# **Maine Division for the Blind and Visually Impaired (DBVI)**

# **Comprehensive Statewide Needs Assessment**

# **Federal Fiscal Years (FFY) 2012-2014**

Every three years, the Division for the Blind and Visually Impaired (DBVI) conducts a comprehensive statewide needs assessment to evaluate the challenges facing individuals who are blind or have low vision living in Maine. The primary purpose of this needs assessment is to help DBVI and its State Rehabilitation Council (SRC) draft a state plan and guide goal development for the next three fiscal years. This report discusses the needs assessment results from a variety of perspectives: stakeholders (individuals with visual impairments and their family members, friends, or advocates; eye care specialists; and prospective employers); consumers of DBVI services (both those closed successfully [Status 26] and those closed unsuccessfully [Status 28]), and professionals from across Maine's blindness system. In this report, information has been collected through on-line surveys, telephone interviews, and at open forums directly from individuals. In addition, publicly available sources such as survey information from the United States Census Bureau and data from the Rehabilitation Services Administration and the Social Security Administration are included.

This report is organized into three major sections: Part One describes the demographics of Maine and its population, how individuals access Vocational Rehabilitation (VR) services, and provides quantitative details of services received by DBVI consumers. Most of the data that is presented in Part One is drawn from the Rehabilitation Services Administration (RSA) outcome reporting that is submitted annually by DBVI as RSA-911 data. Other source data included are from the U.S. Bureau of Labor Statistics, U.S. Census Bureau, Cornell University Employment and Disability Institute, and Maine Department of Labor. These sources and others are cited in the body of the report.

Part Two describes qualitative data collected during a series of DBVI consumer and staff focus groups held in the fall of 2014. The four consumer forums (open to anyone who had a visual impairment and those who cared for or provided services to people with vision loss) and three staff focus groups (open to DBVI staff and subcontractors working for DBVI) were held in Augusta, Bangor, and Portland. One session was held in the evening to accommodate individuals unable to attend the day sessions due to work schedules and all of the focus groups were accessible via teleconference to encourage participation. These focus group discussions were facilitated by Dr. Karen Wolffe and transcribed verbatim for analytic purposes. To ensure confidentiality and objectivity, the focus group transcripts were analyzed by another seasoned researcher, Dr. Kathy Nelson. Drs. Nelson and Wolffe jointly authored Part Two of this report, however, all Part Two analyses were conducted by Dr. Nelson.

The final section, Part Three details the results of a series of telephone interviews performed by Dr. Wolffe and parallel surveys submitted on-line by stakeholders. The results that are presented reflect completed survey input from 173 respondents (110 of whom were people with visual impairments or their family members, 47 were DBVI staff or subcontractors, and 16 were eye care professionals). Both quantitative and qualitative data are included in the overview of the respondents’ input. Their input covers a broad range of topics: Challenges facing individuals with visual impairments in Maine, assessment of the provision of services by DBVI, recommendations for improving DBVI services, and the employment and life experiences of the respondents.

## **Vocational Rehabilitation Services in Maine**

In Maine, the Division for the Blind and Visually Impaired (DBVI) is the Rehabilitation Services Administration (RSA) Designated State Unit for administering services that are governed by the federal Rehabilitation Act of 1973, as amended, for eligible individuals whose primary disability is visual impairment. The Maine Bureau of Rehabilitation Services (BRS) administers a separate General Vocational Rehabilitation program for individuals who have other disabilities. DBVI operates as a state vocational rehabilitation (VR) agency within the Bureau of Rehabilitation Services, which is located within the Department of Labor (DOL). The mission of BRS is to provide full access to employment, independence, and community integration for people with disabilities. DBVI works together with individuals who have visual disabilities to help them achieve or maintain gainful employment, live independently, and integrate into their local communities. To that end, DBVI serves individuals with visual impairments throughout their lives.

Federal statute mandates that each applicant entering the publicly funded rehabilitation program follows an individualized process from application through eligibility, comprehensive assessment of rehabilitation needs, development of an individualized plan for employment, and provision of appropriate services to achieve employment. Any individual with a visual disability and a commitment to find or maintain employment may apply. Each applicant can expect an eligibility decision within 60 days of application. Each applicant, who is blind or has low vision, is eligible for DBVI services if that person:

* has a visual impairment which, for the individual, constitutes or results in a substantial impediment to employment and
* requires rehabilitation services to prepare for, secure, retain, or regain employment consistent with the applicant’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(Notes: An individual with a visual impairment and additional disabilities may also be served by DBVI. Substantial impediment to employment means that a physical or mental impairment hinders an individual from preparing for, engaging in, or retaining employment consistent with the individual’s abilities and capabilities. Required rehabilitative services must be necessary to overcome disability-related barriers. Lack of resources alone does not constitute a disability-related barrier.)

Additionally, there is a ***presumption of benefit***. An individual is presumed able to benefit from rehabilitative services in terms of an employment outcome, unless the DBVI VR counselor can demonstrate by clear and convincing evidence that such individual is incapable of benefiting from vocational rehabilitation services due to the severity of the disability of the individual (DBVI Policy Manual, 2013). DBVI doesn't have an actual Policy Manual, but rather has a set of rules governing its VR program. Individuals who receive SSI and/or SSDI are presumed to be eligible for DBVI services.

Each individual who applies for services and is determined eligible, works with a qualified VR counselor and others (including specialty-trained blindness professionals) to identify an employment goal and the appropriate services necessary to achieve that goal. The Individual Plan for Employment (IPE) may include guidance and counseling, training in compensatory skills specific to blindness, other types of training, education, job search, and job placement among other things. The successful conclusion of the VR process is an individual working in a job consistent with their capabilities for 90 days with the supposition of continued employment.

DBVI uses a set of “status” codes to track an individual’s progress as they move through the VR process. This allows both the state agency and RSA to collect data to ensure timely service delivery and fiscal accountability. While helping individuals obtain employment is the ultimate goal of the VR program, many VR cases are closed prior to an individual achieving and maintaining employment for at least 90 days. Such closures occur for a number of reasons and may happen at any step in the VR process. Some individuals who apply do not have a qualifying visual disability and are deemed ineligible. Others, after being found eligible, may leave the VR program because they find employment on their own, have an exacerbation of a chronic health condition, or cannot be located by their VR counselor for an extended period of time. However, anyone who applies for VR services has the right to appeal a decision made by the agency, including the decision to close a case, at any juncture in the rehabilitation process.

After being closed successfully, individuals can receive further support through post-employment services, if additional services are necessary to maintain, regain, or advance in employment. This assistance is limited in scope of services and duration. If more comprehensive services are required, a new application for DBVI services must be completed (DBVI Policy Manual, 2013).

## **Maine’s Economy and Workforce**

Maine is a large, primarily rural state, spanning over 33,000 square miles. According to the 2014 US Census, Maine has a population of 1.33 million people with the largest population density in York and Cumberland counties where almost 489,000 people live. The state’s population growth is significantly slower than the rest of the country with a rate of only .1% between April 1, 2010 and July 1, 2014 as compared to the national rate of 3.4%. Maine has a predominantly white population (95.2%) and just over half (51%) of its residents are female (US Census, 2014). In addition, the population of Maine tends to be older than in other states – over 20% of the population is 62 years of age and over. The median age in Maine is 43.2 versus a median age of 37.3 in the United States (US Census, 2014).

**Economy.** While the United States overall economy has largely rebounded since the recent economic recession, Maine has not and ranks 44th in the country in terms of jobs recovered since the end of the recession. Overall figures indicate that the U.S. has regained 118% of jobs lost, yet only 57% of jobs lost have been regained in Maine. By comparison, New Hampshire and Vermont (states with similar demographic characteristics) have recovered 97% and 86% respectively (Martin, 2014).

Median hourly wage is $16.29, mean hourly wage is $20.26; and mean annual wage is $42,140 in Maine; by comparison, in the U.S. overall the median hourly wage is $17.09 mean hourly wage is $22.71, and the mean annual wage is $47,230 (BLS, 2014). Median annual earned income for people 21 to 65 in 2013 residing in the US is $30,538 (+/- 42) and in Maine $27,636 (+/- 322). Median annual earnings for people ages 21 to 65 with visual impairment in Maine is $30,300 (+/- 5,980); comparable to $32,300 (+/- 860) nationally, according to the 2012 American Community Survey (Erickson, Lee, & Schrader, 2014).

Table 1.0 provides an overview of population characteristics of people with visual impairments, according to the 2012 American Community Survey. Data are included for the United States, Maine, Connecticut, Idaho, New Hampshire, and Vermont to give the reader an understanding of how these states (similar in size, population, or locale) compare to one another and the country overall (Erickson, Lee, & Schrader, 2014).

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| Table 1.0Population Characteristics: People with Visual Impairments (Ages 16-64) |
| Location | Estimate (%) | 90% [MOE](http://www.disabilitystatistics.org/reports/acs.cfm?statistic=1#Caution) | Base Population | Sample Size |
| United States | 1.7 | ±  3.29  | 202,892,800  | 1,938,333  |
| Maine | 1.7  | ±  3.29  | 863,600  | 8,282  |
| Connecticut | 1.1  | ±  3.29  | 2,334,700  | 22,761  |
| Idaho | 1.8  | ±  3.29  | 994,400  | 9,179  |
| New Hampshire | 1.1  | ± 3.29  | 880,800  | 8,726  |
| Vermont | 1.7 | ±  3.29  | 417,900  | 4,263  |

**Workforce.** The rate of visual disability in Maine is estimated at 2.3% or approximately 30,590 people across all ages and 1.7% of individuals 16-64 years old or approximately 14,681 (Erickson, Lee, & Schrader, 2014). These data indicate that 42% (+/- 8.64) of individuals with visual impairment between the ages of 16 and 64 were employed in 2012, almost 43% (+/- 8.83) when considering only 21-64 year olds. Seventy-five percent of nondisabled individuals in Maine between the ages of 16 and 64 were employed. The rate jumped to 77% for individuals between the ages of 18 and 64 (Erickson, Lee, & Schrader, 2014).

By comparison, the employment rate of individuals with visual impairments in Connecticut (16-24 years old) is estimated as close to 42% (+/- 6.94), in Idaho 44% (+/- 8.49), in New Hampshire 50% (+/- 11.89), and in Vermont 32% (+/- 10.79). When considering New Hampshire and Vermont’s more robust economic recovery rates, individuals with visual disabilities in Maine appear to be faring almost as well as those in New Hampshire and better than those in Vermont. However, small sample sizes in New Hampshire and Vermont are troublesome and their employment estimates may not be as reliable as those for Maine, Connecticut, and Idaho.

In summary, Maine is a large and predominantly rural state with an aging population. The incidence of visual impairment in Maine (2.3%) is just slightly higher than for the U.S. (2.2) and the employment rate in 2012 for people with visual impairments is indicated as higher than the national rate. However, the economy in Maine has not rebounded in the same robust fashion as has the economy of its neighbor and this may have a detrimental impact on employment moving forward.

# **Part One: Maine DBVI Outcomes**

## **Rehabilitation Services Administration and State Outcomes Data**

**Characteristics of individuals served by Maine DBVI.** The following section describes the characteristics of individuals whose cases were closed in Federal Fiscal Years (FFY) 2012, 2013 and 2014. During these three years, DBVI closed a total of 642 cases. More women than men (56% versus 44%) applied for services and were closed. As in previous years, many the people served and closed (38%) were over the age of 65 (n=190) at application. Two hundred seventy-six or 55% of the closed case were individuals over the age of 55 at application. In terms of working-age individuals, the data can only be split grossly here into 23 to 65 year olds and they made up 53% (n=267) of this data set.

Overall, there were very few individuals (n=20) who indicated race or ethnicity other than White, non-Hispanic. Of the individuals closed in FFY 2012, 2013, and 2014, 622 (97%) identified as White. Although nearly a quarter (23%) of all applicants closed in this period had not received a high school credential, 36% of DBVI applicants had high school diplomas or the equivalent. Another 22% had some college and 19% of applicants were college graduates.

Table 1.1 outlines the salient characteristics of the individuals represented among all closed cases across FFY 2012, 2013, and 2014.

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| Table 1.1 *DBVI Individual Characteristics for FFY 2012-2014 Cases*  |
|  | 2012 | 2013 | 2014 |
|  | n | n | n |
| **Gender** |  |  |  |
| Male | 105 | 80 | 95 |
| Female | 122 | 122 | 118 |
| **Age at Application**  |  |  |  |
| Less than 23  | 17 | 14 | 14 |
| 23-54 | 70 | 52 | 59 |
| 55-65 | 28 | 36 | 22 |
| Greater than 65  | 62 | 61 | 67 |
| Total 13-65+ | 177 | 163 | 162 |
| **Race** |  |  |  |
| White | 217 | 197 | 208 |
| Black  | 5 | 1 | 3 |
| Native American | 2 | 2 | 0 |
| Asian | 2 | 2 | 2 |
| Hispanic | 1 | 0 | 0 |
| **Education/Application** |  |  |  |
| Less than high school  | 64 | 47 | 30 |
| HS or equivalent  | 76 | 67 | 86 |
| Some college | 56 | 55 | 33 |
| College or more | 31 | 33 | 57 |
| Unknown | 1 | 0 | 1 |

**DBVI applications, plans developed, and closures.** Table 1.2 provides an overview of DBVI's total applications, including plans developed and closures for FFY 2012 to 2014. During this time period, DBVI received 560 new applications (status 02) and developed 425 new plans. As indicated previously, 642 cases were closed in this time period.

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| Table 1.2*DBVI Applications, Plans Developed, and Closures* |
|  | 2012 | 2013 | 2014 |
| New Applications Received (02) | 202 | 158 | 200 |
| New Plans Developed | 133 | 126 | 166 |
| All Closures | 227 | 202 | 213 |

**DBVI active caseload statuses.** Table 1.3 details DBVI's active cases at the end of each federal fiscal year from 2012 through 2014 by indicating the number of individuals who were waiting for an eligibility determination (Status 02), were in the process of developing an IPE (Status 10), or who had completed IPEs and were in plan implementation (Statuses 12-24). At the end of 2012, DBVI had 501 active cases, 434 in 2013, and 549 in 2014.

There were decreases across all measures of active cases between the end of FFY 2012 and FFY 2013. However, end-of-year activity increased by 27% from FFY 2013 to FFY 2014: Plan implementation cases (Statuses 12-24) increased 32%, plan development (Status 10) increased 21%, and new applications (Status 02) increased 27%.

