range of topics related to employment and disability. Respondents were most confident in their ability to create accessible documents, knowledge about assistive technology and equipment, and skill at assessing and making workplace accommodations. They were least knowledgeable about labor market information tools (LMI), understanding the Social Security Administration's Program Operations Manual (POMS). Examining the results across groups, VR participants were less likely than staff and vendors to have said they were very knowledgeable about any of these items.

Overall, the survey findings revealed that the items included in the survey were generally reliable, meaning they grouped together in an exploratory factor analysis and that they correlated as reflected by the value of Cronbach's Alpha. Cronbach's Alpha is a statistical measure that is used to determine the internal consistency, or reliability, of an index of scaled items. A value of greater than 0.70 indicates that individual items are correlated and thus fit well within a single index. As demonstrated in Table 23, Cronbach's alpha exceeded 0.70 for each index, meaning that they are consistent and reliable measures.

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<sup>34</sup> 12 percent of respondents perceived some type of discrimination as often a challenge to successful VR. The most common type of discrimination cited in open-ended comments regarded misperceptions about the potential of individuals with disabilities.

**Table 23. Cronbach's Alpha for VR Needs Survey Indices**

<b><i>Index</i></b>	<b><i>Cronbach's Alpha</i></b>
Importance of Services in Successful VR	0.75
Quality and Timeliness of Services	0.89
Satisfaction with Services	0.93
Challenges to Successful VR	0.88
Knowledgeability about Disability and Employment	0.84

Source: 2020 PPRI VR Needs Survey

### **Regression Analysis**

The 2020 VR needs survey included multivariate regression analysis of the scale items on sex, race, ethnicity and disability type, yielding that:

- Sex was related to satisfaction with the delivery of services and knowledge about employment and disability. Female respondents expressed greater satisfaction with the delivery of services and rated themselves as more knowledgeable about employment and disability.
- African American respondents were more likely to say service categories played a large role in the success of VR, to agree that quality and timeliness of services met their needs, and to rate themselves as more knowledgeable about employment and disability.
- Hispanic respondents were more likely to say service categories played a large role in the success of VR, but in contrast to African American respondents, they were less likely to rate themselves as knowledgeable about employment and disability.
- Individuals with hearing-related disabilities were more satisfied with their services but also perceived greater challenges. Individuals with intellectual challenges were more negative in their evaluations of the quality and timeliness of services and reported less satisfaction with services. Finally, individuals with concerns related to living independently also reported greater challenges to successful VR.

### **Comparing the 2017 and 2020 Surveys**

Comparison of the 2020 and 2017 surveys reveals several key changes in the perceptions of VR participants and staff regarding the quality and timeliness of services, challenges to successful VR, and satisfaction regarding choice of service providers.



### ***Change in Perceptions of Quality and Timeliness***

Table 24 depicts the percentages of all respondents who agreed or strongly agreed that a VR service met their needs in terms of quality and timeliness.

**Table 24. Quality and Timeliness of VR Services (All Respondents)**

<b><i>VR Service: Quality and Timeliness</i></b>	<b><i>2020 Survey (%)</i></b>	<b><i>2017 Survey (%)</i></b>	<b><i>Change: 2017 to 2020</i></b>
<i>Assistive Technology and Equipment</i>	69%	72%	-3 points
<i>Diagnosis and Treatment of Impairments</i>	65%	70%	-5 points
<i>Assessment of Medical or Vocational Needs</i>	68%	75%	-7 points
<i>Disability related Skills Training</i>	66%	70%	-4 points
<i>Job Exploration and Work-Based Assistance</i>	68%	74%	-6 points
<i>On-the-Job Supports and Supported Employment</i>	65%	62%	+3 points
<i>Academic and Occupational or Vocational Training</i>	66%	64%	+2 points
<i>Work Incentive Programs and Benefits Coordination</i>	57%	57%	No change
<i>Transportation and Room and Board</i>	60%	67%	-7 points

Source: 2020 PPRI VR Needs Survey

VR service areas with the largest decreases in ratings for quality and timeliness include assessment of medical and vocational needs (7 percentage point decrease), transportation room and board (7 point decrease), and job exploration and work based assistance (6 point decrease). On the other hand, ratings for on-the-job assistance and supported employment, as well as academic and vocational training, increased somewhat (3 and 2 points higher, respectively).

### ***Perceptions of Challenges to Successful VR***

As demonstrated in Table 25, VR participants ranked challenges to successful VR as more prevalent in the 2020 survey than they did in the 2017 survey, as shown by the increase of the average mean score from 1.92 to 2.50. The survey used a scale of 1.0 (never) to 4.0 (often). The table lists the top five highest ranked items by VR participants.

Additionally, VR participants' priorities changed in 2020. In 2017, VR participants ranked childcare, transportation and housing concerns, followed by employer perceptions of people with disabilities, as the top two challenges to successful VR. In 2020, participants identified the top two challenges as concern over public benefit loss and a slow job market. In both surveys, the third highest ranked challenge for participants was the lack of accessible information on public benefits and work incentive programs.

**Table 25. Perceived Challenges to Success (Participants)**

<b>Challenge</b>	<b>2020 Rank (Mean Score)</b>	<b>2017 Rank (Mean Score)</b>
Concern over Loss of Public Benefits	1 (2.94)	4 (2.65)
Slow Job Market	2 (2.94)	5 (2.58)
Lack of Easily Accessible Information on Govt. Benefits, Work Incentives	3 (2.87)	3 (2.75)
Employer Perceptions of People with Disabilities	4 (2.85)	2 (2.78)
Lack of Affordable Childcare, Transportation or Housing	5 (2.78)	1 (2.79)
<b>Overall Average*</b>	<b>2.50</b>	<b>1.92</b>

\* Overall average includes additional lower ranked items not listed in this table (see standalone PPRI report for further details).

Source: 2017 and 2020 VR needs surveys (PPRI); TWC Analysis

In contrast to that of VR participants, the ranking of challenges for VR staff did not change significantly. As shown in Table 26, in both surveys, concern over benefit loss was the number one priority for staff, followed by the lack of affordable childcare, housing or transportation, and lack of community and family support. The table lists the top five highest ranked items by VR staff. The only difference is a slightly higher concern given to a slow job market as a challenge to successful VR in the 2020 survey.

**Table 26. Perceived Challenges to Success (Staff)**

<b>Challenge</b>	<b>2020 Rank (Mean Score)</b>	<b>2017 Rank (Mean Score)</b>
Concern over Loss of Public Benefits	1 (3.34)	1 (3.52)
Lack of Affordable Childcare, Transportation or Housing	2 (3.30)	2 (3.47)
Lack of Community and Family Support	3 (3.18)	3 (3.29)

<b>Challenge</b>	<b>2020 Rank (Mean Score)</b>	<b>2017 Rank (Mean Score)</b>
Employer Perceptions of People with Disabilities	4 (3.16)	4 (3.28)
Slow Job Market	5 (3.11)	5 (3.02)
<b>Overall Average*</b>	<b>2.89</b>	<b>2.97</b>

\* Overall average includes additional lower ranked items not listed in this table (see standalone PPRI report for further details).

Source: 2017 and 2020 VR needs surveys (PPRI); TWC Analysis

In both the 2017 and 2020 surveys, staff were more likely to perceive frequent challenges to successful VR than VR participants. However, the difference in the overall average scores narrowed considerably, from 105 points in 2017 (2.97 for staff versus 1.92 for VR participants) to only 39 points in 2020 (2.89 versus 2.50, respectively). As mentioned earlier in the report, data collection for the survey was conducted from April to June 2020, at a time of rising economic uncertainty associated with the COVID-19 pandemic. This may have increased VR participants' concern over a slow economy and potential benefit loss, exacerbated by the ongoing need for easily accessible information on how employment impacts benefits.