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| Table 1.3*DBVI Active Caseload Statuses* |
|  | 2012 | 2013 | 2014 |
| Plan Implementation/Active Cases (Statuses 12-24)  | 133 | 126 | 166 |
| Plan Development (Status 10) | 166 | 150 | 182 |
| New Applicants | 202 | 158 | 201 |

**DBVI closures.** While the intent of the VR process is to assist individuals with disabilities in their efforts to achieve and maintain employment consistent with their capabilities, individuals may exit the program prior to achieving an employment goal. Table 1.4 provides information about when in the VR process individual cases were closed in FFY 2012 to 2014. The different closure types noted indicate how far in the VR process individuals had progressed when their cases were closed.

In both 2012 and 2014, DBVI successfully closed 116 cases in Status 26. In 2013 there were 109 successful closures. In both 2013 and 2014, DBVI closed approximately 54% of all closed cases in Status 26. By comparison, in 2012 DBVI closed 51% of all closed cases in Status 26.

The number of individuals who were closed in Status 28 (they had developed and participated in IPEs, but did not achieve 90 days of employment) steadily declined from a high of 61 in 2012 to a low of 47 in 2014 (a 23% decrease). Likewise, the number of cases closed because the applicant was found not eligible for DBVI services decreased in 2013 and 2014 by approximately a third.

The number of case closures in which the individual had been determined eligible but had not yet developed an IPE (Status 10-30 closures) was constant in 2012 and 2013 at 22 each year, but increased to 32 in 2014 (a 45% increase).

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| Table 1.4*DBVI Closures by Closure Type* |
|  | 2012 | 2013 | 2014 |
| Closed as Applicant (Status 08)  | 27 | 17 | 18 |
| Successful Closure (Status 26) | 116 | 109 | 116 |
| Received Services (Status 28) | 61 | 54 | 47 |
| IPE Developed - No Services (Statuses 12 - 30) | 1 | 0 | 0 |
| Closed Before IPE Developed (Statuses 10 - 30) | 22 | 22 | 32 |
| Column Totals | 227 | 202 | 213 |

 ***Average months in VR process by closure type.*** Another measure of how the system works for the people it serves is the length of time that individuals spend in the overall VR process. Table 1.5 provides this information in a tabular format and shows the amount of time people spent in the VR process whose cases were closed during the three-year period, 2012-2014. The table below presents data for cases from application to closure.

The amount of time spent in the VR process that individuals whose cases were closed before an IPE was developed (Statuses 10-30) rose from an average of 12.17 months in 2012 to 17.83 months in 2013, and to 19.22 months in 2014. Likewise, the amount of time that individuals spent in the VR process who were employed at closure (Status 26) increased gradually from 37.46 months in 2012 to 40.48 months in 2013, and 41.38 months in 2014.

For individuals in Status 28, who received IPE services but were not employed for 90 days, the average amount of time spent in the VR process in 2012 was 45.12 months, in 2013 39.67, and in 2014 44.36 months.

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| Table 1.5*DBVI Average Months in VR Process by Closure Type*  |
|  | 2012 | 2013 | 2014 |
| Closed Competitive (Status 26) | 37.46 | 40.48 | 41.38 |
| Received IPE Services (Status 28)  | 45.12 | 39.67 | 44.36 |
| Closed Before IPE Developed (Statuses 10-30)  | 12.17 | 17.83 | 19.22 |

***Average months in VR process for rehabilitated clients.*** Table 1.6 details the average amount of time spent in the VR process for rehabilitated (Status 26) clients only. Overall there was little change in the average total amount of time (approximately 26 plus months) that it took a DBVI applicant to progress and ultimately complete the VR process in this three-year snapshot. However, the average did fall slightly from 26.87 months in 2012 to 26.83 in 2013 and 26.49 in 2014 – the final change representing just over a 1.4% decrease in the amount of time in plan for individuals from end-of-year 2012 to 2014.

Likewise, there was a slight decrease over this time period in the amount of time it took eligible individuals to move from eligibility determination to completion of their IPEs, hovering around two and a half months and ranging from a high of 2.54 months in 2013 to a low of 2.36 months in 2014 (a 7% decrease). While the length of time it took to determine eligibility remained about one month, as in previous reports, it varied in this review from a low of 1.38 in 2013 to a high of 1.55 in 2014 (a 12% increase).

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| Table 1.6*DBVI Applications, Plans Developed, and Closures for Rehabilitated Clients* |
|  | 2012 | 2013 | 2014 |
| IPE to Closure (Time in Plan)(Statuses 12 - 26) | 26.87 | 26.83 | 26.49 |
| Eligibility to IPE(Statuses 04 - 12) | 2.47 | 2.54 | 2.36 |
| Application to Eligibility(Statuses 02 - 04) | 1.49 | 1.38 | 1.55 |
| Total | 30.83 | 30.75 | 30.40 |

## **DBVI Outcomes**

**DBVI rehabilitation rate FFY 2012-2014.**A critical measure of success in the Vocational Rehabilitation system is whether or not individuals who receive services move into employment. The standard federal measure is the rehabilitation rate, which represents the total number of successful closures, divided by the total number of closures following the development of an IPE, which includes both successful (Status 26) and unsuccessful (Status 28) closures. The target rehabilitation rate for DBVI defined by the Rehabilitation Services Administration is 68.9%.

The total number of DBVI cases that were closed rehabilitated (i.e., worked for at least 90 days in an integrated setting) declined from 2012 to 2013 but then came back up in 2014. However, the rehabilitation rate steadily increased from 66% in 2012, to 67% in 2013, and to 71% in 2014 as indicated in Table 1.7.

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| Table 1.7*DBVI Rehabilitation Rate FFY 2012-2014* |
|  | 2012 | 2013 | 2014 |
|  | n | % | n | % | n | % |
| Rehabilitation Rate(Status 26 divided by 26 plus 28) | 177 | 66% | 163 | 67% | 163 | 71% |

**DBVI competitive employment rate.** Successful (Status 26) closures are further classified into “Competitive Employment” and “Non-competitive employment” closures. DBVI non-competitive closures are almost individuals closed as Homemakers. The standard federal measure used to compare these outcomes is to divide competitive employment closures by all successful closures. The standard rate that RSA set for DBVI is 35.4%. The actual percent of all successful closures that were competitive employment closures fluctuated slightly from a high of 41% in 2012, to a low of 34% in 2013, and then back up to 39% in 2014 as indicated in Table 1.8.

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| Table 1.8*DBVI Competitive Employment Rate FFY 2012 to 2014* |
|  | 2012 | 2013 | 2014 |
|  | n | % | n | % | n | % |
| Competitive Employment Rate (Competitive Employment/Total 26) | 116 | 41% | 109 | 34% | 116 | 39% |

**Average weekly earnings at application and closure for all successful competitive employment closures.** Table 1.9 details the difference the difference between the earnings of individuals at the point of application for services with DBVI and their earnings at closure. The greatest increase (109%) was evidenced by individuals closed in 2012 who reported earnings at application of only $173 a week and at closure were earning $361 a week. Although the gains in 2013 and 2014 were more modest, these individuals reported earnings at application that were 47% and 70%, respectively, greater than those reported by individuals in 2012 at application. Individuals closed in 2013 saw an increase of 57% and those in 2014 saw an increase of 55% between earnings reported at application and closure. In real money, these increases in weekly earnings were $144 in 2013 and $162 in 2014.

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| Table 1.9*DBVI Competitive Employment Closures: Average Weekly Earnings* |
|  | Earnings at Application | Earnings at Closure | Difference application to closure | % Change, application to closure |
| FFY 2012 | $173 | $361 | $188 | 109% |
| FFY 2013 | $255 | $399 | $144 | 57% |
| FFY 2014 | $293 | $455 | $162 | 55% |

**Education level changes from application to closure.** Another way to look at how individuals have gained in terms of quality of life and positive outcomes through their involvement with the rehabilitation system, is to consider their educational levels at application and the change at closure. We have data for all but one of the DBVI cases in FFY 2012-2014, for a total of 641. As mentioned earlier in this report, almost a quarter of the DBVI applicants closed during 2012-14 entered services with less than a high school credential. There was a 19% decrease in the number of individuals with less than high school between application and closure during this same period.

Positive educational progress is evident at closure for 28 people who received DBVI services and support between 2012 and 2014. Thirteen people earned a high school credential or its equivalent, four gained some college experience, and eleven acquired college degrees or more. The entire educational credentials picture is captured in a tabular format in Table 1.10.

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| Table 1.10*Education Level Changes from Application to Closure* |
| 2012 | Application | Closure | Change |
| Less than HS | 64 | 54 | -10 |
| HS Diploma/GED | 76 | 84 | 8 |
| Some College | 56 | 57 | 1 |
| College or more | 31 | 32 | 1 |
| Total | 227 | 227 |  |
| 2013 | Application | Closure | Change |
| Less than HS | 47 | 38 | -9 |
| HS Diploma/GED | 67 | 69 | 2 |
| Some College | 55 | 57 | 2 |
| College or more | 33 | 38 | 5 |
| Unknown  | 0 | 0 |   |
| Total | 202 | 202 |  |
| 2014 | Application | Closure | Change |
| Less than HS | 36 | 27 | -9 |
| HS Diploma/GED | 86 | 89 | 3 |
| Some College | 33 | 34 | 1 |
| College or more | 57 | 62 | 5 |
| Unknown  | 1 | 1 |   |
| Total | 213 | 213 |  |

## **Cost of DBVI Services and Expenditures**

This section presents trends in annual costs of DBVI services and the service areas where these costs are concentrated. Although DBVI classifies services into nearly 100 categories, these categories are aggregated into a smaller set of 15 service groups for ease of presentation in this report. The aggregated service group categories are described below in Figure 1.1.

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| Figure 1.1Description of Service Groups |
| Service Group | Example  |
| Contract Services | Services delivered under contract by the Iris Network |
| Rehabilitation Technology | Augmentative computer equipment, software, training |
| Diagnosis & Treatment | Low vision evaluation, medical treatment, therapy & counseling |
| Job Development and Job Placement | Job placement assistance, job readiness training, job search assistance |
| Disability Related Augmentative Skills | Braille instruction, augmentative communication device |
| On-the-Job Supports | Job coaching both at the worksite and off site & on the job training |
| Assessment | Community based situational assessments, and disability related evaluations |
| Technical Assistance Services | Business consultation, assistive technology computer equipment/software |
| Occupational, Vocational, and Other Training | Business/vocational training, books, supplies, tutoring, fees, adult education, literacy |
| Transportation | Cab/bus fares, car repair, gas |
| Maintenance | Clothing, child care, food and shelter to enable IPE |
| College/University Training | Tuition, boarding, fees, books, school supplies for college/university |
| Misc. Supplies | Photocopying, other supplies |
| Occupational Tools and Equipment | Tools, equipment, licenses and initial supplies needed by the individual to obtain employment |
| All Other Services | Readers/interpreters, services to family members, personal attendant services, purchased counseling and guidance |

 **DBVI services and expenditures.** Although DBVI overall expenditures increased in FFY 2013 from $1.32 million in 2012 to $1.57 million in 2013, the fiscal year ending in 2014 saw the lowest expenditure rate in all of these years at $1.21 million. Expenditures fell 23% in 2014 from the high in 2013.

***Costs of DBVI purchased services by service group.***Although services provided directly by DBVI staff have edged slightly ahead of contract services as the largest single expenditure category, ranging from a high of $799,424 in 2013 to a low of $628,040 in 2014, contract services expenditures are extremely close ranging from a high of $774,974 in 2013 to a low of $579,123 in 2014. The greatest single (agency-provided) service group expenditure is rehabilitation technology, which ranged from a high in 2013 of $255,979 to a low of $175,454 in 2014. The ranking of service groups flip-flopped as DBVI provided less service under ‘diagnosis and treatment of impairments,’ which ranged from a high in 2013 of $116,061 to a low of $70,315 in 2014, and more expenditures for service under ‘four-year college or university training,’ which ranged from a high of $94,351 in 2014 to lows of $83,586 and $78,860 in 2013 and 2012 respectively.

While Table 1.11 details DBVI paid authorizations and contract services from FFY 2012 through FFY 2014 by service grouping, Table 1.12 provides a breakout of the top five service groupings, excluding contract services.

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| Table 1.11*DBVI: Purchased Services Costs by Service Group FFY 2012-2014* |
| **Contracted Services** | **2012** | **2013** | **2014** |
| Public Community Rehabilitation Providers | $0.00 | $0.00 | $0.00 |
| Private Community Rehabilitation Programs | $133,297.03 | $127,116.91 | $120,719.63 |
| Other Public Vendors | $57,894.06 | $59,375.08 | $69,668.37 |
| Other Private Vendors | $464,623.63 | $588,481.94 | $388,734.98 |
| Sub-total (1) | $655,814.72 | $774,973.93 | $579,122.98 |
| **Agency-provided Services** |  |  |  |
| Assessment | $19,893.36 | $21,158.25 | $7,174.12 |
| Diagnosis and Treatment of Impairments | $101,041.52 | $116,061.18 | $70,315.29 |
| Vocational Rehabilitation Counseling and Guidance | $3,000.00 | $2,431.25 | $787.50 |
| Graduate College or University Training | $0.00 | $0.00 | $5,680.00 |
| Four-Year College or University Training | $78,859.61 | $83,586.30 | $94,351.74 |
| Junior or Community College Training | $0.00 | $0.00 | $57.98 |
| Occupational or Vocational Training | $1,843.05 | $11,000.00 | $2,908.72 |
| On-the-job Training | $1,803.23 | $1,032.08 | $323.70 |
| Apprenticeship Training | $0.00 | $0.00 | $0.00 |
| Basic Academic Remedial or Literacy Training | $3,772.00 | $0.00 | $0.00 |
| Job Readiness Training | $450.00 | $1,872.50 | $3,610.00 |
| Disability Skills Related Training | $87,084.08 | $107,677.41 | $68,868.73 |
| Miscellaneous Training | $7,825.52 | $4,722.25 | $1,480.00 |
| Job Search Assistance | $468.38 | $599.30 | $247.50 |
| Job Placement Assistance | $83,939.11 | $63,127.70 | $48,034.28 |
| On-the-job Supports - Time-limited | $18,595.00 | $25,215.58 | $5,628.59 |
| On-the-job Supports - Supported Employment | $0.00 | $0.00 | $18,367.50 |
| Transportation | $10,752.68 | $6,856.47 | $8,961.00 |
| Maintenance | $889.82 | $6,447.62 | $7,169.97 |
| Rehabilitation Technology | $176,215.29 | $255,979.49 | $175,453.51 |
| Reader | $0.00 | $0.00 | $1,250.00 |
| Interpreter | $1,661.75 | $164.50 | $796.25 |
| Personal Attendant | $0.00 | $0.00 | $0.00 |
| Technical Assistance | $31,693.34 | $34,976.83 | $17,061.33 |
| Information and Referral | $0.00 | $0.00 | $0.00 |
| Benefits Counseling | $0.00 | $0.00 | $0.00 |
| Customized Employment | $0.00 | $0.00 | $0.00 |
| Other | $26,026.98 | $32,065.22 | $40,595.27 |
| SE Program Service Expenditures | $9,635.08 | $24,450.13 | $48,917.47 |
| Sub-total (2) | $665,449.80 | $799,424.06 | $628,040.45 |
| Total (sub-total [1] and [2]) | $1,321,264.52 | $1,574,397.99 | $1,207,163.43 |

Table 1.12, which follows, shows the top five DBVI service groups by federal fiscal year, excluding contract services.

|  |
| --- |
| Table 1.12*Top 5 DBVI Service Groups by FFY (excluding contract services)* |
|  | 2012 | 2013 | 2014 |
| Rehabilitation Technology | $176,215.29 | $255,979.49 | $175,453.51 |
| Diagnosis and Treatment of Impairments | $101,041.52 | $116,061.18 | $70,315.29 |
| Disability Skills Related Training | $87,084.08 | $107,677.41 | $68,868.73 |
| Job Placement Assistance | $83,939.11 | $63,127.70 | $48,034.28 |
| Four-Year College or University Training | $78,859.61 | $83,586.30 | $94,351.74 |

***Average cost per closure in FFY 2012-2014.*** The bottom-line in determining cost benefits with regard to rehabilitation services is what it costs an agency like DBVI to provide services and successfully close an individual who needed those services. The following table details average costs per closure based on information drawn from the DBVI case tracking system; therefore, only services that were paid on behalf of a specific client are included and services delivered as part of a fixed contract are not included. These successfully closed cases (Status 26) are further delineated to show the differences between individuals closed in competitive employment and those with non-competitive employment outcomes. As one would anticipate, competitive closures are far and away more expensive than non-competitive closures.