### ***Differences in Perceptions of Customer Choice and Service Providers***

Tables 27 and 28 below compare VR staff and participant responses to items on the satisfaction index that specifically pertained to customer choice and service provider quality. The percentages in the tables indicate the proportion of respondents who were satisfied or very satisfied with a particular service.

**Table 27. Satisfaction with Customer Choice and Providers (Participants)**

<b>Satisfaction Item</b>	<b>2020 Survey</b>	<b>2017 Survey</b>	<b>Change: 2020 from 2017</b>
1) Inclusion of VR Recipients in Setting Goals and Making Choices	68%	78%	-10 points
2) Quality of VR Service Providers	68%	77%	- 9 points
3) Referrals and Information About Service Providers	65%	72%	- 7 points

Source: 2017 and 2020 VR needs surveys (PPRI); TWC Analysis

**Table 28. Satisfaction with Customer Choice and Providers (Staff)**

<b><i>Satisfaction Item</i></b>	<b><i>2020 Survey</i></b>	<b><i>2017 Survey</i></b>	<b><i>Change: 2020 from 2017</i></b>
1) Inclusion of VR Recipients in Setting Goals and Making Choices	86%	83%	+3 points
2) Quality of VR Service Providers	69%	64%	+5 points
3) Referrals and Information About Service Providers	68%	72%	- 4 points

Source: 2017 and 2020 VR needs surveys (PPRI); TWC Analysis

## **VR Service Needs and Progress Evaluation**

This section discusses VR service needs and evaluates progress on addressing goals and priorities from the Combined State Plan (CSP) and the 2017 CSNA. Relative to the 2017 CSNA, the 2020 CSNA determined that the VR program did not make measurable progress on most CSP goals, priorities, and recommendations. Exceptions include expanding Pre-ETS services (including work-based learning experiences) and integrating mobile and other communication technology with VR program operations. Although the VR program exceeded its target of an employment rate of at least 50% for SE customers, the employment rate for this population decreased from 69% in FFY 2017 to 61% in FFY 2019.

### **Goal Area 1: Target Populations**

#### **Priority 1**

The VR program aims to improve customer employment outcomes for individuals with significant disabilities, including individuals who are blind or have significant visual impairments, individuals who are from minority backgrounds, individuals with neurodevelopmental disorders (including autism spectrum disorder, intellectual disabilities, and learning disabilities), individuals with mental health disorders, and veterans with disabilities.

***Evaluation: Meeting the Needs of Underserved Populations***

**Measure:** Provide VR services that support quality employment outcomes for individuals with the most significant disabilities<sup>35</sup> by meeting or exceeding performance goals.

During FFY 2017 to 2019, the number of VR participants declined by 8%, from 76,338 to 70,146, whereas the program's employment rate declined by 6 percentage points, from 66% to 60%. On a year-to-year basis, the sharpest decrease occurred in FFY 2018 and was accompanied by an approximately 20% decrease in VR service expenditures for that fiscal year. The beginning of FFY 2018 coincided with the completion of the reorganization of the VR program into one DSU on October 1, 2017. According to feedback from the town halls and VR needs survey, a shrinking provider network coupled with increased counselor vacancies has impacted the consistency of customer engagement and continuity of service delivery.

**Measure:** An increase in the number of participants served with neurodevelopmental disabilities, psychological disabilities, and participants who are veterans.<sup>36</sup>

From FFY 2017 to 2019, the numbers of VR participants with psychological disabilities and veterans with disabilities declined by 11% and 37%, respectively, exceeding the average decrease of 8% for all VR participants. However, participants with neurodevelopmental disabilities experienced only a slight decrease of 0.2% over the same period. This was primarily due to 3.6% growth in the number of student and youth customers<sup>37</sup> with neurodevelopmental disabilities from FFY 2017 to FFY 2019. At the same time, the number of VR participants with neurodevelopmental disabilities aged 25 and older at application declined by around 13%.

**Measure:** An increase in the number of successful employment outcomes for target populations.

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<sup>35</sup> Per 29 USC §705, to have a significant disability, a VR customer must have serious limitations in one or more functional areas and require multiple VR services over an extended period. To have a most significant disability, the VR customer must have serious limitations in three or more functional areas (for example, mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) and need significant on-the-job supports for the duration of employment.

<sup>36</sup> To align with VRD progress reporting to the RCT, primary, secondary and disabilities causes are accounted for in this measure.

<sup>37</sup> Based on age at application (14 to 24).

From FFY 2017 to 2019 employment rates declined for all the target populations identified in the 2017 CSNA, including veterans with disabilities (16 percentage points lower), individuals with blindness or visual impairments (12 points), and individuals with psychological (5 points) and neurodevelopmental disorders (5 points). Among racial and ethnic minorities, the employment rate for African American participants saw a substantial decline of about 10 percentage points. Youth and students are addressed under Goal Area 2.

Following an across-the-board year-to-year decline in FFY 2018, the number of successful case closures began to increase in FFY 2019 for all target populations, except for veterans with disabilities. In particular, the numbers of successful employment outcomes (closures) for customers with a primary disability of ASD and primary visual difficulties other than legal blindness were 19% and 7% greater in FFY 2019, respectively, than in FFY 2017.

**Measure:** Increase in customer satisfaction of target populations.

According to the 2020 VR needs survey, customer (VR participants) satisfaction with various aspects of VR service delivery declined compared to 2017, including accuracy and usefulness of information on VR services (12 percentage points lower in 2020), quality of VR service providers (9 points lower), responsiveness to requests (10 points lower), and inclusion of VR service recipients in setting goals and making choices (10 points lower). Regarding target populations, the 2020 survey indicates that respondents with intellectual impairments were less positive in their evaluations of the quality and timeliness of services and reported less satisfaction with VR services. Individuals with independent living difficulties were also more likely to report encountering challenges to successful VR.

Customer satisfaction ratings as measured by Westat remained relatively high throughout FFY 2017 to 2019. The proportion of respondents (active and closed cases) indicating that they were satisfied or very satisfied with their overall experience with VR ranged from 86% to 88%. Among target populations, VR participants with neurodevelopmental disabilities evidenced comparatively higher quarterly satisfaction rates (89% to 94% during SFY 2019) than did customers with psychological disabilities (80% to 91%).<sup>38</sup> Taken together, stable customer satisfaction ratings may indicate true stability in customer satisfaction; however, in light of other evidence to the contrary from different CSNA data sources, it is reasonable to conclude instead that people who participated in phone-based surveys were more likely to report satisfaction with the VR program than peers who did not. In other words, the decline in customer satisfaction captured by the 2020 VR needs survey may not have been captured by Westat because of a potential sampling bias due to the nature of the phone surveys. It should also be noted that the PPRI 2020 VR needs survey focuses on satisfaction with systems, processes, and specific VR services, whereas the Westat survey places a greater emphasis on perceptions of staff courtesy and interpersonal interactions.

African American respondents to the PPRI 2020 VR needs survey were more likely to say that any given VR service category played a large role in successful VR outcomes and to agree that the quality and timeliness of services met their needs. At the same time, however, African American respondents had lower overall customer satisfaction scores, which is also consistent with Westat survey results. Multivariate regression analysis conducted by PPRI indicates that race is not a significant factor for customer

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<sup>38</sup> Westat reports the results of the satisfaction survey to VRD quarterly, on an SFY basis.

satisfaction. Instead, disability type was found to be significant. Hearing loss predicted higher satisfaction, whereas cognitive disabilities predicted lower satisfaction. PPRI's finding is consistent with DOI's drill-down analysis, which found that disability type is a significant predictor of successful employment outcomes rather than race or ethnicity.

***Discussion: Meeting the Needs of Underserved Populations***

Because individuals with the most significant disabilities have almost one-third less chance of success in achieving employment (with a 54% employment rate during FFY 17-19, compared to 88% for individuals with no significant disabilities), strategic attention dedicated to this population is needed to improve employment rates.