The average expenditure for a competitive closure in 2012 was $8,116, $6,956 in 2013, and $9,825 in 2014. By comparison, non-competitive closures averaged $3,252 in 2012, $1,824 in 2013, and $2,642 in 2014. For all closures, the average cost were: $5,265 in 2012, $3,566 in 2013, and $5,429 in 2014. Considering that the largest increase in service group expenditures by DBVI over this three-year period was for four-year college or university training, this may account at least in part for the increase seen in the average cost for competitive closures in 2014.

Table 1.13 presents the average cost per closure for DBVI cases closed both competitively and non-competitively in FFY 2012-2014.

|  |
| --- |
| Table 1.13*Average Cost per Closure FFY 2012-2014* |
|  | FFY 2012 | FFY 2013 | FFY 2014 |
| Competitive Employment Closures (Status 26) | $8,116 | $6,956 | $9,825 |
| Non-Competitive Employment (Status 26) | $3,252 | $1,824 | $2,642 |
| ALL closures | $5,265 | $3,566 | $5,429 |

 In summary, these outcome data for DBVI cases show that over the three-year period under review, DBVI has performed well on behalf of consumers in Maine. A number of DBVI consumers have evidenced gains in their educational levels and far more have been closed successfully than unsuccessfully. DBVI consumers closed as competitively employed saw increases in their average weekly earnings from application to closure in all three years reviewed. Also noteworthy is the fact that DBVI expenditures were 23% lower in 2014 than in 2013 and the 2014 competitive closure rate of 39% was greater than the previous year’s 34%. Both indicators of movement in a positive direction by DBVI.

# **Part Two: Qualitative Input from People with Visual Impairments**

# **and the Service Providers Working with Them**

## **Consumer and Staff Focus Group Data**

To clarify the needs of Maine residents with vision loss, and ways of addressing those needs more effectively, the State's Division for the Blind and Visually Impaired sought consumer and staff input for its 2015 Comprehensive Statewide Needs Assessment (CSNA). One input source was four consumer focus groups that took place during the fall of 2014. Moderated by consultant Dr. Karen Wolffe, the groups took place in Augusta, Bangor, and Portland. To ensure the inclusion of employed people with vision loss, one group met in the evening; the other three convened during the day. Also in the fall of 2014, Dr. Wolffe conducted three focus groups in DBVI's Portland, Bangor, and Augusta offices with both direct and contract staff.

The focus groups for consumers sought input about the most critical challenges facing people who are blind or visually impaired in the state of Maine, from the perspective of people with vision loss themselves. The discussions emphasized the challenges that prevent participants and other visually impaired people from living the lives they want to live, as well as what steps participants suggested for addressing those challenges.

Dr. Wolffe also asked participants in the staff groups about their perceptions of the three most important issues facing blind and visually impaired people in Maine. Other topics addressed staff members' ideas for strengthening DBVI as a service-delivery agency, including how to increase the number of referrals and other strategies for making DBVI more visible, and how to improve DBVI more generally.

Sections of this report about improving services include, of course, *explicit* suggestions that consumers or staff members made (as in "I suggest that ..." or "[DBVI, employers, or cities] should ..."). Limiting the analysis to explicit suggestions, however, would have omitted many good ideas that were only *implicit* in participants' accounts of problems. Take, for example, consumers' complaints about the inaccessibility of evening social activities due to the fact that their week-day bus service ends at 6:00 p.m. Even in the absence of explicit participant suggestions, it logically follows from the description of the problem that it could be addressed by advocacy to extend the hours of public transportation, adding or rescheduling activities to coincide with current bus schedules, or both. One way or the other, the suggested steps for addressing problems appearing in this report originate with participants.

Consumer reports and insights will take center stage in this report, partly because learning more about the needs of Maine's blind and visually impaired population is the CSNA's overarching purpose. Another reason is to avoid unnecessary duplication; staff and consumers largely agree about the major challenges that people with vision loss face in the State of Maine. Staff members' unique contribution lies in their insiders' observations about problems with the blindness service delivery system, both within and outside DBVI, and how those problems might be addressed effectively. This insiders' perspective, therefore, will be the focus of the analysis of the staff focus group data, which will follow the analysis of data about consumers.

## **Consumer Perspectives**

Across all four focus groups, consumers discussed problems and possible solutions associated with nine topics. Of these, participants talked most about finding meaningful employment, which generated the largest number of "discussion segments", that is, units of conversation uninterrupted by conversation about other topics. Specifically, employment generated 68 discussion segments, followed by transportation (54 discussion segments). Most participants, moreover, identified one or both of these topics as a top concern for Maine residents who are blind or visually impaired.

Other topics included dissemination of information (48 discussion segments); DBVI and other blindness services in Maine (39); obtaining assistive technology and training (36); informal social integration (35), a composite category that includes references to social isolation, recreation and leisure activities, and social support; environmental access (19); assertiveness and other psychological issues (17); and economic subjects not specifically associated with employment (13).

This report discusses consumers' perceived barriers and possible solutions for the two most-discussed topics, employment and transportation. Participants' accounts of these two topics, however, reflect the interrelatedness of the barriers they face. As the following sections will show, barriers to one resource – transportation, for example – can have far flung effects on other aspects of people's lives, including employment, informal social integration, access to vocational rehabilitation services, and the ability to live independently more generally.

## **Employment** **barriers.** The focus groups discussed many barriers to finding meaningful work, which vary in how amenable they are to change. The barriers also vary in how explicitly participants linked them to problems with employment. Although participants discussed most of the barriers covered below specifically in an employment context, they discussed others (e.g., certain DBVI service gaps) primarily as problems in their own right. I include the latter in this section because of their "real world" connection to employment access.

The barriers to employment originate primarily in (1) characteristics of Maine; (2) potential employers' business characteristics, attitudes, and knowledge; (3) the programs and practices of Maine's blindness service delivery system; and (4) individual differences that can affect employability. Figure 2.1, on the next page, summarizes the barriers originating in each of these areas.

|  |
| --- |
| Figure 2.1 *Summary of perceived barriers to finding meaningful employment* |
| Origin  | Barriers |
| Characteristics of Maine | * Rural: towns are far apart
* Few jobs in general, esp. in remote locations
* Transportation is limited and expensive
 |
| Employers |
| Business characteristicsAttitudes and knowledge | * Assistive technology is unaffordable for small businesses
* Most openings are entry-level (e.g., in fast food)
* Inaccessible workplaces
* Fear of hiring people with vision loss
* Do not understand needs and capabilities of visually impaired
* Do not let blind or visually impaired employees advance
 |
| Blindness service delivery system  |
| UnderstaffingAdministrative gapsSpotty dissemination of informationOverly conservative or outdated equipment and practices | * Lack of VR services in remote locations
* Long waiting list for VR and other services
* Incomplete skill set available to clients
* Difficult to resume service if client needs change
* Lack of information-sharing about jobs among state agencies
* Work-related info about clients is not computerized
* BEP, in some areas, is not a viable employment option
* ... to clients about assistive tech., service options, events
* ... to employers about needs and abilities of b/vi
* Not adapting fast enough to new technology
* Notion of appropriate work is too limited
* Education requirements restrict job opportunities within the blindness field
 |
| Individual differences among b/vi that can affect employability | * Physical and health problems (e.g., trouble with balance)
* Fear of new technology; limited knowledge of and experience with technology esp. among older people
* Can't work fast enough
* Embarrassed to be trained in front of co-workers
* Not assertive enough
 |

####

#### ***Characteristics of Maine.*** Maine's rural character translates into few job openings for residents in general. For people who are blind or severely visually impaired, who cannot drive, jobs (and job interviews) are not only few and far between but also are difficult to get to. Towns are far apart, and transportation service is limited and expensive. (A later section discusses transportation in more detail.) In comparison to the rest of the United States, cities in Maine are relatively small: The 2013 populations of Bangor, Portland, and Augusta, where the consumer focus groups were held, were relatively small, range from 18,793 in Augusta to 66,318 in Portland US Census, 2013). Even focus group participants who live in a city cannot necessarily find work.

*I lived originally in Calais, Maine [where I knew everybody, but] I [moved] to the Bangor area ... eight years ago [hoping to find work] and ... I still have no job.*

#### ***Prospective employers' business characteristics and attitudes.***Two business characteristics--the *type* of jobs available and workplace *accessibility--*are barriers to finding meaningful work. More than one participant observed that most employers in Maine are small businesses that cannot afford to purchase assistive technology. Nor are small businesses, such as the fast food industry (one of Maine's major employers, when one considers the establishments collectively), in the position to offer very many jobs beyond the entry level. Even a four-year college degree and technical skills cannot always protect participants from underemployment or long-term unemployment.

*I [a college graduate] have pretty much done fast food. Fast food is not my thing. I try very very hard to look at the screen, [but] it is very difficult for me because they're really small. The orders on the screen are small ... Unfortunately I have been let go from the majority of those jobs because of my vision.*

*I'm trained to the t in small engines and business. Can't find a job.*

#### ***Prospective employers' attitudes and knowledge.*** Participants report that employers, whether due to their attitudes or lack of knowledge, are afraid to hire people with vision loss and, sometimes, to promote them. Whether due to stiff competition for jobs in general or to employers' reluctance to hire people with vision loss, job hunting often results in the frustration of having worked very hard to make a good impression but never receiving a call-back.

*I've done all of the qualifications. I've had people check my resume. I had a person who was an accounting major, and she was really good at resumes. I put resumes together and it is still very difficult for me to get a job. No one calls me back even when they say they [will] do so.*

Even people who find work might not be allowed to advance in their jobs. The result can be a very frustrated and disgruntled worker.

*I had an experience where my employer would not progress me beyond shredding paper and slotting mail. And here I am with a college education, and I'm working beside people who are doing things who didn't have a college education, and it was very difficult not to be angry for eighteen years.*

A number of participants said that potential employers do not understand what blind and visually impaired people are capable of. Although some employers underestimate the capabilities of people with vision loss, others might *over*estimate them. Some participants mentioned employers' lack of understanding of the *special needs* of employees with vision loss and how vision loss can compromise employees' ability to perform some tasks competitively.

*[A] lot of people they just assume that, like, we know everything... They just assume, like, we can do everything like a normal person, which we can but we may not be as fast... I would expect [employers] to be patient and not just be so rush rush rush rush all the time, so like down your throat ... At jobs that I've had it's just rush rush rush.*

#### ***Blindness service agencies.***

*Understaffing.* DBVI understaffing, especially for education and independent living services (both important for successful employment), was implicit in some participants' reports. A school administrator spoke about the difficulty of maintaining the needed number of TVIs in light of schools' shifting needs, for example. Another participant said that DBVI has only one mobility instructor for the entire state, and she doesn't know how to work with guide dogs.

Understaffing can result in long waiting lists. In addition, service needs can change over time, due to deterioration in vision and alterations of the physical environment (as discussed in the transportation section); job advancement and job retention problems can emerge at any time.Getting DBVI services to address changing needs, however, can be difficult once one's case has been closed.

*There's no update, there's no follow up. [A DBVI employee] was apparently pressured after about a year to clean up her case load ... You feel like you're kind of left out there hanging because you really don't know what's available.*

*Administrative gaps.* Two sources of inefficiency in information management might reduce the number of jobs available to DBVI clients. The first involves a reported lack of information sharing about jobs among state agencies. The second is that DBVI has not computerized its information about client competencies and other employment-related topics. The lack of computerized documentation poses problems for staff, who cannot easily access important information when they sub for an absent colleague, and for clients, who must "carry ten pounds of papers" every time they visit the department of human services.

Maine's BEP came under lengthy criticism for "setting people up to fail." Several participants had tried the program but dropped out after finding that they could not earn a living, despite having worked very long hours. Reported problems included the absence of stands in schools and colleges; inaccessibility to the public; the absence of a kitchen in some places; the lack of distributors, leaving local stores as the source of supplies; and theft from the vending machines. Perhaps the most fundamental problem, however, was competition from commercial fast food establishments.

*Spotty dissemination of information to clients and potential employers.* Participants varied considerably in their awareness of, and experience with, important resources, including assistive technology and programs that could help make that technology available to them. Some participants made explicit references to gaps in their knowledge or awareness of important technologies. Other times, unawareness of resources *implied* the existence of gaps in the information blindness agencies distribute to clients or potential employers.

In one focus group, for example, a tech-savvy participant explained the NLS BARD program and associated smart phone technology to a fellow participant who apparently had never heard of NLS or BARD, a conversation that offered "a perfect example" of "stuff we don't know." Even some of the more tech-savvy participants struggle with the more intensely graphical interface of new versions of Windows and getting their braille output devices to work with their computers, among other things. Other instances of information-sharing that revealed some people's gaps in knowledge were about available payment and loan programs for assistive technology, and built-in accessibility features of Windows and Mac operating systems.

Print accessibility also emerged as a dissemination problem for blindness service agencies. One participant, for instance, had received a flyer about a forum that he could not read independently.

*...[W]hen you get mail, you know, when you're blind or visually impaired print is always an issue. ... For example, I got mail from the DBVI about these meetings, and I had to have someone read them to me because they are totally in print ... They were not emailed, they were not in braille ... I know that there are things, there's OCR if you have a scanner, or you could use a number of these mobile apps that have come out, but they are not perfect technology.*

Participants also seemed to vary in their awareness of job coaches as sources of on-the-job training and negotiated internships or apprenticeships, in the case of professional-level employment. More generally, some participants seemed more aware than others of what the moderator referred to as existing national systems "to show [people with vision loss] how blind and visually impaired people in other parts of the country are working." To the degree that participants are not conversant with techniques that enable them to do their work "a little differently" than their sighted colleagues, their skills are, of course, less competitive than they would otherwise be.

Some participants who had worked in large firms found their employers very responsive to their need for accommodation. Others' accounts, however, reflected a lack of *employer* awareness of assistive technology and other job-related accommodations available to employees with vision loss. It seems likely that lack of information about these resources helps to fuel the counterproductive employer attitudes mentioned previously.

*Overly conservative or outdated equipment and practices.* Another technology-related barrier to employment is that "technology is developing faster than vocational rehabilitation services can adapt," which presumably undermines access both to the latest equipment and to effective training in using it. The commercial sector does not necessarily offer a viable alternative, even for older computer technology that (one assumes) has not been outfitted with assistive software.

*I have the greatest gift in the world from my family ... a big old Macintosh computer which I'm ready to throw out the window. So is there somewhere to receive training, 'cause let me tell you it's not the Apple store in the Portland office....[I] went through three teachers [there] and left with no better clue than when I went in.*

As important as assistive technology is to people with vision loss, some are not interested in employment that revolves around computer use.

*[Vocational rehabilitation's conception of appropriate work] needs to be ... broadened out. It seems like with the Division for the Blind here it's on a computer, they say, oh, we can get you a job on a computer. I'm not a computer person, I'm a physical worker, I've always been a physical worker. I'm not gonna sit behind a desk all day long.*

For some, the requirement to have a Master's degree unduly limits access to employment within the blindness system. Some participants believe that blindness agencies undervalue the life experience that people with vision loss can bring to work with people whose eyesight deteriorated more recently.

*The one thing I really have a pet peeve with is that even in DBVI and Iris Network, unless you have a Master's degree in rehabilitation teaching or rehabilitation counseling or some other field you can't get a job even in those organizations, and they're supposed to serve the blind. As a blind person, I am totally disgusted with the simple fact that there aren't enough blind employees in either of the organizations. ... Why does it take a master's degree for something that a lifetime experience could teach a lot more about?*

***Individual differences that can affect employability.*** Some barriers to employment are not systemic but are characteristic of certain subgroups or individuals with vision loss. One example is having physical or health problems (e.g., trouble with balance) in addition to impaired eyesight. Even by itself, vision loss can make it hard to work as fast as employers expect.

Participants also mentioned several psychological barriers to employment. These barriers include fear of new technology which, some participants believe, is especially characteristic of older people, and the expectation that one would feel embarrassed to be trained in front of co-workers.

Not being assertive enough, some participants said, is especially a problem for people who experience vision loss later in life.

*[Such a person] is going to go through a lot of problems psychologically, they don't feel adequate anymore, low self-esteem, assertiveness goes down the toilet ... If there could be ... something to teach assertiveness, something to bring that light bulb back to brightness and say 'I can do this interview, and once that training is over I don't need xyz job coach, I can do the interview on my own provided I have the transportation to go to it.'*

Willingness to ask for help is an important part of assertiveness.

*One of the steps ... in this whole process of having decided, oh my god I'm not gonna be able to drive, I'm not gonna be able to do all of these things I [used to do]. ... Getting over that hump will be willing[ness[ to turn to others for help. And ask for the help that you need, because sometimes that's exactly what gets in the way. 'Oh, I don't need help, oh, I'll manage.' No, it's not true, you do need that kind of help.*

## **Steps that could improve access to meaningful work**

Apart from taking steps to make BEP a more financially viable employment option or advocating for funding of other disability-specific employment opportunities (e.g., akin to the National Industries for the Blind program for deaf-blind people in Seattle), DBVI would be hard-pressed to address Maine's general scarcity of jobs. Other problems, however, seem more amenable to change. One important strategy involves enabling people with vision loss to become more competitive for existing jobs by, for example,

* further developing clients' employment-specific competencies and resources,
* making additional concerted efforts to help clients access to assistive technology and training,
* improving access to independent living services, and
* addressing psychological barriers to pursuing meaningful employment opportunities.

A second strategy would cultivate connections betweenpeople with vision loss and

* DBVI itself,
* potential employers, and
* other people with vision loss.

Like strengthening competitiveness, cultivating connections seems likely to improve both clients' employability and their quality of life more generally.

### **Strengthening competitiveness.**

##### ***Employment-specific competencies and resources.*** The analysis of barriers to meaningful employment suggests that the following steps might improve clients' job prospects.

* Clarify with clients (whenever appropriate) the importance of developing *competitive* work skills. Some people's apparent expectation that employers should downgrade theirexpectations instead (e.g., of how fast employees should be able to work) might in itself be a barrier to finding and keeping meaningful work.
* Ensure, as much as possible, that clients--and prospective employers--are fully informed about the services that are available to help people with vision loss learn to work more efficiently, including job coaching and negotiated internships or apprenticeships. DBVI might also want to assess whether their existing coaching staff is sufficient to meet the needs or should be supplemented by additional job coaching staff or mentoring by people with extensive experience dealing with their own vision loss (whether on a volunteer or paid basis).
* Some clients are interested in other types of hands-on help in finding work, such as being accompanied to interviews instead of (or in addition to) participating in mock interviews.
* To help employed people *stay* employed, make it possible, and as easy as possible, for people to get help with job retention and advancement problems even after their cases have been closed, and widely disseminate information about the availability of such assistance.

##### *Access to assistive technology and skills could be strengthened* by making both the equipment and training more current and widely available. Specific steps include

* Reducing the time it takes DBVI to adopt new or improved assistive technology and training.
* Advocating for funding that would subsidize financial incentives to encourage small businesses and organizations like libraries to buy assistive devices and/or software (e.g., one participant suggested a two-year tax break for employers willing to purchase equipment).
* Centralizing some training opportunities in existing public spaces such as libraries to make training easier for clients to get to.
* Providing opportunities to "try before you buy" to increase the odds of a good fit between the technology and clients' needs.
* Improving dissemination of information about assistive technology, including options for paying for assistive equipment, the latest developments in assistive technology and software, and accessibility features that developers have built in to mainstream operating systems.
* Because technology needs, like employment-specific needs, change, dissemination and training initiatives should be available to clients whose cases have been closed, to the greatest extent possible. Using visually impaired technology mentors might be one vehicle for extending help to former clients.
* The availability of assistive technology, and of computer technology more generally, can open up opportunities for working from home. Advocating for work-at-home opportunities with potential employers could take advantage of growing employer interest in distributed workforces.

*Improving access to independent living services.* Independent living skills, especially mobility, are an important component of employability. Especially for people who must navigate to bus stops, mobility skills help make it possible to get to and from work. They also enable people to function at the workplace without feeding the stereotype of “blind people knocking everything over." Hiring additional O&M instructors could reduce the long waiting list for services that clients reportedly face; it could also, potentially, expand DBVI's O&M service repertoire by adding an understanding of how to handle guide dogs.

*Addressing psychological barriers to finding meaningful work.* More specifically, vocational rehabilitation professionals could

* Reassure clients about, or help them put into perspective, any embarrassment they might feel about being trained in front of co-workers, so that it doesn't actually prevent them from accepting job coaching or other on-the-job training.
* Help clients to overcome any fears about assistive technology they might have. Explaining or demonstrating how the technology might give them a competitive advantage in job hunting and help them in other ways that matter to them is one possible technique for doing so, as is connecting clients to other people with vision loss who have successfully overcome similar fears.
* Teach assertiveness, including the ability to ask for help.

#### ***Cultivating connections for people with vision loss.***

*Connections to DBVI and other resources.* Cultivating connections between people with vision loss and DBVI has two major components: (1) increasing awareness of DBVI among people who are not yet receiving blindness services and (2) improving information dissemination and information sharing with current and former clients. Specific steps to consider include

* Disseminating information about vocational rehabilitation and other blindness services to professionals and organizations that people with vision loss, or their family members, are likely to use or join. Examples include low vision specialists, primary care physicians, veterans' organizations, and providers of services to seniors. Including some content that addresses some people's reluctance to ask for help, especially when vision loss is new, might be useful.
* Developing public service announcements about the work-related capabilities of people with vision loss, ideally for prime time distribution by the major networks, cable channels, radio stations, or print media. Exposure to a large audience is especially important because severe vision loss remains a low-incidence condition.
* Investing in and deploying a computerized system for administering services and disseminating information to clients. This step would facilitate information-sharing within DBVI, as well as between DBVI staff and clients. Even considering the relatively advanced age of many adults with vision loss, this effort would not be wasted. According to an analysis by the Pew Research Center, as of 2012, slightly more than half of people aged 65 and older use the Internet or email. Once on-line, older adults tend to make Internet and email use a regular part of their lives (PRC, 2012). Seniors' Internet use, and technological sophistication more generally, seems certain to increase quickly as more and more tech-savvy baby boomers join the ranks of the elderly.
* Building an on-line information clearinghouse about the available services, events, and other resources could be very helpful both as a point of entree into the blindness system for people who are not yet receiving services and an ongoing resource for those who are.
* Advocating for sharing of information about available jobs among state agencies, which some other states have already adopted. A computerized system for administering services would make this information sharing much easier and more effective.

*Connections to potential employers.* Efforts to forge connections between people with vision loss and potential employers might include disseminating information about the capabilities of people with vision loss, and the DBVI resources available to employers and employees. It could also offer opportunities for people with vision loss and potential employers to meet and to learn in-person about each other’s abilities and needs.

* Developing widely distributed public service announcements, as described previously in the context of establishing connections to people with vision loss, also might help establish connections to employers. Including concrete information about *how* vocational rehabilitation and independent living services can help people with vision loss develop competitive skills (e.g., teaching techniques for working faster, navigating the office environment safely, availability of assistive tech or financial assistance) might dispel some negative stereotypes and concerns that reduce employment opportunities.
* Public awareness workshops that bring together people with vision loss and potential employers is another vehicle for showing employers that people with vision loss "can do things" and for educating consumers about employers' needs and expectations.
* Forging connections between young people with vision loss and local employers should begin in high school and college, some participants said. Paid work, internships, and volunteer work help young people to start developing an employment network for the future, begin teaching them what employers want, and demonstrate their value in the work environment.

*Connections to other people with vision loss.* Social isolation is a big problem for many of the focus group participants. It is a problem in its own right (discussed in the next section) but also might contribute to difficulty in finding meaningful work. Having a limited social network reduces the chances of receiving job leads and learning from others' employment experiences. Steps for helping people develop connections to others with vision loss include

* Sponsoring in-person client support groups in as many localities as possible.
* In addition or alternatively, employing technology to make support group participation possible, e.g., via conference calls.
* Taking advantage of some people's interest in mentoring others with vision loss, whether on a paid or volunteer basis. Mentoring could take the form of practical, hand-on assistance (e.g., in crafting a resume) or the sharing of work-related experiences more generally.
* Ensuring that clients are aware of and know how to access existing systems of information on how people with vision loss are managing various types of work.

## **Transportation** **Barriers**

### Like employment, transportation came up as a topic in all four of the focus groups. Even participants who have circumvented the limitations of public transportation with the help of family members or friends were aware of the problems.

*I am very fortunate in that I am married, and my husband can drive me. I am very very blessed and in that way [am] fortunate. But I know that transportation is not only difficult but very very expensive.*

Figure 2.2, on the next page, summarizes some factors that contribute to the existence of transportation problems, as well as some of their consequences.



Transportation is "difficult" partly in that residents of the most rural areas often have no bus service at all. In the more urban areas, most bus routes serve only their immediate localities, especially the malls.

*We're in Bangor, we have buses [so] we can actually consider ourselves blessed to be in this area. [But if] you go further than like maybe ten miles out of Bangor ... pardon my directness, you're screwed.*

Even that service runs only until late afternoon, stranding people who want to attend evening events. Service between towns is limited to nonexistent. Where it exists, inter-town service does not run often enough, or late enough, to permit riders to make the round trip in a single day, necessitating additional expenses for eating out and overnight accommodations, which people who depend for income on Social Security can ill-afford.

*... I'm sorry, but by the time you pay for a bus to go to Portland, if it's the right time you might have to stay overnight, and go to the activity, you're spending a fortune [and] you can't afford to do it.*

*Because you have no income other than your disability check, and that's all spent on your rent and lights and heat and everything else, so when you get done you got nothing.*

Making a little too much money or having a spouse who can drive has disqualified some participants from receiving half-fare bus passes or subsidized taxi service from Pentless Cab. Without the financial help, taxi service in particular is beyond many people's reach.

*...[F]or transportation we may have had like share ride or, like, taxi service, but it doesn't go very far. ..It costs an arm and a leg just to go a couple miles down the road.*

Considering Maine's demographics, the weakness of the state's transportation services is, perhaps, not surprising. It would be hard to run an efficient and cost-effective transportation system because the general ridership population is small and widely scattered. Inadequate government funding of transportation services and reduced-cost vouchers, some participants pointed out, surely make matters worse. From the perspective of focus group participants, however, Maine's transportation system not only *has* problems but also *undermines* independence and quality of life more generally, as described below.

### **Consequences**. Limited and expensive transportation options help to set in motion a cascade of economic and social problems for blind and visually impaired people. Ultimately, these difficulties undermine quality of life and independence, both actual and perceived.

Gaps in transportation and their economic costs to visually impaired people function as a negative feedback loop. Limited transportation makes it hard to find and keep an appropriate job. In addition to contributing to the high poverty levels among people with disabilities, unemployment in its turn, combined with disability benefits that are too meager to provide discretionary income, make the available transportation unaffordable.

Gaps in transportation also entail social costs, including reduced access to blindness services, especially for clients living in the more remote areas. When clients lack transportation, service providers must come to them, resulting in having to forgo services altogether or to wait months at a time between visits.