**Table 29. Employment Rates for Caseloads with the Highest Proportions of Most Significant Disabilities, FFY 17–19**

<b>Primary Disability of Caseload</b>	<b>Successful Closures</b>	<b>Total Closures</b>	<b>Employment Rate</b>
<b>Blind/VI</b>	3,103	4,861	63.8%
<i>Other Visual Impairments</i>	1,335	1,871	71.4%
<i>Legally Blind</i>	1,768	2,990	59.1%
<b>Neurological</b>	1,839	3,442	53.4%
<i>TBI</i>	397	737	53.9%
<i>Cerebral Palsy</i>	327	631	51.8%
<b>Neurodevelopmental</b>	8,671	16,069	54.0%
<i>Autism (ASD)</i>	2,020	3,191	63.3%
<i>Intellectual Disability (IDD)</i>	1,963	3,618	54.3%
<b>Mental Health</b>	5,928	12,141	48.8%
<i>Anxiety/Depressive Mood Disorders</i>	3,580	7,305	49.0%
<i>Psychosis</i>	636	1,545	41.2%
<b>VR Total*</b>	<b>41,376</b>	<b>66,418</b>	<b>62.3%</b>

\* all caseloads and disability severities , including those not listed here.

Source: ReHabWorks Tables (aggregate counts for FFY 17– 19).



The 2017 CSNA identified specific most significant disability populations who may have been underserved, including blind/VI individuals and people with neurodevelopmental or mental health disabilities. In addition to these populations, concerns about customers with traumatic brain injuries, cerebral palsy, and other neurological disabilities were voiced during the 2020 town hall meetings. As demonstrated in Table 29, except for BVI and ASD, employment rates for these caseloads with higher proportions (30% or more) of individuals with most significant disabilities were significantly lower than the overall VR average.

### Blind or Visually Impaired

Town hall attendees noted the need for disability skills and assistive technology training for VR staff and service providers coupled with increased employer awareness of the benefits of hiring BVI individuals. Key informant interviewees stated that customers with most significant blindness or visual impairments often need independent living and job exploration services in addition to vocational adjustment training as a prerequisite to deciding on a vocational goal. BVI transition age counselors and school staff also noted a lack of transportation and qualified supported employment providers for BVI students in less urbanized areas.

During FFY 2017 to 2019, customers with visual impairments (other than legal blindness) maintained employment rates that were significantly higher than the overall VR average (Table 29). Town hall attendees with these visual impairments noted that assistive technology provided by VR helped them to find and maintain employment. The percentage of VR participants in the PPRI VR needs survey who indicated that assistive technology services met their needs in terms of quality and timeliness increased from 55% in 2017 to 66% in 2020.

### Neurodevelopmental or Mental Health Disorders

Town hall attendees cited a need for more VR staff and providers to be trained for constructive interaction with individuals with ASD, IDD, and depressive mood or personality disorders. Key informant interviewees and employment service providers recommended educating employers on neurodevelopmental and mental health disabilities, especially in rural areas. Customers and key informants also expressed a need for qualified providers outside of major metro areas, such as those with ASD specialization, ABA therapists, full-time psychiatrists, and supported employment providers.

Caregivers and parents of students asked for more job coaches trained in ASD supports and for VAT courses tailored for customers with significant cognitive impairments. They noted that individuals with mental health concerns need greater access to long-term supports through collaboration

with county mental health agencies and community service providers. Individuals with substance abuse concerns need reliable transportation, greater access to affordable in-patient clinics, and clarification about VR eligibility requirements for individuals who are weening off opioids.

It is important to note that the employment rate for customers with ASD was significantly higher than the neurodevelopmental caseload (Table 29) average. Town hall attendees noted progress in meeting the needs of this population, including expanded access to a broader range of ASD specific services, such as applied behavioral therapy and environmental work assessments, together with employment providers with specialized training in working with ASD individuals (e.g. Autism Endorsement programs). Customers with ADHD, intellectual, or learning disabilities also had higher success rates when these disabilities co-occurred with ASD, suggesting the need for further research to determine the extent that ASD services may be beneficial for people with other neurodevelopmental disabilities.

In late 2018, VRD offices in the San Antonio area completed an RPI project to maximize availability of services and resources through effective use of comparable benefits while not delaying quality services to customers. The project led to increased referrals to community mental health agencies, which provide longer-term psychological and counseling supports. RPI is a management tool based on the Theory of Constraints/Lean Management. The tool provides a methodical approach to engage staff to quickly identify, map, and improve the processes of an organization. RPI projects are designed to ensure that VRD is making most effective use of service delivery options available for both customers and employers.

#### Neurological Disabilities (Including TBI)

Town hall attendees voiced the need for more staff, provider, and employer awareness of the rehabilitation needs of individuals with traumatic brain injuries (TBI). Key informants emphasized the need to recruit more neurocognitive and other providers specializing in TBI. Customers with cerebral palsy also expressed a need for educating employers about the benefits of hiring individuals with neurological disabilities, streamlining the vehicle modification process, and informing driver education providers about the unique circumstances of individuals with cerebral palsy and similar impairments. The employment rate for customers with neurological disabilities, including TBI, was approximately 9% lower than the overall VR average in FFY 2017 to 2019. The number of successful employment outcomes for individuals with TBI declined by approximately 20% over the CSNA period. An initial open enrollment period was unsuccessful in attracting providers who specialize in longer-term, post-traumatic brain injury services.

However, a subsequent open enrollment posted in October 2020 has resulted in applications.<sup>39</sup>

Additionally, the need for a more comprehensive rehabilitative approach to individuals with multiple disabilities was also voiced by town hall attendees. For instance, a VR customer with psychological, visual, and physical impairments felt like she was being asked to prioritize her disabilities in terms of their impact, although she said they affected her daily functioning equally. Other examples include overlapping neurological and neurodevelopmental impairments, as well as deaf-blindness.

### Veterans with Disabilities

Mentioned needs associated with veterans with disabilities most often included increased collaboration and information sharing with the Veterans Administration (VA), knowledge of government benefits, diagnosis and treatment of mental health concerns such as PTSD, labor market knowledge and career information guidance, and transportation and housing. Key informants also noted that better communication and collaboration is required to ensure that veterans receive the benefits for which they are qualified and that services are not duplicated or neglected across different agencies. This would be especially helpful for veterans who come to VR to gain certifications or to continue their education, since VR cannot pay for training that is included in the IPE for an active case with the VA's rehabilitation services. There are numerous federal and state programs available to assist veterans, some focusing specifically on veterans with disabilities. Veterans may be accessing these services prior to applying for VR services or may not be aware that the VR program at TWC is also available to assist them with achieving their employment goals.

### Individuals with Minority Backgrounds

As demonstrated in Table 30, the racial and ethnic distribution of VRD employees generally matches that of VR participants and the ACS CY 18 estimates for Texans with disabilities.

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<sup>39</sup> VRD revised the application form and held a Q&A session for interested applicants.

**Table 30. Proportions of Ethnic and Racial Minorities**

<b><i>Population</i></b>	<b><i>Hispanic</i></b>	<b><i>Racial Minorities</i></b>
VRD Staff	30%	31%
VR Participants	31%	27%
Texas Disability Population	32%	23%

Source: Texas ACS Table S1810 (2018, 5-Year Estimates), ReHabWorks Tables (aggregate counts for FFY 19); TWC HR data as of August 31, 2019

VRD encourages the hiring of qualified individuals with disabilities and strives to ensure equal opportunity employment so that its staff can represent the ethnic diversity of its customer base. There were no need mentions that were specifically associated with race or ethnicity in the town halls or key informant interviews.

## Priority 2

The VR program aims to increase VR counselors' knowledge of work incentives and the effect of earnings on Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). This will improve the quality of VR's provision of counseling on decisions that impact employment.

### *Evaluation: Improving Knowledge Bases*

**2017 CSNA service improvement recommendation:** increase customer and staff awareness of other components of the Texas workforce and health care systems.

Respondents to the 2020 PPRI VR needs survey overwhelmingly identified a concern over the loss of government benefits as a chief challenge to successful VR outcomes: 78% said it was sometimes or often a challenge, which was the highest proportion for any of the items on the survey. Moreover, 74% of respondents identified a lack of accessible information on government benefits and work incentives as sometimes or often a challenge. VR customers who receive SSI or SSDI benefits during their case are about 20% less likely to achieve successful employment outcomes than those who do not receive benefits.

During FFY 2017 to 2019, the employment rate for customers receiving SSI or SSDI declined at a higher rate (9% decrease) than for customers not receiving these benefits (5% decrease). Moreover, the proportion of cases with customers receiving government benefits in the total amount of successful closures has gradually declined, from around 23% in FFY 2017 to 19% in FFY 2019.

Compared to the 2017 CSNA, the proportion of staff and VR participants in the 2020 PPRI VR needs survey who indicated they were 'very knowledgeable' about the relationship between employment, government benefits, and disability related services remained constant: 29% of staff and 13% of participants. Conversely, the proportion of survey respondents who indicated they were 'not knowledgeable' about the relationship between employment, government benefits, and disability related services increased from 15% in 2017 to 29% in 2020. This overall increase could reflect the higher representation of VR participants in the 2020 survey.

Work incentive and benefits counseling ranked among the lowest rated of all VR services regarding customer satisfaction, with only 57% of VR participants indicating that they agreed or strongly agreed that this type of service met their expectations for quality and timeliness. However, this still represents a significant increase in satisfaction compared to 43% for participants 2017.

***Discussion: Improving Knowledge Bases***

During the town halls, customers expressed a need for more concise information on the impact of earnings on their benefits. Customers also wanted information about the role of work incentive programs after obtaining employment. Employment service providers and VR staff emphasized the need for increased awareness and knowledge of Medicaid waivers and long-term care services to provide connected and ongoing on-the-job support services and healthcare for customers. Town hall attendees also voiced a need for more accessible resources and training on the Supplemental Security Income (SSI) Plan to Achieve Self-Support (PASS) provision and related work incentive programs.

Data collection for the PPRI VR needs survey was conducted in April and May of 2020, at a time of increasing unemployment due to the COVID-19 pandemic. Economic uncertainty may have influenced VR participant concern over potential benefits loss, as evidenced by the higher ranking of the item as a challenge to successful VR outcomes (see Table 25). However, the need for more accessible information on government benefits and work incentives has consistently been a higher priority for customers than staff. The high level of customer concern about the lack of easily accessible information about government benefits and work incentive programs is therefore an ongoing need independent of the COVID-19 pandemic. Thus, customer concern over potential benefits loss is, at least to some degree, perennial and cannot be explained by the pandemic alone.

The 2020 PPRI survey also revealed a growing perception gap between staff and customers. Perhaps because of lower levels of personal knowledgeability, customers assign greater significance to the role of work incentive programs and benefits counseling services in successful VR outcomes. For instance, in 2020, only 35% of staff said that work incentive and benefits planning coordination played a large role in successful VR outcomes, compared to 54% of VR participants and 55% of vendors. Consequently, it is important to give benefits counseling a more prominent role and to address customers' concerns regarding benefits loss earlier in the VR process.

Another challenge to employment that ranked highly in the VR needs survey was employer misperceptions or lack of understanding of disability and individual needs regarding disability. In fact, 41% of staff and 36% of VR participants rated employer perceptions as often a challenge. For VR participants, this issue was second only to concerns about benefit loss. For staff and vendors, the second highest rated challenge was the lack of affordable childcare, housing, and transportation (47 and 44%, respectively).

Key informant interviewees highlighted initiatives at the local level to increase awareness of government benefits and assuage concern regarding potential benefits loss. These have included: conducting a brief subject matter expert training for workforce and school staff, including teachers, job coaches, and workforce employment assistance specialists, to help disseminate government benefits knowledge to the disability community; creating a visual benefits template for deaf and hard-of-hearing individuals, which is shared by counselors in the area; and informational sessions at schools for parents and caregivers, regarding SSI/SSDI and Medicaid waiver programs. Although some key informants stated that outsourcing benefits counseling has been successful and one observed that customers are more willing to move forward with employment when they can visualize the potential impact of employment on their benefits, research has not yet evaluated the effectiveness of these efforts.

### Priority 3

The VR program aims to provide a customer service delivery system that makes information available regarding options for services, providers, careers, and other areas to enable informed customer choice and deliver high-quality and timely services. Cultivating good working relationships between TWC's VR Division and external service providers is a top priority. It is important for the VR Division to have a strong provider network to deliver needed services to customers. It is also important for the VR Division to identify providers that have a record of success.

#### ***Evaluation: Developing the Service Delivery System***

**2017 CSNA service improvement recommendation:** revise paperwork and approval processes for community rehabilitation programs and supported employment customers.

During FFY 2017 to 2019, the VR program experienced a reduction of approximately 30% in the total number of active service providers relative to the previous CSNA period (FFY 2014 to 2016). While the number of service providers remained relatively stable throughout the previous CSNA period (FFY 2014 to 2016), beginning in FFY17, the number of active providers has steadily decreased on a year-to-year basis.<sup>40</sup>

Based on feedback from town hall attendees and key informants, factors contributing to this trend may include: changes in policies and auditing procedures accompanying the move to TWC that have resulted in heavier paperwork burdens for providers; decreased visibility of the Texas VR program; unrevised service rates that no longer align with market values; instability or loss of prior relationships with state agency staff; and increased counselor turnover and vacancies, which has strained working relationships between local VR offices and providers. Consistent with the 2017 CSNA, the most frequently mentioned needs at the 2020 town halls and in open-ended responses to the 2020 VR needs survey were improving collaboration with service providers and streamlining paperwork and approval processes.

The decline in the VR services provider network is associated with a negative trend in perceptions of customer choice. In the 2020 VR needs survey, the percentage of VR participants responding that they were satisfied or very satisfied with the inclusion of VR recipients in setting goals or making choices declined from to 68% compared to 78% in 2017. Customer

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<sup>40</sup> The yearly rates of decline in the number of active providers for this CSNA period are as follows: 17% in FFY 2017 (compared to FFY 2016), 19% in FFY 2018 and 14% in FFY 2019. This downward trend continued into FY 2020. See Figure 9 earlier in this report for further detail.



satisfaction with the quality of VR service providers and the quality of information about providers declined by similar margins, respectively, to 68% and 65%. Declining customer satisfaction with provider options is also evidenced by the high proportion of open-ended responses citing limited provider availability as a challenge to successful VR outcomes.

Table 31 ranks the top categories (i.e. over 10% of total) of responses to the open-ended questions asking respondents to identify challenges to successful Vocational Rehabilitation in both the 2020 and 2017 PPRI VR needs surveys. For ease of presentation, separate items have been bundled into larger categories when applicable. In contrast to scaled items, the open-ended questions allowed respondents to elaborate on perceived challenges, including those not listed in the survey script (these items are indicated with an asterisk in Table 31).

**Table 31. Highest Ranked Open-Ended Question Responses for Challenges to Successful VR**

<b>Response Category (Challenge to Successful VR)</b>	<b>2020 Ranking (Percent)</b>	<b>2017 Ranking (Percent)</b>
<b>Economic and Financial Concerns</b> (Lack of Affordable Child Care, Housing or Transportation; Concern over Benefit Loss; and Slow Economy)	1 (20.3%)	1 (31.5%)
<b>*Provider Availability</b> (Lack of Placement Services, Job Coaches, and other Providers)	2 (16.7%)	5 (3.2%)
<b>*Paperwork and Approval Processes</b>	3 (14.4%)	2 (17.5%)
<b>Employer Awareness and Community Support</b> (Employer Perceptions of People with Disabilities and Lack of Community and Family Support)	4 (13.6%)	3 (16.8%)
<b>Lack of Accessible Information About the VR Agency</b>	5 (11.4%)	4 (16.3%)

Note: For ease of presentation, items accounting for less than 10% of total responses are not included here.