*I [a school administrator] think that transportation is probably one of the biggest road blocks, and we try to set some times for kids to come get together on a regular basis to work on some particular skills, not just computer, like daily living skills and practical things...It's been very challenging to be able to get the kids here from certain areas. Schools don't necessarily find a way to pay for [transportation], some do, some don't.*

*Like up here in Orono [the Iris Network] don't travel up here [to provide home assistance], they don't do it [and the speaker has no transportation options to travel to services].*

*I had somebody that came up ... from Bangor to Dexter to see me, and they could only come every couple, three months, and we would have needs in between and ... just had to wait.*

Transportation problems can also result in social isolation, in the form of reduced access to social support and recreation opportunities.

*They have one disability peer meetin' here ... every month. It's at the Weatherby place, and it starts at five thirty at night ... [But] there are no buses in the evening.*

*[My son and I] come back to Maine, and it's the same situation. There's nothing here. I mean, he's kind of stuck in his room because there's no education, there's nothing for transportation, there's no activities. I mean, they should have things where [visually impaired people] can be more independent and enjoy their lives.*

A number of participants spoke, invariably with gratitude, about the help with transportation that spouses, parents, and other family members and friends provide. Reliance on members of one's informal network is not without problems of its own, however. Ongoing responsibility can become burdensome for the driver, compromise the visually impaired person's feeling of independence or, paradoxically, weaken relationships to the people providing help.

*I only have one person... that I have that takes me ... to doctor appointments, you know, normal doctor appointments [and] things of that nature. And, you know, that gets hard on him as ... he works full time [and has to] take days off.*

*... You hate to call up your friends all the time, and you say, well, I need to go to the store, can you come get me?*

*... The only thing that really bothers me is, um, I have to depend on other people to come and get me and take me grocery shopping. .. I love being independent. I love to do things for myself.*

*[The lack of jobs] just hits us harder because we have to rely on others to drive us from point A to point B, and if we don't have the money to help him out with a little gas they're not gonna take us anymore.*

And for some people, relying on relatives or friends to drive them places is not even an option. One person's family members, for example, have all died and, having moved to a city hoping (so far in vain) to find work, he doesn't "know anybody here".

### **Steps to make getting around easier and more efficient.**

Participants' comments suggest that Maine's transportation systems--public, commercial, and nonprofit--are very fragmented. Some participants have worked out solutions such as reliance on significant others (as mentioned previously) and churches. Bartering transportation for volunteer work is another strategy that came up. But these are individual (and not universally available) fixes for a problem that affects most Maine residents who are blind or visually impaired and, for that matter, non-drivers more generally. This section, therefore, emphasizes solutions with some potential for a broader impact.

One category of solutions involves reducing fragmentation, i.e., better coordinating the available transportation resources. Another category involves workarounds that reduce transportation needs.

#### Coordination of transportation

Coordinating existing transportation services has the potential for improving transportation between towns and cities, at least on a limited basis. Offering inter-town service even just once a month would be "amazing", and once a week "would be even more amazing", potentially increasing access to health care or rehab appointments, support groups, and recreational activities. Effective coordination, participants' reports suggest, would need to include three elements over and above the expansion of transportation services *per se.*

* **Coordinating the dates and times of the expanded transportation service with the days and times that community events take place.** Successful coordination seems likely to require working directly both with transportation providers and the organizations sponsoring events. Adding coordinated carpooling or van service to Maine's transportation mix also could help close some existing the gaps (e.g., by offering either local or inter-town service during evenings or week-ends).
* **Timely dissemination of information, in a variety of accessible formats,** about both the events and the expanded transportation option/s for attending them. Participants spoke of the desire to "know ahead of time what day the bus was coming [so] you could plan your day". Probably reflecting individual differences in computer skills and access to adaptive technology, some participants favored receiving information electronically (email, disk, website, or list serve), while others prefer older technology, including the telephone (e.g., being provided a call-in number to a service that would announce upcoming events), or braille. Several participants specifically mentioned being *un*able to read large print, or complained about "having to have someone read [a print flyer] to me", suggesting that print (large or standard) is an inadequate dissemination vehicle if information is to reach the widest audience.
* Ideally, **developing and implementing more generous eligibility criteria for transportation vouchers and subsidized transportation services.** Opening eligibility to all non-drivers, including seniors and people with disabilities other than vision loss, would substitute a functional basis for eligibility for the current medical criteria. This step, in turn, would extend eligibility to people whose vision loss is serious enough to preclude driving but not serious enough to qualify as legal blindness. Members of all non-driver groups stand to benefit from the sharing of transportation resources that might result from expanding eligibility criteria.

#### **Transportation workarounds**

* Encouraging local event sponsors to schedule their activities during the daytime on week days or Saturdays, or to *add* daytime events to their existing calendars,to coincide with local bus schedules.This step would not, of course, eliminate the need for expanded transportation, but it would make more efficient use of existing services.
* Implementing telephone-based peer support groupsis a possible alternative to groups that meet in person and therefore require participants to travel, even if only locally. One such group, which uses Iris' conference call number and serves the entire state, is just getting off the ground. If successful, it might serve as a model for other peer support groups in Maine.
* Making pedestrian travel easier and safer is another transportation workaround. Some participants who are city-dwellers can and do walk to destinations in their community. Several environmental access barriers, however, make pedestrian travel treacherous, limiting walking as a transportation alternative. Some needed corrections would require the cooperation of State and local governments. For instance,
* making it easier for blind or visually impaired people to navigate traffic circles (perhaps with the help of pedestrian-controlled traffic lights or tactile signage at strategic locations);
* making it easier to obtain mobility training in a new community to which one has moved after case closure or to help make walking in communities with a challenging terrain easier for both visually impaired people and their guide dogs;
* more timely repair of streets, sidewalks, steps, railings, and ramps; prohibiting the use of bicycles, skateboards, and the like (which can injure both pedestrians and their dogs) on sidewalks; and prompt snow removal from sidewalks and streets.

# **Staff Perspectives**

As mentioned previously, when asked about the major issues facing Maine residents who are blind or visually impaired, staff were fundamentally in agreement with participants in the consumer focus groups. Like consumers, staff expressed concern about inadequate transportation and employment opportunities, social isolation (especially in relation to access to others with vision loss), "terrible" sidewalks and other infrastructure challenges, the availability of assistive technology devices and training, and the need for more comprehensive mobility training and other independent living services, among other things.

Some of the consumers, as we have seen, spoke to problems with Maine's blindness services, including understaffing and the lack of information sharing among agencies and departments. As employees of DBVI and as service providers, however, staff have an insider's perspective--and presumably a broader and more encompassing perspective than consumers can--on how on Maine's system of blindness services works, and doesn't. Based on the moderator's notes from her three staff focus groups, the following section discusses the highlights of staff participants' accounts of problems with blindness services in Maine and suggestions for addressing them.

Staff participants' reports point to three major problem areas for blindness services in Maine. These areas are understaffing, lack of coordination andcooperation between departments and agencies, and poor visibility of Maine's blindness services and public awareness of them. The origin of these problems, arguably, lies wholly or in part with the underfundingof Maine's blindness services.

## **Understaffing.** The most prominent result of underfunding is understaffing, especially in the more remote locations in Maine, which limits the range and quality of services that DBVI can offer. The gaps, according to staff, occur across many service areas, including independent living, employment services (including job development), services for elderly people, services for people with multiple disabilities, personal adjustment counseling, family support training, early intervention, and assistive technology and training.

Understaffing diminishes service quality. It results in long waiting lists for services. Once services begin, staff cannot spend as much time delivering services as many clients need. DBVI also is understaffed in the sense of ability to hire and retain counselors and other professionals with knowledge of blindness services and issues facing people with vision loss. DBVI does provide training for these staff, but it is not unusual for the best to be promoted out of direct service or to leave Maine after having been trained.

As mentioned previously, in the analysis of consumer focus group data, some clients and former clients seem eager to share their knowledge with others who have more recently experienced vision loss and, more generally, emphasize the importance of peer support. Some staff participants also mentioned value of peer mentoring and support and urged DBVI to resolve confidentiality problems that discourage the development of such programs. With appropriate on-the-job training, peer mentoring might be able to reduce the staffing gaps in targeted areas (perhaps, e.g., training in the use of assistive technology).

Other staffing problems include the reported lack of clerical support in some DBVI regional offices. The paucity of services extends beyond DBVI, however. The entire state of Maine has only three low vision specialists, which staff say is not enough to meet the need.

## **Inadequate coordination and cooperation.** The staff focus groups revealed important gaps in information-sharing both internally at DBVI and between DBVI and outside agencies and providers. Staff also cited two major areas of inefficiency in DBVI's operations: inconsistent processes and wasteful management of existing resources.

### *Information-sharing.* Calls for closing gaps and more consistency in information-sharing were common during the staff focus groups. "Getting eye docs to return their eye reports" to DBVI was a specific source of frustration, as was inadequate coordination between DBVI and doctors more generally, and the fact that, as things stand, "information [of various types] seems to get lost".

Computerizing and centralizing information about such things as functional vision assessments and clients' insurance (e.g. along the lines of the cloud drive concept) would allow for sharing important information within DBVI, as well as between DBVI and outside agencies and professionals, including teachers.

### *Efficiency issues.* Staff noted inconsistent administrative practices vary from one DBVI office to another. Regional offices, staff said, differ in how they manage funds and in preparation of paperwork, which staff recommended standardizing. Employing a service such as Dropbox or Aware Reports across all Maine offices, some suggested, would not only facilitate effective information-sharing (e.g., of case notes) but also help to standardize the information that staff collect and report.

Another strategy for making DBVI more efficient would involve sharing equipment across offices. Other strategies include developing a loaner system to make use of surplus equipment and equipment that clients return or want to exchange. Developing a more organized system for tracking incoming and outgoing inventory would be helpful in reducing waste.

## **DBVI's visibility.** A major concern of staff participants is DBVI's lack of visibility to the general public, including potential clients and employers, and to organizations and professionals who would otherwise be potential referral sources for DBVI. This lack of visibility has serious consequences, both for people with vision loss and for DBVI.

Some Maine residents with vision loss, staff said, do not even know there *are* services that could help them. People who do have some level of awareness might not know how to contact DBVI and other providers of blindness services, have a faulty understanding of eligibility criteria (e.g., believe that total blindness is a requirement), or have unrealistic expectations about the kinds of help that DBVI can provide. For example, clients' most frequent requests of staff include financial help with transportation, glasses, costs of surgery, and expensive medical equipment; it is not unusual for clients to want DBVI to "fix" their vision loss. Older clients in particular, as one participant said, "don't really understand what O&M is" and, in general, don't know what they don't know.

For its part, DBVI's lack of visibility to potential employers implicitly reinforces negative perceptions of the capabilities of people with vision loss. Employers who are unaware of DBVI and the types of services it offers, moreover, are not in the position to make a timely referral for employees who experience vision loss after having been hired.

Eye doctors are currently DBVI's biggest referral source but, some staff believe, are referring fewer people than they probably could be. A number of participants called for education and awareness-building efforts directed not only to eye care professionals but also to other professionals and organizations to which people with vision loss or their families are likely to be connected. These potential referral sources include health care and allied professionals and facilities, such as primary care doctors, home health service providers, skilled nursing and assisted living facilities, hospitals, physical and occupational therapists, University of Maine pre-service docs, veterans' hospitals, and diabetes educators. Non-medical sources that participants mentioned include schools, the Department of Education, Social Security Administration, DHHS, and insurance companies.

Staff participants' suggestions for getting the word out about DBVI to the general public included adding a phonebook listing and information about its website that is easy to find. Other ideas included using Iris as a referral gateway; allowing the use of staff time, and providing flex time, so that staff can work more closely with community groups; using a Talking Book distribution list to publicize DBVI's 800 number; producing a public service announcement for television; creating posters to advertise DBVI; and ensuring that Maine's 211 phone service has the necessary information about the services that DBVI offers.

## **Underfunding.** The underfunding of blindness services goes a long way toward explaining why DBVI's staff are stretched so thin, both logically and based on the reports of many participants in the staff focus groups. Arguably, however, underfunding at least partly underlies the other major problems participants mentioned. Although staff did not specifically attribute inadequate service coordination and visibility to lack of funds, effective coordination and public education efforts demand staff time and attention. Whatever the role of underfunding, however, staff reports suggest that inadequate coordination of services and poor visibility of blindness services in Maine are problems in their own right and might even exacerbate DBVI's funding problems.

# **Summary of Focus Group Input**

Some of the corrective steps mentioned in this report, such as increasing the number of staff, would require additional funding--probably from all levels of government--that would be hard to come by in the current economic/political environment. Soliciting private donations, however, which some staff suggested, might be both feasible (especially if DBVI succeeds in making itself more visible to the general public) and helpful, as might exploring the potential for developing new funding streams based on existing Independent Living Services for Older Individuals who are Blind (Title VII, Chapter 2) programs or through grants from organizations such as the National Eye Institute.

A different tack would involve joining advocacy efforts to promote universal design and universal access, especially as applied to mainstream transit services and infrastructure. Success could result in more accessible and more available transportation in Maine's rural communities and better design and maintenance of the state's roads and sidewalks.

Other corrective steps would enable DBVI to make more efficient and effective use of limited resources. Examples suggested by consumers or staff include more systematic tracking of equipment inventory, recycling of discarded or no longer needed pieces of technology as loaners to consumers considering items for purchase, coordinating the timing of community events such as job fairs and social gatherings with existing transportation schedules, modernizing methods of disseminating information to clients and sharing information among the regional offices, and drawing on the mentoring potential of long-time and former clients as a resource, in appropriate capacities, for people with recent vision loss.

Ultimately, DBVI is encouraged to be more collaborative and pro-active. However, both consumers and staff are mindful of the limited resources available to the agency. While the key to improving the lives of individuals with visual impairments in Maine may seem to be increased funding at first glance, it is apparent from these focus groups that there are a number of low-cost or no-cost options that could enhance quality of life throughout the state for people who are blind or have low vision.

# **Part Three: Telephone Interviews & On-line Survey Data**

## **DBVI Open Cases**

In addition to the Consumer Forums, the principal investigator reached out to individuals with visual impairments with open DBVI cases throughout Maine and invited them to provide information about themselves as well as convey their concerns about the needs of people with visual impairments in Maine via telephone interviews and on-line surveys completed via Survey Monkey. Forty-two individuals with visual impairments (with birthdates after January 1, 1950) completed surveys either on-line or via telephone interviews (the surveys on-line were identical to the telephone interview format used). There were 139 individuals with working contact information listed; therefore, the 42 responses equated to a 30% return rate. In three instances, a family member reported for an individual with visual impairment; otherwise, all of the responses to these surveys were by self-report (93%). Only two of the respondents indicated that they were veterans.