Source: 2017 and 2020 PPRI VR needs surveys, TWC analysis

In both survey years, the highest proportion of open-ended comments on challenges to successful VR regarded economic and financial concerns, although in 2020, this category represented a smaller proportion of total comments relative to 2017. This difference is attributed to relatively fewer comments in 2020 on the lack of affordable childcare, housing, and transportation (10% of total in 2020 versus 19% in 2017). The item with the

largest proportional increase was provider availability, which moved up in ranking from fifth place in 2017 to second place in 2020. This mirrors the increase in town hall mentions for customer choice and provider availability, which rose from ninth place in 2017 to fourth place in 2020.

Another important component influencing the quality of service delivery is labor market information (LMI) knowledgeability. Compared to 2017, the overall proportion of staff in 2020 who were very knowledgeable of LMI tools remained the same at 31%. Among all respondents, the proportion who indicated that they were not knowledgeable of LMI tools increased from approximately 30% to 52%. This sharp increase partly reflects the higher representation of VR participants in the 2020 survey, but it may also indicate that initiatives to expand LMI knowledgeability have proven ineffective, in particular given the increase in new counselors due to turnover.

**2017 CSNA service improvement recommendation:** integrate mobile and other communication technology with VR program operations.

Feedback from town hall attendees and key informants indicates that the integration of digital communication technology in the wake of the COVID-19 pandemic has benefited the VR program in terms of internal communication, collaboration with providers, and interaction with customers. For instance, a VR manager related that conducting meetings via Microsoft Teams allows for greater collaboration and information sharing between widely dispersed VR offices. Counselors related how new technologies that enhance communication with customers also help to facilitate caseload management. Providers welcomed exceptions to usual processes such as allowing the use of digital signatures, as well as online service delivery options.

Key informants also noted that the use of digital methods of communication and service delivery also helps to alleviate challenges outside of major urban areas, such as the limited availability of service providers and transportation options. However, the quality of internet services and computer literacy rates are a concern in some areas. Furthermore, certain disability populations with independent living or social skill training needs may benefit more from in-person training, including blind/VI individuals and people with neurodevelopmental impairments (IDD and ASD). Further research on the effectiveness of remote service delivery is needed.

***Discussion: Developing the Service Delivery System***

The impact of a smaller provider network has been reflected in frequently voiced concerns about customers' limited options for VR service providers. The town hall need category with the largest relative increase in ranking since the previous CSNA was customer choice, which advanced from 9<sup>th</sup> place in 2017 to 4<sup>th</sup> place in 2020. Customers more often commented on the limited number of VR providers to choose from rather than not being offered a choice at all. Counselors mentioned the need for more training in using LMI tools and more resources to connect with local businesses.

The 2020 PPRI VR needs survey revealed a divergence in perceptions between customers and staff regarding the provision of customer choice. Staff were significantly more likely than customers to agree that VR recipients were included in setting goals and making choices (86% of staff agreed versus 68% of customers). A declining active provider network may help explain the perception gap between staff and VR participants in the VR needs survey. Staff may be following the correct procedures, but customers may still feel like their options are limited, and in some situations, an actual choice of service provider may not be possible. Key informants also mentioned that customers may come in with a preferred provider that does not accept VR terms and rates. When customers are told that the provider is not in the VR network, they can be left with the impression that their preference was not respected.

Customer perceptions about making informed choices are also influenced by the VR process. Key informants highlighted perceived needs associated with several components of the informed choice process: the role of VRD in keeping up-to-date information on providers in ReHabWorks; the role of field offices in providing customers with a relevant list of choices and in recruiting local providers; the role of customers in formulating their preferences and researching provider lists; and the role of employment service providers in giving timely responses to customer inquiries and taking into account their career interests and preferences in job placement and exploration processes.

A recurring theme among key informants was the challenge of providing customers with relevant and easily digestible information. Managers and counselors related that some of their customers felt overwhelmed with the task of researching the provider list they received from VR. Key informants emphasized the need to: create a user-friendly rating system for providers based on customer feedback and disability specialization of providers; host CRP job fairs and in-person presentations to customers; expand the types of disability specific endorsements (currently only ASD and deaf-and-hard-of-hearing endorsements exist); and make lists of guiding questions to help customers narrow provider choices.

Service provider availability, customer choice, and LMI guidance are related needs that can be difficult to meet outside of major metro areas. Based on registration data and content analysis, Table 32 depicts need category mentions from town halls and key informant interviews that were associated with cities, towns, and rural areas outside of the Greater Houston, Dallas-Fort Worth metro, Greater Austin, and Greater San Antonio metroplexes.

**Table 32. Need Mentions Outside of Major Metro Areas**

<b><i>VR Need Category</i></b>	<b><i>Number of Mentions</i></b>
Customer Choice/Provider Availability	23
Transportation	17
Employer Disability Awareness	9
Labor Market Knowledge/Career Guidance	7

Source: Town hall registration data and content analysis

The highest ranked need in Table 32 is customer choice coupled with the availability of community resource providers, including work experience providers for Pre-ETS. The lack of sufficient transportation providers in outlying or rural areas figured prominently in need mentions. Customers emphasized the need for more assistance in finding local employers hiring individuals with disabilities. Building relationships with employers requires the ability to identify and visit a variety of local businesses, which necessitates more time and effort in expansive, less densely populated counties. Evidence from town halls and key informant interviews also suggests that employers outside of larger metro areas are less likely to be aware of the needs of customers with the certain disabilities, such as blind individuals or those with Autism, IDD, or psychological disorders.

Customers value VR services and report that services are meeting their employment needs. About 75% of respondents to the VR needs survey indicated that they were satisfied or very satisfied with the quality of VR services from VR staff, the attitude and knowledge of VR staff, the courtesy and respect shown by VR staff, and the VR eligibility determination process.

Based on the results of an RPI project completed in 2019, VRD has begun implementation of standardized workflow among VR counselor-rehabilitation assistant teams to strategically and rapidly improve VR processes and achieve consistent customer experiences, including automating manual tools and processes and incorporating standardized workflow tools into its case management system.

Currently, VRD is implementing the following strategies to improve collaboration with service providers:

- **Ongoing Dialogue:** in collaboration with the RCT member representing Community Rehabilitation Programs, VRD is conducting quarterly virtual meetings with providers to receive feedback on opportunities and challenges they experience when working with VRD to increase the effectiveness of services for VR customers.
- **Enhanced Communication and Support:** VRD has initiated the Standards for Providers Local Provider Liaison initiative, which focuses on quality assurance within VR that institutes activities to enhance continuous improvement of Standards for Provider contractors. This initiative is currently for Employment Services providers and focuses on building active relationships between VR staff and providers, promoting effective communication between VR staff and providers, providing technical assistance and training to providers and VR staff, and monitoring provider performance.
- **Rate Review:** VRD has initiated a rate review project to ensure that rates are current and competitive for services listed in the Vocational Rehabilitation Services Manual and the Standards for Providers Manual. Services under rate review include, but are not limited to, supportive residential services for persons in recovery, employment services, and rates for consultants. Rate methodologies will be updated as needed, and VRD will take action to update rates.
- **Business Transformation Project - Purchase of Goods and Services for VR Customers:** TWC has initiated a multi division business transformation project aimed at improving the availability of qualified providers who deliver goods and services that meet VR customer needs. The project strives to improve efforts to attract and retain quality providers, simplify and streamline processes, enhance communication, and ensure that rates paid to providers are sufficient. VRD has engaged with providers to ensure that their perspectives and views on current issues are reflected in the project.

Further research would be required to assess the impact of these strategies and the success of their implementation.

## Goal Area 2: Services to Students and Youth with Disabilities

### Priority 1

The VR program aims to expand and improve vocational rehabilitation services, including pre-employment transition services (Pre-ETS) for students with disabilities who are transitioning from high school to postsecondary education and/or employment, and improve coordination with state and local secondary and postsecondary educational entities.