**Demographics.** The majority of the respondents with open cases were male (59%) and had moderate low vision. Visual status was defined as:

* Moderate visual impairment: Individual can read standard print with low vision devices OR individuals can read large print with or without low vision devices.
* Severe visual impairment: Individual has some useable eyesight but not enough to read large print OR individual has very limited eyesight, able to see only shadows and light.
* Totally blind: Individual is unable to see.

The leading causes of visual impairment for respondents over the age of twenty were retinitis pigmentosa, retinopathy of prematurity, and macular degeneration. The leading causes of visual impairment for respondents twenty years of age or younger tended to be congenital problems (albinism, congenital glaucoma, Leber’s congenital amaurosis, Reiter’s syndrome, blue cone monochromacy, and nystagmus). Half of all the respondents felt their vision would worsen over time.

Detailed demographic information concerning the respondents follows in Table 3.1.

|  |  |
| --- | --- |
| Table 3.1*Characteristics of Respondents with Open DBVI Cases*  |  |
|  | % | n |
| Age  | 100 | 39 |
| 18 to 20  | 41 | 16 |
| 21 to 35  | 18 | 7 |
| 36 to 50  | 15 | 6 |
| 51 to 64  | 26 | 10 |
| Gender  | 100 | 41 |
| Male | 59 | 21 |
| Female |   | 20 |
| Race/Ethnicity | 100 | 29 |
| White (non-Hispanic) | 93 | 27 |
| Native American | 3 | 1 |
| Hispanic | 3 | 1 |
| Visual Status  | 100 | 40 |
| Legally blind – moderate visual impairment | 58 | 23 |
| Legally blind – severe visual impairment | 23 | 9 |
| Totally blind | 20 | 8 |
| Cause of vision loss  | 100 | 30 |
| Albinism | 3 | 1 |
| Retinitis Pigmentosa (RP) | 13 | 4 |
| Macular Degeneration (MD) | 17 | 5 |
| Diabetic Retinopathy | 3 | 1 |
| Congenital Abnormality | 13 | 4 |
| Unknown Etiology | 17 | 5 |
| Glaucoma | 10 | 3 |
| Combination (cataract, RP, MD) | 3 | 1 |
| Other  | 20 | 6 |
| NB: Respondents listed the following under the ‘other’ category: Leber’s congenital amaurosis, chronic panuveitis and response to medication. |

**Living arrangements.** All but two of the respondents in the younger cohort (who were twenty years old or younger) were living with their parents or guardians. Three respondents indicated that when they were not at home with their parents, they lived in dormitories. One individual was living with other adults and one was living alone. The majority of the respondents over the age of twenty were living with a spouse or partner and children or with a spouse or partner and no children (55%), a quarter (25%) were living alone, and the remainder were living with their children or other adults.

Eighteen individuals responded to the query about where they lived and the majority (61%) lived in their own homes. Thirty-three percent lived in apartments and the remainder rented either houses or condos. When asked if they were satisfied with their living situation, 83% said ‘yes’ and the remaining responses were equally distributed between ‘no’ and ‘unsure.’

**Transportation options.** There were 16 respondents in the younger cohort and they listed the fewest options for transportation of all these respondents. Seventy-six percent of these young people listed using public transportation or riding with family members or friends (unpaid drivers) to get where they needed to go (it was an even split). Two of the youth who listed public transportation also indicated they used taxis on occasion and another indicated that in addition to public transportation he walked. Three young adults used school transportation and one also walked.

The older respondents (over twenty years of age) tended to use a more multi-faceted approach to solving their transportation needs. Twenty individuals listed 39 options that they used to get to where they needed to go. Two of the individuals who indicated that they drove their own cars noted restrictions at night. Perhaps of greater interest is that only one of the individuals who drove their own cars listed other transportation options.

The respondents were able to select multiple transportation options and the percentage of individuals who chose a specific option are listed below.

* Friends/relatives drive (unpaid): 60%
* Walk: 55%
* Public transportation: 20%
* Drive my own car: 20%
* Taxi: 15%
* Paid driver: 15%
* Bicycle: 5%
* Coworker: 5%
* Paratransit: 10%

**Educational activity.** Twelve of the younger cohort were in school – one child was in elementary school and one in high school, ten of the older youth were college students. Five of the respondents indicated that they had completed high school or earned a GED and an additional four stated that they had earned certificates beyond high school (in cosmetology, medical office work, and medical assistance). Four reported some college coursework and four that they had earned baccalaureate degrees. An additional five respondents indicated that they had earned graduate degrees.

**Income streams.** Six individuals were employed and they indicated their job income was the primary source they relied on to pay their daily living expenses. Four individuals received retirement benefits, five received SSDI benefits and six received SSI benefits that they used to contribute towards their living expenses. Other sources of income mentioned by the respondents included spousal income and help from family or friends. In a couple of instances, respondents mentioned relying on housing assistance funds and food stamps as well. Details about individuals’ responses to queries related to employment follow.

**Employment.** When asked if they were currently employed, 37 individuals responded. Sixty-five percent said that they were unemployed, 24% were employed part-time, and 11% were employed full-time. Seven respondents identified employers and 57% of those employers were corporate entities. The remaining 43% of these respondents were self-employed. Twenty-four respondents gave reasons for their unemployment including unable to find employment (38%), retired (13%), full- or part-time student (50%), and there were a few mentioned only once – haven’t looked, unable to work due to medical condition, and no one is hiring. Respondents were able to choose more than one item.

Seventeen individuals responded to the query asking where they’d gone for help in their job search efforts. Seventy-six percent identified DBVI, 29% OFR, 29% One-Stop Career Centers, Independent Living Centers (6%), and technical or vocational schools (6%). Twelve percent indicated that they didn’t know where to go. The respondents could choose more than one item.

***Challenges to employment.*** The respondents were also asked to evaluate a list of challenges and indicate how often they felt those challenges prevented people with visual impairments from becoming employed. These individuals clearly believe that the challenge most frequently preventing visually impaired people in Maine from becoming employed is availability of transportation, followed closely by job availability, and availability of job accommodations. Their full responses are listed in Table 3.2.

|  |
| --- |
| Table 3.2*How Often Challenges Prevent Visually Impaired People from**Becoming**Employed* |
|  | Never | Rarely | Occasionally | Frequently | Total |
| Challenge | %  | n | % | n | % | n | % | n | n |
| Availability of job accommodations | 0 | 0 | 7 | 1 | 27 | 4 | 67 | 10 | 29 |
| Availability of job development services | 0 | 0 | 8 | 1 | 69 | 9 | 23 | 3 | 13 |
| Availability of job retention supports | 15 | 2 | 23 | 3 | 38 | 5 | 23 | 3 | 13 |
| Availability of transportation | 0 | 0 | 0 | 0 | 19 | 3 | 81 | 13 | 16 |
| Cost of job accommodations | 8 | 1 | 15 | 2 | 31 | 4 | 46 | 6 | 13 |
| Employers’ attitudes | 0 | 0 | 0 | 0 | 43 | 6 | 57 | 8 | 14 |
| Fear of losing medical benefits | 15 | 2 | 0 | 0 | 54 | 7 | 31 | 4 | 13 |
| Fear of losing SSI or SSDI | 21 | 3 | 7 | 1 | 36 | 5 | 42 | 6 | 14 |
| Fear of losing subsidies | 23 | 3 | 8 | 1 | 8 | 1 | 62 | 8 | 13 |
| Inadequate job skills | 7 | 1 | 14 | 2 | 50 | 7 | 36 | 5 | 14 |
| Insufficient job search preparation | 8 | 1 | 31 | 4 | 38 | 5 | 23 | 3 | 13 |
| Job availability | 0 | 0 | 7 | 1 | 27 | 4 | 73 | 11 | 15 |
| Lack of support from service providers | 14 | 2 | 14 | 2 | 43 | 6 | 29 | 4 | 14 |
| Personal or family issues | 15 | 2 | 8 | 1 | 38 | 5 | 38 | 5 | 13 |
| Inadequate blindness skills | 7 | 1 | 14 | 2 | 29 | 4 | 50 | 7 | 14 |
| Weak social skills | 14 | 2 | 14 | 2 | 50 | 7 | 21 | 3 | 14 |

**Devices and services needed.** Seventy-four percent of the respondents indicated they had needed within the last year tools, equipment, or devices. The items they listed ranged from devices to help with life activities (task lighting, 20/20 pens, canes, bump dots, magnifiers, an adjustable table, etc.) to high tech devices and software to access information (speech output and screen magnification software programs, video magnifiers, smart brailler, iPad, electronic readers, etc.). Eighty-five percent of the respondents indicated that they had been able to acquire what they’d needed. Two people responded that they were ineligible for the item they felt they needed as the request was not work-related.

When individuals with open DBVI cases were asked to rate the areas they felt might help them to live more independently, the service the majority (67%) identified as very important to them was training in assistive technology (AT). Only two people rated AT training as unimportant or not applicable to them. Fifty-four percent rated orientation and mobility as very important and 53% identified learning how to use optical devices as very important. Forty-three percent identified medical care and 33% identified home and personal management skills as very important. (Respondents could choose more than one service.)

**Life Challenges.** At the end of each telephone interview or on-line survey, the participants were asked to specify what they considered to be the three greatest challenges faced by individuals in Maine with vision loss. Twenty-nine individuals replied and the most frequent response was transportation, followed by employment, and access to technology. All responses are listed in Table 3.2.

When the respondents’ choices were weighted (first choice = 3, second choice = 2, third choice=1), the challenges ranked as follows: Transportation, employment, and access to technology – not unlike what we saw in the consumer and staff focus groups. These were followed closely by access to educational opportunities and prejudicial attitudes or the lack of awareness about visual impairments.

Table 3.3 identifies the greatest challenges respondents felt individuals with visual impairment face in Maine by the frequency with which they were mentioned and provides further insight into this issue. Twenty-nine respondents articulated their views.

|  |
| --- |
| Table 3.3*Three greatest challenges (n=29) by frequency of response* |
| Challenge | % | n |
| Transportation | 69 | 20 |
| Employment | 41 | 12 |
| Technology | 24 | 7 |
| Prejudicial attitudes & lack of awareness about visual impairments | 24 | 7 |
| Health care, including access to mental health services | 14 | 4 |
| Social skills – need for peer support | 14 | 4 |
| Educational opportunities lacking, adult basic education, life skills | 14 | 4 |
| Environmental inaccessibility (lack of sidewalks) | 10 | 3 |
| Personnel shortages  | 7 | 2 |
| Funding | 3 | 1 |

 **Qualitative comments.** At the end of the telephone interviews and the on-line surveys, the respondents were given an opportunity to make general comments and a sampling of their responses follows.

*…Loved working with TVI and VRT – feel that DBVI desperately needs more people to work on public awareness and address safety issues in the environment…*

*…(people with) multiple disabilities (autism, physical disabilities) need attention...*

*…worked with Vision Quest program as an RA - it was wonderful!*

*…haven't had to wait for services...DBVI has been wonderfully receptive, caseworker advocated for him to pursue a master's degree in O&M at UMass because he wasn't able to get work with his bachelor's degree..."They get the biggest bang for their bucks!"*

*…Recently had surgery, has arthritis in hands; primary caregiver for elderly mother...lots of friends who help with transportation. Needs Internet access to stay in touch with friends and former colleagues…*

*With Maine being a rural state, finding reliable, consistent, and affordable transportation outside of the "major" cities is nearly impossible. I rely on coworkers, but they are not always reliable and consistent, and I cannot afford to pay a service (makes it not even worth working). I am also trying to get trained on screen reading software as my vision issue is degenerative, so I am struggling with trying to learn not to use my vision, which is very challenging. It is also difficult that VR no longer provides support for daily living in the way they used to. If a person's basic needs are not being met, they cannot even begin to try to work. It is also very difficult to try to find a job, or get a different, more accessible job because of competition and trying to network and make connections. Even sighted people have a hard time finding jobs in this market without actually making a connection and networking. Excellent job development is a must. It is also essential to find jobs that are accessible with accommodations as many proprietary software applications do not work well with screen readers. Thank you.*

*The work that DBVI does is vital to the success of job placement and retention for people with visual disabilities and blindness. I believe that without the assistance from the department and my Vocational Counselors I would not be employed today and my abilities to manage daily tasks would be significantly compromised. I am very grateful for all of the assistance from this Department and my Vocational Counselors. Thank You!*

*Thank you for being there to help. I do wish however that my DBVI caseworker wasn't on part-time status so she could be more readily available to help my new case move along quicker to get the services I need.*

## **DBVI Closed Cases**

**Cases closed successfully (Status 26).** There were124 individuals listed as successfully closed in 2012-2014 by DBVI for whom I had contact information. Of those, 16 were unreachable (telephone numbers not in service or the individual had moved without forwarding information), three individuals had participated in the consumer focus groups and provided feedback in this manner and one chatted briefly to say that he had appreciated DBVI services but didn’t want to do a survey or an interview. I attempted calls to the remaining 104 people and I was able to obtain 40 completed surveys through direct telephone interviews or emailed surveys. This gave me a return rate of 38%.

***Respondent demographics.*** The majority (54%) of the individuals surveyed were between 45 and 64 years old. Just over half (51%) of the respondents were male and had low vision. Although all of these DBVI consumers were legally blind, most (77%) had some vision. There were 17 individuals who indicated that they had disabilities in addition to visual impairment, including epilepsy, arthritis, balance difficulties, cognitive impairment, brain injury, hearing loss, heart problems, memory loss, or physical limitations requiring the use of a wheelchair. Detailed demographic information concerning the respondents follows in Table 3.4.

|  |
| --- |
| Table 3.4*Characteristics of Successful DBVI Respondents*  |
|  | Percentage |
| Ages (n=33)  |  |
| 18 to 24  | 12 |
| 25 to 34  | 12 |
| 35 to 44 | 3 |
| 45 to 54  | 27 |
| 55 to 64 | 27 |
| 65 to 72 | 12 |
| 75 or older | 6 |
| Gender (n=39) |  |
| Male | 51 |
| Female | 49 |
| Visual Status (n=31) |  |
| Individuals who are functionally blind  | 23 |
| Legally blind – severe visual impairment | 58 |
| Legally blind – moderate visual impairment | 19 |
| Cause of vision loss (n=31) |  |
| Other | 45 |
| Retinitis Pigmentosa | 23 |
| Macular Degeneration | 19 |
| Diabetic Retinopathy | 10 |
| Birth Defect | 10 |
| NB: Respondents listed the following under the ‘other’ category: Peters Anomaly, Wolfran’s Syndrome, Leber’s Optic Neuropathy, keratitis, stroke, brain tumor, genetics, ocular neuropathy, pituitary tumor, and surgery. |

***Service delivery.***  In response to being asked whether DBVI personnel had informed them of their rights, 33 people answered and 97% indicated yes and 3% were unsure. The same 97% stated that they had help develop their rehabilitation goals. However, when asked if they had helped choose their rehabilitation services 88% answered yes, 6% said no, and 6% were unsure.

 The same 33 consumers rated services they had received from DBVI and the vast majority indicated that they were satisfied with the services that they had received. For services received, Table 3.5 provides the numbers and percentages of consumers who received each service and their level of satisfaction.

|  |
| --- |
| Table 3.5*Successful Consumers’ Ratings of DBVI Services* |
|  | Satisfied | Neutral | Dissatisfied | N/A |
| % | N | % | n | % | n | % | n |
| Adjustment to vision loss counseling | 74 | 17 | 4 | 1 | 0 | 0 | 22 | 5 |
| Acquisition of adapted tools - not technology | 92 | 23 | 4 | 1 | 0 | 0 | 4 | 2 |
| Assistive technology acquisition | 84 | 21 | 12 | 3 | 0 | 0 | 4 | 2 |
| Assistive technology training | 79 | 18 | 13 | 3 | 0 | 0 | 9 | 3 |
| Benefits counseling | 28 | 6 | 9 | 2 | 10 | 2 | 55 | 13 |
| Braille instruction | 14 | 3 | 5 | 1 | 5 | 1 | 77 | 18 |
| Employment counseling | 46 | 10 | 9 | 2 | 0 | 0 | 45 | 11 |
| ILS training | 77 | 20 | 7 | 2 | 0 | 0 | 19 | 5 |
| Job accommodation assistance | 67 | 16 | 4 | 1 | 0 | 0 | 29 | 7 |
| Job placement | 27 | 6 | 5 | 1 | 0 | 0 | 68 | 15 |
| Job retention | 42 | 10 | 4 | 1 | 0 | 0 | 54 | 13 |
| Low vision device acquisition | 78 | 21 | 8 | 2 | 0 | 0 | 15 | 4 |
| Low vision device training | 70 | 19 | 8 | 2 | 0 | 0 | 22 | 6 |
| Medical assistance | 37 | 7 | 0 | 0 | 5 | 1 | 58 | 11 |
| O&M training | 70 | 21 | 10 | 3 | 0 | 0 | 20 | 6 |
| Psychological or psychiatric counseling | 15 | 3 | 0 | 0 | 0 | 0 | 85 | 17 |
| Social support (with peers) | 19 | 4 | 10 | 2 | 10 | 2 | 62 | 13 |
| Tuition assistance | 21 | 5 | 4 | 1 | 0 | 0 | 75 | 18 |

Thirty-four consumers responded to the query of whether they were satisfied, dissatisfied, or neither satisfied nor dissatisfied with their DBVI involvement. Seventy-three percent (24) indicated they were extremely satisfied, 21% (7) were quite satisfied, and 6% (2) said they were somewhat satisfied. Only one consumer indicated that he or she was somewhat dissatisfied.

Only nine consumers commented when asked what services or assistance from DBVI could have enabled them to be more successful in achieving their goals. The majority of their responses concerned access to technology (wishing for in-home assistance with a personal computer or wanting updated assistive technology) or low vision devices. One individual commented that it would have been nice to have had peer support available and one individual desired help with simple problems such as finding lost objects.

 ***Employment.*** Sixty-five percent of the respondents (34) indicated they were employed when they applied for services. Only 21 responded to the following query asking if they were currently employed with the same company. The majority (13) said they were and in the same position, while one indicated employment with the same company but in a different position. One respondent was working in the same position, but with a different company and six were no longer employed.

The most frequently noted services that enabled these individuals to retain employment were: acquisition of equipment or tools adapted for vision loss (81%), assistive technology training (63%), updated assistive technology (25%), and additional vision loss skills training (25%).

At the time of these interviews, 54% of the respondents were employed full-time, 17% part-time, and 29% were no longer employed. Employers included: Unum Life Insurance Company, Maine Medical, BEP, DBVI, Bureau of General Services, local school districts, local restaurants, and grocery stores. However, at least a third were self-employed. Fifty-eight percent of the consumers indicated that they had received assistance from DBVI to find their current jobs. Sixty-one percent indicated that they were extremely satisfied with their current jobs, 26% were quite satisfied, 9% somewhat satisfied, and 4% indicated they were neither satisfied nor dissatisfied.

Thirteen percent of those employed felt they would need further support from DBVI to maintain employment and 30% were unsure; however, 57% felt they would need no further support. Of the eight consumers responding to a query about what help they might need, the majority (50%) indicated updated technology and 38% thought they might need technology training.

Eleven people responded to the query about whether they would like to gain employment and three (27%) indicated that they would like to do so.

***Challenges.*** The respondents were also asked to identify the greatest challenge they face as someone with a visual impairment. The responses provided by 30 individuals to this query focused primarily on difficulties accessing transportation, accessing information, and sundry social and emotional issues.

Details concerning challenges respondents identified are embedded in Table 3.6 below.

|  |
| --- |
| Table 3.6*Challenges Faced by Individuals with Visual Impairments* |
|  | % | n |
| Transportation | 53 | 16 |
| Access to information (reading) | 17 | 5 |
| Other (social challenges, frustration) | 17 | 5 |
| Living independently | 10 | 3 |
| Health/physical issues | 10 | 3 |
| Employment | 3 | 1 |

***Qualitative comments.*** There were 30 comments from these successfully closed individuals and the majority were simply expressions of gratitude, such as:

*Great services - awesome! When (my) eye doctor recommended DBVI, I was skeptical – best decision I ever made was to contact them - they're the best!*

*They're wonderful!" DBVI staff taught me how to use the vision that I have remaining more effectively!!!*

*<I received> wonderful help from DBVI & Iris. They helped find current job and provided great services! As vision fails, I may need further assistance in the future - will call.*

There were two comments that didn’t follow this pattern: one indicating that if support meetings were available that the individual would participate (this individual was also interested in information about any organizations that might provide transportation as a service) and one individual who commented that the wait time (for services) is troublesome, but that once she received services they were great.

**Cases closed unsuccessfully (Status 28).**  Initially, I called 58 individuals who were listed as closed unsuccessfully in 2012; however, 30 were unreachable (their contact information was no longer valid), two had moved out-of-state, one was too ill to speak with me and one individual was deceased. I not only experienced similar difficulties with the list from 2013, 13 of 43 listed were unreachable and two had moved; but many of those I was able to contact were over 65 years of age and no longer interested in employment. After conferring with the Executive Director of DBVI, we decided to cull out cases of individuals with birthdates prior to January 1, 1950. Once I removed the individuals from 2013 and 2014 who were born after 1950, those on all the lists who were unreachable, and the one individual who participated in a DBVI Consumer Forum, I was left me with a possible 70 individuals to contact and I was able to complete surveys with 28 of them for a 40% rate of return.

***Respondent Demographics.*** The majority (55%) of the individuals surveyed were between 45 and 64 years old. Over half (63%) of the respondents were male and had low vision. Although all of these DBVI consumers were legally blind, the majority (82%) had some vision. There were 11 individuals who indicated that they had disabilities in addition to visual impairment. Their additional disabilities included brain injury, hearing loss, kidney problems (dialysis), neurological issues, psychiatric issues, back problems, cognitive impairment, or physical limitations requiring the use of a walker. Detailed demographic information concerning the respondents follows in Table 3.7.

|  |
| --- |
| Table 3.7*Characteristics of Unsuccessful DBVI Respondents*  |
|  | % | n |
| **Age** (n=20) |  |  |
| 25 to 34 | 15 | 3 |
| 35 to 44 | 15 | 3 |
| 45 to 54 | 30 | 6 |
| 55 to 64 | 25 | 5 |
| 65 to 72 | 10 | 2 |
| 75 or older | 5 | 1 |
| **Gender** (n=27) |  |  |
| Male | 63 | 17 |
| Female | 37 | 10 |
| **Visual Status** (n=23) |  |  |
| Individuals who are functionally blind  | 17 | 4 |
| Legally blind – severe visual impairment | 65 | 15 |
| Legally blind – moderate visual impairment | 17 | 4 |
| **Cause of vision loss** (n=24) |  |  |
| Retinitis Pigmentosa | 38 | 9 |
| Other\* | 14 | 3 |
| Macular Degeneration | 14 | 3 |
| Diabetic Retinopathy | 14 | 3 |
| Congenital Impairment\* | 10 | 4 |
| Unknown | 10 | 2 |
| \*Respondents listed the following under the ‘other’ category: Explosion, brain injury, and albinism. Single instances of Retinopathy of Prematurity and Foveal DystrophyDue to rounding, some columns may total over 100. |

***Services.*** The vast majority (95%) of the consumers (19) who responded to the query about whether they were informed of their rights and responsibilities when they applied for DBVI services indicated that they were informed and only one person was unsure. When asked if they’d helped develop their rehabilitation goals and choose their rehabilitation services, 84% (16) answered affirmatively, one stated no, and the remaining two were unsure.

Twenty-three consumers responded to the query of whether they were satisfied, dissatisfied, or neither satisfied nor dissatisfied with their DBVI involvement. Forty-eight percent (10) indicated they were extremely satisfied, 30% (7) were quite satisfied, 4% (1) said somewhat satisfied, 9% (2) said they were neither satisfied nor dissatisfied, 4% (1) said somewhat dissatisfied, 9% (2) reported they were quite dissatisfied, and none indicated that they were extremely dissatisfied with their DBVI involvement.

Although these respondents had been closed in Status 28 (unsuccessful), they reported high levels of satisfaction with services they had received from DBVI for the most part. Twenty-one of these consumers rated various services that they had received from DBVI and the vast majority indicated they were satisfied with the services they had received. Only one individual reported being dissatisfied with DBVI services. For services received, Table 3.8 provides the numbers and percentages of consumers who received each service and their level of satisfaction.

|  |
| --- |
| Table 3.8*Respondents’ Satisfaction with DBVI Services* |
|  | Satisfied | Neutral | Dissatisfied | N/A |
|  | % | n | % | n | % | n | % | n |
| Adjustment to vision loss counseling | 79 | 11 | 0 | 0 | 7 | 1 | 14 | 2 |
| Acquisition of adapted tools - not technology | 85 | 11 | 4 | 1 | 8 | 1 | 8 | 1 |
| Assistive technology acquisition | 70 | 7 | 0 | 0 | 10 | 1 | 20 | 2 |
| Assistive technology training | 50 | 5 | 13 | 3 | 10 | 1 | 40 | 4 |
| Benefits counseling | 29 | 2 | 0 | 0 | 14 | 1 | 57 | 4 |
| Braille instruction | 25 | 3 | 0 | 0 | 0 | 0 | 75 | 9 |
| Employment counseling | 11 | 1 | 0 | 0 | 11 | 1 | 78 | 7 |
| ILS training | 75 | 12 | 0 | 0 | 6 | 1 | 19 | 3 |
| Job accommodation assistance | 10 | 11 | 0 | 0 | 0 | 0 | 90 | 9 |
| Job placement | 10 | 11 | 0 | 0 | 0 | 0 | 90 | 9 |
| Job retention | 43 | 10 | 4 | 1 | 0 | 0 | 52 | 12 |
| Low vision device acquisition | 69 | 9 | 8 | 1 | 8 | 1 | 15 | 2 |
| Low vision device training | 58 | 7 | 0 | 0 | 0 | 0 | 42 | 5 |
| Medical assistance | 0 | 0 | 0 | 0 | 13 | 1 | 88 | 7 |
| O&M training | 80 | 12 | 0 | 0 | 7 | 1 | 13 | 2 |
| Psychological or psychiatric counseling | 0 | 0 | 0 | 0 | 10 | 1 | 90 | 9 |
| Social support (with peers) | 40 | 4 | 0 | 0 | 10 | 1 | 50 | 5 |
| Tuition assistance | 33 | 4 | 0 | 0 | 8 | 1 | 50 | 6 |

Sixteen respondents gave reasons for exiting from DBVI services. Thirty-eight percent (6) of the consumers indicated that they had received what they wanted from DBVI. Thirty-one percent (5) indicated that they were too ill or were having personal problems that inhibited their ability to access services, and 20% departed from services because the agency couldn’t provide what they wanted (services that weren’t offered such as specialty lenses or an unproven medical regimen). One individual indicated that he didn’t believe there were jobs in his area and that transportation constraints made it impossible for him to commuter to another community and another indicated that he was unable to make contact with his case manager.

Table 3.9 presents the respondents’ rationale for exiting DBVI services.

|  |
| --- |
| Table 3.9*Respondents’ Rationale for Exiting from DBVI Services* |
| Reasons | **%** | **n** |
| Got what I needed | 38 | 6 |
| Too ill or personal issues prohibit continuing with services | 31 | 5 |
| Didn’t offer what I wanted | 19 | 3 |
| Unable to make contact | 6 | 1 |
| No jobs in my area | 6 | 1 |
| No transportation in my area | 6 | 1 |

***Employment.*** Six (27%) of the 22 individuals who responded indicated they were employed when they applied for services and four were employed at departure from services: two full-time and two part-time – they indicated that they were extremely satisfied (2), quite satisfied (1), or neither satisfied nor dissatisfied with the services they’d received. The two who had previously been employed but were unemployed at the time of the survey indicated that they wanted to work and would reach out to DBVI for services, if necessary. There was one additional consumer who indicated that he was employed at the time of the survey and didn’t indicate that he was employed when he applied for services. He was reticent to discuss his situation with the interviewer, but did indicate that he felt he’d been “forgotten” by the agency. Only two of the five consumers who were employed at the point of contact were working full-time. Eleven people responded to the query about whether they would like to gain employment and three (27%) indicated that they would like to do so.

Twenty-four individuals responded to the query about whether they needed further support from DBVI and 17% indicated that they did, 46% were unsure, and 38% felt they needed no further support. Only two individuals indicated what support they might need and both said they needed additional equipment or tools, one also mentioned additional vision loss skills training and another mentioned technology training.