#### ***Evaluation: Meeting Preemployment Transition Services Needs***

**Measure:** An increase in successful outcomes for students and youth with disabilities.

VR participants 24 years or younger have the lowest employment rate of any age cohort. During FFY 2017 to 2019, the average employment rate for youth was 51%, while the corresponding rate for customers with student status (a subset of youth) was 46%. The decrease in the employment rate for both youth and students mirrored that of the VR average (6 percentage points). After an initial decline of around 10% in FFY 2018, the absolute number of employment outcomes (successful closures) for students and youth increased by about 9% in FFY 2019 relative to FFY 2018.

During FFY 2017 to 2019, the number of VR participants with youth status (aged 14-24) remained stable.<sup>41</sup> At the same time, the number of Pre-ETS customers steadily increased over the period, from around 18,400 in FFY 2017 to around 29,800 in FFY 2019. This includes both potentially VR eligible Pre-ETS customers (prior to VR program eligibility determination) and VR eligible Pre-ETS customers receiving authorized and other VR services.

In 2018, VRD completed a Rapid Process Improvement (RPI) project aimed at increasing referrals of students to Workforce Solutions and improving timeliness of services and customer experience for students with disabilities. Project deliverables included a capacity building model designed to aid VR offices in increasing services to potentially eligible students. The full extent of this project's impact is not yet known. However, existing initiatives targeted at students and youth have proven effective at improving employment outcomes. For example, Project SEARCH participants ages 18 to

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<sup>41</sup> In FFY 2017 there were 29,465 VR participants with youth status compared to 29,448 in FFY 2019. Due to the decline in adult VR participants (aged 25 and over), the proportion of youth among all VR participants increased from 39% in FFY 2017 to 42% in FFY 2019.

24 who exited the VR program from FFY 2015 to FFY 2018 were over two-thirds (68%) more likely to achieve successful employment outcomes than customers who did not participate in Project SEARCH. The corresponding employment rate for the Project SEARCH participant cohort was 89.6%.

***Discussion: Meeting Preemployment Transition Services Needs***

Mentions about Pre-ETS service needs figured prominently in town hall meetings and key informant interviews. Table 33 depicts Pre-ETS need and progress categories ranked by the number of mentions in each category.

**Table 33. Pre-ETS Specific Need and Progress Mentions**

<b>Category</b>	<b>Need Mentions</b>	<b>Progress Mentions</b>	<b>Total Mentions</b>
Collaboration / Communication	18	9	27
Readiness and Work-Based Learning	14	10	24
Transportation / Remote Delivery	11	3	14
Labor Market and Career Guidance	9	2	11
Marketing and Community Outreach	6	1	7

Source: Content Analysis of 2020 Town Halls/Survey and Key Informant Interviews

**Collaboration / Communication**

The majority of Pre-ETS needs voiced during the town halls and key informant interviews were related to collaboration and information sharing between VRD, Pre-ETS providers, and school and/or special education staff. Customers and school representatives expressed the need for transition counselors to visit their customers and attend ARD meetings more regularly. They also acknowledged that collaboration with local VR offices can be constrained by large transition caseloads and staff turnover. In terms of progress, school representatives noted instances of successful collaboration with VRD in the coordination of Pre-ETS services, including working with school staff to develop and enhance vocational education training programs. Key informants noted improvement in communication with the state office, including detailed policy guidance and regular training materials on working with transition and youth caseloads.

**Transportation / Remote Service Delivery**

VR staff noted that in rural and less affluent areas, families may not have reliable access to a second vehicle, bus, or ride-sharing services, which limits their ability to attend group trainings and narrows their options for

work experiences. To address this challenge, VR staff cited instances of working with school districts to organize in-school career exploration and job skills training. During the first semester, VR contracted with providers to come into high schools to teach career exploration and employment skills. During the second semester, students participated in paid work experiences in the community or nearby towns using school provided transportation. For economically disadvantaged districts, providing schools with cost-sharing assistance or reimbursement from Pre-ETS funds was recommended.<sup>42</sup>

In cases where provider availability or district transportation is limited, remote service delivery was mentioned by both VR staff and providers as an option. However, some households do not have reliable highspeed Internet service or the computer skills needed for distance learning. Additionally, independent living or social (soft) skills training for students with visual or neurodevelopmental disabilities can be more effective in-person.

#### Readiness and Work-Based Learning

School transition staff mentioned the need for adapting the curriculum for vocational adjustment training (VAT) to the needs of students with more significant intellectual and visual disabilities. Caregivers also noted that some job coaches (school-based and Pre-ETS service providers) needed additional training in working with specific disability populations, such as ASD. Work-based learning programs, in particular SEAL, received the largest number of mentions in terms of progress from caregivers, providers, and school staff. Key informants also noted that VRD's new array of services for Pre-ETS customers has opened the door for more productive collaboration, including with teachers, special education directors, and service center staff.

#### Labor Market Knowledge and Career Guidance

VR staff and caregivers asked for more opportunities for career exploration and guidance for students and youth in rural areas, where the range of businesses and industries can be limited. Additionally, the absence of larger universities or four-year colleges in these areas may impact customers' ability to participate in statewide initiatives for career exploration that take place on a college campus, such as Project STEM. To offer students in these areas exposure to role models and a wider variety of vocational choices, key informants recommended bringing in peers who are attending college, or business representatives from nearby areas, to talk about college and career

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<sup>42</sup> According to a policy clarification issued by RSA on February 28, 2020, VRD is now able to pay for some supporting goods and services with Pre-ETS funds, including transportation. However, this applies to only VR-eligible students. In May 2020 VRD modified its policy to include the additional flexibilities in this RSA policy clarification.



opportunities. One transition counselor is developing an online curriculum for career exploration tailored to her caseload that could be used as a template.

### Marketing and Community Outreach

Caregivers and school staff noted the need for greater awareness of VR transition services among parents, teachers, and special education staff. Providers and school staff mentioned that individual schools do not fully understand their obligation to reach out to the VR representative at ARD meetings for transition-aged students. To address this need, one key informant mentioned that she has organized parent nights at school, together with special education teachers and transition counselors, to familiarize parents with VR Pre-ETS services. The meetings also including information on government benefits, like Medicaid waivers. Under its PCI strategy Charting the Course, VRD has contracts with 18 of 20 Education Service Centers (ESCs) across Texas to conduct events for students and their families to provide opportunities to receive age and grade appropriate Pre-ETS as well as connection to resources.

### Priority 2

The VR program aims to provide supported employment services to youth and other individuals with the most significant disabilities who require extended support to achieve and maintain an employment outcome.

#### ***Evaluation: Supported Employment Services***

**Measure:** 50% or greater of VRD customers exiting the VR program after receiving supported employment services will achieve an employment outcome.

During FFY 2017 to 2019, employment rates for customers receiving SE services exceeded the CSP target of 50% by a range of 11% to 19% annually. However, the SE employment rate declined over the period, from 69% (1109 employment outcomes) in FFY 2017 to 61% (805 employment outcomes) in FFY 2019. The number of exits by customers with most significant disabilities (including those not receiving SE services) increased by 12% from FFY 2017 to FFY 2019. Correspondingly, the proportion of customers receiving SE services in exits for customers with most significant disabilities declined from 27% in FFY 2017 to 20% in FFY 2019.

This proportion varied by primary disability difficulty category. In FFY 2019, the proportion of exiting customers with most significant disabilities receiving supported employment services was 33% for primary cognitive disabilities and 22% for primary psychological difficulties, compared to 10% for physical/mobility difficulties and 8% for sensory/communicative difficulties. In FFY 2019, the proportion of exiting customers with most

significant primary visual disabilities receiving SE services was only 3%. Customers with primary visual disabilities receiving SE also experienced the sharpest decline in employment rates, from 68% in FFY 2017 to 50% in FFY 2019.

According to the 2020 VR needs survey, 60% of VR participants and 76% of staff agree or strongly agree that supported employment services and other on-the-job supports met their needs in terms of quality and timeliness. This is a substantial increase from 2017 for VR participants and staff, respectively, from 54% and 65%. In 2017, only 48% of VR staff responded that SE services played a large role in successful VR compared to 73% in the 2020. This increase could reflect the growing number of students in the program with most significant neurodevelopmental and other disabilities requiring SE services.

### ***Discussion: Supported Employment Services***

The decrease in the proportion of customers receiving supported employment services in total exits by customers with most significant disabilities may point to a declining SE provider network in some regions. In addition, the SE needs most frequently mentioned by town hall attendees and key informants include: removing disincentives for SE referrals by reducing the paperwork burden and allowing providers flexibility regarding benchmark timeframes; serving more VR customers who would benefit from SE; connecting customers with Medicaid Waiver programs that provide long-term supports and ongoing comparable benefits after their exit from the VR program; and the need for more qualified SE providers for individuals who are blind or visually impaired, especially in rural areas.

Providers also suggested that the benchmark system may discourage serving customers with intellectual or developmental disabilities who have higher support needs. The time it takes to find or customize a suitable job match for a customer with a more significant disability often exceeds the amount that would be covered by the benchmark, placing a significant financial strain on the provider. Time spent on necessary activities that are not considered billable exacerbates this issue. One SE provider recommended increasing the closure benchmark to allow more time for ensuring a successful employment outcome.

VRD initiated a Supported Employment (SE) project in October 2020 to review and improve procedures for SE. A workgroup of VRD staff began has been tasked with researching SE procedures in other states, feedback from stakeholders, constraints in the current SE benchmark system, tools that may enhance SE, and ideas for improvement. Providers and staff have met virtually in a series of work sessions. The workgroup will provide input on

the SE benchmark system, policy, forms, and rates as well as input on training staff and providers.

### ***Projecting Potentially Eligible Students for Pre-employment Transition Services***

The Texas VR program has developed a method to project annual expenditures for required and coordinated preemployment transition services. Barring unforeseen circumstances (such as the COVID-19 pandemic in FFY 2020 and 2021), TWC usually projects these expenditures during the first quarter of each FFY by:

1. summing previous FFY total spending on required and coordinated services;
2. dividing the sum by the previous FFY's number of pre-employment transition services customers;
3. multiplying by the number of anticipated pre-employment transition services customers for the current FFY; and
4. subtracting the result from the VR award set-aside fund to determine the amount of money available to spend on authorized pre-employment transition services for the current FFY.

At the end of each fiscal year, TWC will reconcile the projections with actual expenditures and make appropriate adjustments, when necessary. The VR program will continue to update estimates of potentially eligible students with disabilities in collaboration with TEA and the ED Office of Civil Rights.

## Goal Area 3: Partnerships

### Priority 1

The VR program aims to enhance collaboration and coordination with Boards, employers, and other stakeholders to increase competitive integrated employment outcomes and work-based learning experiences, which may include in-school or after-school opportunities such as internships, volunteer positions, and summer and year-round work experience programs.

#### ***Evaluation: Strengthening Relationships with Collaborators***

VRD targeted an increase in partnerships with employers throughout Texas to provide employment opportunities and work-based learning experiences for both adult and student customers. Due to changes in reporting procedures and the implementation of new programs during the current CSNA period, comparable baseline data does not exist for all measures.

**Measure:** An increase in services provided to businesses to support hiring, retention, and advancement strategies of the businesses.

In FFY 2019, there were 71 VRD partnerships, compared to 91 in FFY 2018. It is important to note that many of the businesses represented in this number are working with VRD in multiple locations around the state, although they are only counted once.

**Measure:** An increase in work-based learning experiences.

The number of customers engaged in paid work-based learning experiences has steadily increased since the previous CSNA period, from a baseline of 650 in FFY 2016 to 1,994 in FFY 2019. Paid work-based learning experiences for students such as SEAL are discussed below.

**Measure:** An increase in the number of partnerships for special initiatives and ongoing coordination of services to businesses.

In FFY 2019, there were 47 partnerships for special initiatives with businesses, compared to 45 in FFY 2018. Businesses that began as special initiatives but are now conducting normal hiring practices with VR customers are not included in these figures. A single business may have multiple locations across the state, although they are counted once.

#### ***Discussion: Strengthening Relationships with Collaborators***

TWC has data agreements with other federal and state agencies, including the VA and the State Wage Interchange System (SWIS). These agreements

help forge the way for collaboration and coordination of services and resources.

SEAL is offered in each of the 28 LDWA areas. VR contracts with each board to contract out employability skills training, worksite identification, placement and monitoring, and to pay student wages and associated costs for SEAL participants. Local VR staff work in partnership with each board to identify students who might benefit from the program, to conduct outreach and recruitment activities, to identify worksites, and to provide any additional services needed for students to complete the program.

VRD is also an active partner in Project SEARCH, a full-year school-to-work program that offers classroom instruction, career exploration, and hands-on training through worksite rotations. While Project SEARCH is a business-led program, referring and preparing students with disabilities involves partnering with school districts, education service centers, local Workforce Solutions as well as VR. As of the end of FFY 2019, Texas had 29 Project SEARCH sites. Sites are led by a host business and include key partners, including VRD, ISDs, CRPs, and local authorities. Each Project SEARCH site typically has 8 to 12 participants per year. Approximately 225 students participated in Project SEARCH for the 2018-2019 school year. Project SEARCH sites were active not only in the largest metro areas, but also in other cities and towns such as El Paso Lubbock, College Station, Brenham, Tyler and Amarillo.

The results of a DOI evaluation of Project SEARCH outcomes from FFY 2015 – 2018 illustrate the impact of the program. The success rate for Project SEARCH participants was 89.6%, compared to 53.5% for non-participants. Compared to customers aged 18-24 at exit who did not receive the service, Project SEARCH participants were about 68% more likely to achieve successful employment outcomes, and about 32% more likely to retain employment in the second and fourth quarters following exit from the VR program. These differences are statistically significant at the 95% level of confidence.

There were 299 Project SEARCH participants identified and 299 standard VR participants sampled. Standard VR participants were sampled from the same management units and counties where their counterparts received Project SEARCH services. All participants of the study were between the ages of 18 and 24 at exit, had an intellectual/learning impairment, and did not have an impairment resolved prior to program exit.

In addition, VRD has implemented Group Skills Trainings (GSTs) to teach vocational and self-advocacy skills in coordination with employers. For instance, the S.W.E.A.T program (Summer Work Experience in Austin,

Texas) is a five-week summer work program conducted by the Texas School for the Blind and Visually Impaired (TSBVI) in which up to 15 students who are blind or visually impaired are trained in employability skills, independent living skills, and mobility training. VRD also provides training opportunities for deaf and hard-of-hearing customers at the Texas School for the Deaf. In addition, VRD collaborates with the Brazos Valley Center for Independent Living and Texas A&M Center on Disability and Development to hold the W.A.C.O. (Work and College Opportunities) at Texas A&M summer work program. Participants receive development and instruction in professionalism, self-determination, and teamwork. They typically experience and learn about college opportunities and work in the community 16 to 20 hours a week while living on campus.

VRD aims to leverage existing business partnerships to identify additional opportunities to better prepare students for the workplace and help them obtain jobs. In addition to the State office team, each of VR's six regions has a Business Relations Team consisting of two Business Relations Coordinators, two Employment Assistance Specialists who specialize in BVI (except for the East Texas region, which only has one) and other staff at the management unit level identified as part of Outreach and Service Coordination teams. Together, these staff work with local employers to learn about their open positions as well as to assist employers with understanding and seeing the value in hiring persons with disabilities. With many of these partnerships, special hiring and/or training programs have been developed with the intent to help ensure VR customers have not only the skills for the open positions, but also access to positions within the companies. Nevertheless, these efforts have not yet been evaluated for effectiveness.

Meanwhile, the Independent Living services for Older Individuals Who Are Blind (OIB) program has been retained by TWC within the VR program. As a result, referral processes and policies have been developed to expand the network of providers for individuals needing independent living services.

Other collaboration with LEAs, higher education, and Boards has aims to expand customer access to postsecondary opportunities that provide training and employment in meaningful and higher-paying jobs.<sup>43</sup> VR will continue to focus on developing and enhancing partnerships and broad collaboration, not only because they are emphasized in WIOA, but also because partnerships and collaboration promise to help cultivate a more responsive and effective service delivery system that will benefit customers.

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<sup>43</sup> VRD currently has contracts with 15 colleges and universities for 39 different programs, activities and camps.

## Conclusion

The 2020 CSNA analyzed data from the VR program in Texas during FFY 2017–2019 to identify VR service needs. Taken together, nearly 2,000 stakeholders, including customers, service providers and VR staff, provided feedback and recommendations for improving VR services to Texans with disabilities. Analysis of the virtual town halls and the PPRI VR needs survey revealed that mentions of perceived needs closely aligned, supporting the validity of these information sources, and providing a more in-depth view of perceptions that customers have about the VR program.

This report covered the first triennial period since the reorganization of the VR program, which resulted in significant structural and organizational shifts. Three overarching categories of needs were voiced in the town halls, key informant interviews, and online surveys, including 1) recovering and maintaining a robust network of providers to ensure access to equitable and diverse services; 2) streamlining procedures and approval processes to remove any unnecessary administrative processes for staff, providers, and customers; and 3) recovering and maintaining sufficient staff and expertise to effectively serve job seekers with disabilities.

First, the 2020 CSNA revealed a substantial 42% statewide decline in the number of active service providers during FFY 2017 to 2019, subsequent to the reorganization. Comparing the 2020 and 2017 CSNAs, there was a noticeable increase in feedback across all CSNA information sources about an apparent need for informed customer choice and a perceived lack of service provider options. VR staff also indicated the need for assistance in recruiting new service providers, in particular outside of the state's largest metro areas. These trends were associated with need mentions regarding longer wait periods, and, at times, perceptions of lower quality services.

Second, all CSNA information sources and stakeholder groups suggest the need to streamline internal approval procedures and reduce paperwork to expedite service delivery for customers and improve collaboration with service providers. Customers and providers perceived that some counselors seemed too overburdened with documentation and heavy caseloads to provide timely service or to meet with provider staff. In addition, key informants voiced the need to devote more time and resources to promoting awareness among employers in order to improve understanding of disability and individual needs regarding disability.

Third, staff turnover was mentioned as a challenge for both customers and providers in terms of receiving consistent and accurate information about VR policies and procedures. Customers cited delays in services or

communication interruptions with the VR program due to prolonged vacancies or having several changes in counselors over a short period. Counselors mentioned the need for more training in using labor market information along with more resources to connect with local businesses. In addition, the VR needs survey revealed a higher level of customer concern about the loss of public benefits due to employment and the need for more accessible information about benefits and work incentive programs.

The 2020 CSNA also revealed increases in both the number of students served as well as Pre-ETS expenditures during FFY 17-19. In follow-up to the 2017 CSNA, and using RPI principles, the VR program developed strategies to increase the visibility and availability of services to students, many of whom enter the VR program with limited or no prior work history. A preliminary research evaluation conducted by DOI found that Project SEARCH participants who exited the VR program during FFY 2015 to 2018 had about a two-thirds higher probability of achieving successful employment outcomes and were about one-third more likely to retain employment in the second and fourth quarters after exiting the VR program, compared to VR customers who did not participate in Project SEARCH.

The apparent VR service needs identified by this report will guide TWC's VR Division in making programmatic improvements and enhancements to help obtain meaningful employment for customers, including the development of strategies to better leverage relationships with employers and collaborative partners. TWC will continuously collect and analyze data to further assess additional needs of Texans with disabilities and progress toward meeting the CSP goals discussed in the previous section.

Efforts will emphasize increasing staff and customer knowledge about the components of the Texas workforce and health care systems, including labor market information tools (LMI) and public benefit programs; ensuring and expanding informed customer choice, including developing the VR service provider base, employment and labor market and career education, and outreach to increase the visibility of the VR program; and educating prospective employers about disability and cultivating inclusive perspectives on employees with disabilities.



## Appendix A: Categorizing Disabilities

Table A1 shows how the Texas VR program’s impairment subcategory codes correlate to the six ACS functional disability-related difficulties. Impairment subcategory codes (subcodes) were considered for primary, secondary, and tertiary disability.

**Table A 1. Categorizing Disabilities**

<b>Sub-code</b>	<b>Description</b>	<b>ACS Disability-Related Difficulty</b>
01	Blindness	Vision
02	Other Visual Impairments	Vision
03	Deafness, Primary Communication Visual	Hearing
04	Deafness, Primary Communication Auditory	Hearing
05	Hearing Loss, Primary Communication Visual	Hearing
06	Hearing Loss, Primary Communication Auditory	Hearing
07	Other Hearing Impairment (for example, Tinnitus, Meniere's Disease, and Hyperacusis)	Hearing
08	Deaf blindness	Hearing, Vision
09	Communicative Impairment (expressive/receptive)	Independent living
10	Mobility Orthopedic/Neurological Impairments	Ambulatory
11	Manipulation/Dexterity Orthopedic/Neurological Impairments	Self-care
12	Both Mobility and Manipulation/Dexterity Orthopedic/Neurological	Ambulatory, Self-care
13	Other Orthopedic Impairments (for example, limited range of motion)	Ambulatory
14	Respiratory Impairments	Ambulatory
15	General Physical Debilitation (for example, fatigue, weakness, and pain)	Ambulatory
16	Other Physical Impairments (not listed above)	Ambulatory
17	Cognitive Impairments: learning, thinking, processing, and concentration	Cognitive
18	Psychosocial Impairments: interpersonal/behavioral, difficulty coping	Independent living
19	Other Mental Impairments (not listed above)	Cognitive
21	Blind: vision 20/200 or less or field restriction of 20° or less in both eyes	Vision
22	One Eye Blind, Other Impaired—20/70 up to 20/199 or 30° to 21°	Vision

<b>Sub-code</b>	<b>Description</b>	<b>ACS Disability-Related Difficulty</b>
23	One Eye Blind (20/200 or less), Other Eye Has Vision at 20/60 or better	Vision
24	One Eye Impaired, Other Eye Has Vision at 20/60 or better	Vision
25	Both Eyes Impaired—20/70 up to 20/199 or field 30° to 21°	Vision
26	No Visual Loss	Vision
27	Communicative Impairment (expressive/receptive)	Independent living
28	Deaf blindness	Hearing, Vision
29	Deafness, Primary Communication Auditory	Hearing
30	Deafness, Primary Communication Visual	Hearing
31	Hearing Loss, Primary Communication Auditory	Hearing
32	Hearing Loss, Primary Communication Visual	Hearing
33	Other Hearing Impairment (for example, Tinnitus, Meniere's Disease, and Hyperacusis)	Hearing
34	Both Mobility and Manipulation/Dexterity Orthopedic/Neurological	Ambulatory, Self-care
35	General Physical Debilitation (for example, fatigue, weakness, and pain)	Ambulatory
36	Manipulation/Dexterity Orthopedic/Neurological Impairments	Self-care
37	Mobility Orthopedic/Neurological Impairments	Ambulatory
38	Other Orthopedic Impairments (for example, limited range of motion)	Ambulatory
39	Other Physical Impairments (not listed above)	Ambulatory
40	Respiratory Impairments	Ambulatory
41	Cognitive Impairments: learning, thinking, processing, and concentration	Cognitive
42	Other Mental Impairments (not listed above)	Cognitive
43	Psychosocial Impairments: interpersonal/behavioral, difficulty coping	Independent living
44	One or Both Eyes Impaired—Visual Loss up to 20/70	Vision