***Qualitative comments.*** Consumer comments varied, although most were positive about the services that they had received. There were two instances where individuals interviewed expressed very negative feelings about DVBI services. One individual came across as somewhat out-of-sorts in general; however, the second was truly angry and disparaging of everyone and everything. Her comments were so tangential as to make them unreliable. I have provided the comments from the former below:

*…Wait time for program contacts are remarkably long so it seems as a waste of time. No assistive technology programs in place. The DVBI should have programs for the low income to help them to get retrained or new technology or even guide dogs. There should be transportation for those that want to go to work, as well as training. Unfortunately for me my disabilities happened during the recession when a lot of these programs were cut or if they existed I was never made aware of them. There should be a newsletter given out for upcoming news and new programs starting.*

Consumers who were satisfied with DBVI services:

*...services received as a child and young adult helped my parents feel comfortable keeping me home rather than sending me to a residential school; voc rehab helped with summer work via WIAA; DBVI helped with coordination of program while in college and they were a tremendous support fiscally, too…*

*Closed unsuccessfully because I moved out-of-state for a number of years.*

*…wait time is problematic for folks, although Iris was great about moving me to the top of the list when I had a sudden vision loss... I now do volunteer work and find it very rewarding, health inhibits competitive employment - <I> can't meet time demands.*

*…I need to progress in employment (current job is only part-time) - DBVI counselors have been a great help - home situation problematic, grim...*

*...computer access is biggest hassle, AT difficult to explain... case closed, purchased my own equipment...took early retirement mostly because transportation is an ongoing problem – it’s half mile to nearest bus stop, then I had to transfer to another bus. DBVI was great...*

## **DBVI Consumers Who Participated in the Employability Skills Program**

 There was a small subset of DBVI consumers (14) who had participated in the agency’s Employability Skills Program (ESP) training, which was offered twice in this three-year period under review, and I was able to reach 13 of them to interview. When I called them, six (46%) were employed. Five had open cases with DBVI and two had been closed as unsuccessful (Status 28). The five individuals with open cases were studying and volunteering (1) or looking for work; in fact, one of those looking for work reported she had a job pending.

 All but one of these individuals indicated that they gained considerably from attending the ESP. The one who did not said that he had misunderstood the purpose of the ESP and that it was of little benefit to him (however, he was employed at point of contact). The other participants uniformly rated the program highly and pointed out the following as important components of the ESP to them:

* Meeting other individuals who are visually impaired,
* Having an opportunity to prepare for and practice interviewing skills in a safe and nonjudgmental environment,
* Getting updates on technology and how to use it efficiently in the workplace,
* Learning how to create résumés and cover letters, and
* Discovering what they needed to do to find work.

The ESP graduates (excepting the one disgruntled participant) were enthusiastic in their endorsement of the ESP and indicated that they would welcome opportunities to be involved in future offerings as mentors or role models.

## **DBVI Staff Feedback on Services**

 Although I didn’t complete telephone interviews with DBVI staff, I did share a link to an accessible on-line survey with DBVI’s Director and he disseminated it to DBVI staff, both direct-report staff and contract staff working for Catholic Charities and the Iris Network (the two largest subcontractors working with DBVI). Forty-seven individuals completed the on-line survey and their responses are discussed in the following section.

**Staff Roles.** Table 3.10 presents the information that 42 of the respondents shared concerning their DBVI roles and responsibilities.

|  |
| --- |
| Table 3.10*DBVI Staff Responsibilities* |
| Role/Position | % | n |
| Vision Rehabilitation Therapist/Teacher | 24 | 10 |
| Teacher of Students with Visual Impairment | 24 | 10 |
| Orientation & Mobility Instructor | 19 | 8 |
| Vocational Rehabilitation Counselor | 17 | 7 |
| Management | 14 | 6 |
| Rehabilitation Counselor I (ILS) | 2 | 1 |
| Total Responses |  | 42 |

**Staff Perceptions of the Needs of People with Visual Impairments.** The staff’s responses to a query about what they believed the greatest needs of people with visual impairments in Maine were unsurprisingly similar to responses received in the consumer and staff focus groups. They believed that access to transportation and employment were the greatest needs, followed closely by access to assistive technology. The next cluster of items were access to personal adjustment counseling, peer support, and disability-specific skills training. The third cluster of items included access to computer training, low vision device fitting and training, career development, education and training options, and job search skills training. The final cluster included access to information, housing, mental health counseling, benefits counseling, and medical interventions.

Table 3.11 presents all of the staff responses concerning the greatest needs of people with visual impairments in Maine.

|  |
| --- |
| Table 3.11*Greatest Needs of People with VI in Maine* |
|  | % | n |
| Access to transportation | 83 | 39 |
| Access to employment | 70 | 33 |
| Access to assistive technology | 67 | 31 |
| Access to personal adjustment counseling | 60 | 28 |
| Access to peer support | 55 | 22 |
| Access to disability-specific skills training | 51 | 24 |
| Access to computer training | 47 | 22 |
| Access to low vision device fitting and training | 45 | 21 |
| Access to career development | 43 | 20 |
| Access to education and training options | 43 | 20 |
| Access to job search skills training | 40 | 19 |
| Access to information | 32 | 15 |
| Access to housing | 28 | 13 |
| Access to mental health counseling | 19 | 9 |
| Access to benefits counseling | 13 | 6 |
| Access to medical interventions | 11 | 5 |

 **Requested services.** The staff who responded to the query about services most often requested by consumers (n=44), struggled to rank order them. In fact, 70% of the respondents did not rank order their responses to the services listed. Many considered two or three items as at the same rank (for instance, they listed employment and independent living skills as most frequently requested, rather than employment first and independent living skills second or vice versa). Therefore, I have extrapolated rankings based on the responses that I received and manually computing by weighting the responses to get at ranking. Clearly, the most frequently requested services (listed as the number one requested service by the most respondents) were employment and independent living skills training, followed requests to acquire assistive technology. In Table 3.12 the rank order of services most often requested by DBVI consumers is reported by total number of requests noted by the respondents.

|  |
| --- |
| Table 3.12*Services Most Often Requested by DBVI Consumers* |
|  | Rank order |
|  | 1 | 2 | 3 |
| Service | Number of times chosen |
| Employment  | 11 | 4 | 2 |
| Independent living skills | 11 | 6 | 9 |
| Acquisition of assistive technology | 9 | 12 | 8 |
| Medical assistance | 3 | 3 | 5 |
| Educational assistance | 2 | 5 | 6 |
| Peer mentoring | 8 | 0 | 0 |
| Acquisition of aids & appliances | 7 | 6 | 3 |
| Orientation & mobility | 5 | 8 | 6 |
| Vocational training | 5 | 9 | 5 |
| Benefits counseling | 1 | 3 | 1 |

Although not listed for respondents, a couple of respondents mentioned peer counseling and other forms of counseling as frequently requested by consumers. One individual also mentioned mental health services as needed, but rarely requested. Some of the respondents’ comments representative of these needs follow.

*…specific counseling/support for loss of vision also is a frequent request among my clients. While do consider it an aspect of my job, the clients' need to talk about these issues does at times interfere with making progress in skills training, especially when the person begins to see me as the person that sits and listens/talks, VS the one with whom they DO things. Computers and devices are the really attractive things that people are often aware of, so they often want them even when they don't know what they'd do with them. A lot of ADL's and O&M skills seem unreachable to newly blind people, so they don't always ask for them because they aren't sure they could reach those goals…*

*Peer mentoring and exposure to peers is #1*

*…Although MH services are not often requested they are most often needed.*

 **Consumer challenges.** DBVI staff were also asked to consider challenges that have been reported by consumers as inhibiting their ability to obtain or maintain employment. They were first asked to consider a list of challenges and consider whether they never, rarely, occasionally, or frequently prevented DBVI consumers from obtaining employment. Not surprisingly, the three challenges identified by the largest number of respondents as frequently preventing consumers from obtaining employment were: Lack of accessible transportation (76%), high cost of transportation (63%), and the economy due to a lack of available jobs (72%). Fear of losing SSI or SSDI and fear of losing medical benefits were the only other challenges identified as frequently preventing consumers from getting jobs by 50% of the respondents. A full accounting of their responses is available in Table 3.13.

|  |
| --- |
| Table 3.13*Staff Responses Concerning Challenges that Prevent DBVI Consumers from* ***Obtaining*** *Employment* |
|  | Never | Rarely | Occasionally | Frequently | Total Respondents |
| Challenge | % | n | % | n | % | n | % | N | N |
| Difficulty obtaining job accommodations | 7 | 2 | 17 | 5 | 41 | 12 | 34 | 10 | 29 |
| Lack of available jobs/economy | 0 | 0 | 3 | 1 | 25 | 8 | 72 | 23 | 32 |
| Fear of losing SSI or SSDI | 0 | 0 | 3 | 1 | 50 | 15 | 50 | 15 | 30 |
| Fear of losing medical benefits | 0 | 0 | 13 | 4 | 37 | 11 | 50 | 15 | 30 |
| Fear of losing subsidies | 0 | 0 | 13 | 4 | 40 | 12 | 47 | 14 | 30 |
| High cost of transportation | 0 | 0 | 6 | 2 | 31 | 10 | 63 | 29 | 32 |
| Inability to meet production standards | 0 | 0 | 26 | 8 | 65 | 20 | 10 | 3 | 31 |
| Insufficient job search preparation | 0 | 0 | 10 | 3 | 59 | 17 | 31 | 9 | 29 |
| Lack of accessible transportation | 0 | 0 | 6 | 2 | 21 | 7 | 76 | 26 | 34 |
| Lack of DBVI staff knowledge | 19 | 6 | 48 | 15 | 32 | 10 | 0 | 0 | 31 |
| Lack of DBVI staff time | 3 | 1 | 41 | 12 | 38 | 11 | 17 | 5 | 29 |
| Lack of DBVI staff resources | 10 | 3 | 34 | 10 | 38 | 11 | 17 | 5 | 29 |
| Lack of job development services | 4 | 1 | 23 | 6 | 58 | 15 | 15 | 4 | 26 |
| Lack of specific job skills | 0 | 0 | 6 | 2 | 55 | 17 | 39 | 12 | 31 |
| Lack of support at home | 0 | 0 | 17 | 5 | 55 | 16 | 28 | 8 | 29 |
| Unrealistic job goals | 0 | 0 | 17 | 5 | 53 | 16 | 30 | 9 | 30 |
| Unrealistic expectations of consumers | 3 | 1 | 16 | 5 | 52 | 16 | 29 | 9 | 31 |
| Unrealistic expectations of employers | 3 | 1 | 21 | 6 | 48 | 14 | 28 | 8 | 29 |
| Weak computer skills | 3 | 1 | 19 | 6 | 55 | 17 | 23 | 7 | 31 |
| Weak social skills | 0 | 0 | 16 | 5 | 44 | 14 | 41 | 13 | 32 |

In the following table, Table 3.14, staff responded to how often they felt that the challenges listed prevented DBVI consumers from maintaining employment. As in the previous query, the majority of staff responses (67%) indicated that the availability of transportation was the challenge most frequently preventing consumers from maintaining employment. This was followed by cost of transportation, which 56% of the respondents noted as frequently causing difficulty. The other challenge identified as frequently causing consumers to lose employment by 31% of respondents was personal issues (mentioned as occasionally causing difficulty by 69% of respondents). Other challenges mentioned by at least half of the staff as occasionally preventing consumers from maintaining employment were: lack of job retention services (79%), personal issues (69%), weak social skills (65%), unrealistic expectations of consumers (62%), lack of support at home (55%), and inability of consumers to meet production standards (55%). All of the staff responses to this query are listed in Table 3.14.

|  |
| --- |
| Table 3.14*Staff Responses Concerning Challenges that Prevent DBVI Consumers from* ***Maintaining*** *Employment* |
| Challenges | Never | Rarely | Occasionally | Frequently | Total Respondents |
|  | % | n | % | n | % | n | % | N | N |
| Availability of transportation | 0 | 0 | 3 | 1 | 30 | 10 | 67 | 22 | 33 |
| Cost of transportation | 0 | 0 | 9 | 3 | 34 | 11 | 56 | 18 | 32 |
| Personal issues | 0 | 0 | 0 | 0 | 69 | 22 | 31 | 10 | 32 |
| Lack of support at home | 0 | 0 | 29 | 9 | 55 | 17 | 16 | 5 | 31 |
| Lack of job retention services | 0 | 0 | 7 | 2 | 79 | 23 | 14 | 4 | 29 |
| Difficulty obtaining job accommodations | 3 | 1 | 32 | 10 | 48 | 15 | 16 | 5 | 31 |
| Unrealistic expectations of consumers | 0 | 0 | 17 | 5 | 62 | 18 | 21 | 6 | 29 |
| Unrealistic expectations of employers | 3 | 1 | 29 | 9 | 48 | 15 | 19 | 6 | 31 |
| Inability of consumers to meet production standards | 3 | 1 | 29 | 9 | 55 | 17 | 13 | 4 | 31 |
| Weak social skills | 0 | 0 | 19 | 6 | 65 | 20 | 16 | 5 | 31 |

 **Recommendations and comments specific to DBVI changes.** In addition to being asked about challenges to individuals with vision loss in Maine and service requests from the consumers with whom they work, DBVI staff were also asked for input concerning how they support each other in meeting consumers’ needs. They were provided with a listing of ten opportunities (action items) that DBVI could facilitate for staff support and asked to rate the actions as not needed, adequate, or high priority for improvement. Their assessments follow in Table 3.15.

 The action item that garnered the most evidence of being a high priority for improvement was a perceived need to streamline paperwork processes – identified by 66% of the respondents. The second and third action items identified by staff an high priorities for improvement revolved around communication – improving external communication identified by 56% and improving internal communication identified by 51% of respondents. All other action items were identified by less than half the staff as high priorities for improvement by the respondents.

|  |
| --- |
| Table 3.15*Staff Ratings of DBVI Support Options* |
|  | Not Needed | Adequate | High Priority for Improvement | Total Responses |
| Action | % | n | % | n | % | n | n |
| Strengthen staff relationships | 13 | 5 | 63 | 24 | 24 | 9 | 38 |
| Increase teamwork | 16 | 6 | 58 | 22 | 26 | 10 | 38 |
| Improve internal communications | 14 | 2 | 34 | 12 | 51 | 18 | 35 |
| Improve external communications | 6 | 2 | 38 | 13 | 56 | 19 | 34 |
| Increase general communication | 32 | 12 | 49 | 18 | 19 | 7 | 37 |
| Strengthen ethical practices  | 47 | 18 | 37 | 14 | 16 | 6 | 38 |
| Clarify staff roles & responsibilities | 13 | 5 | 42 | 16 | 45 | 17 | 38 |
| Enhance resource awareness | 14 | 5 | 49 | 18 | 38 | 14 | 37 |
| Streamline paperwork | 5 | 2 | 29 | 11 | 66 | 25 | 38 |
| Increase training opportunities | 19 | 7 | 46 | 17 | 35 | 13 | 37 |

**DBVI improvement suggestions.** Staff were also asked what internal changes that do not require funding are needed most in DBVI services. Although not all of their responses fit the “do not require funding” criterion, their open-ended responses follow.

*…Improve/increase PR – employers and general public are often not aware of the skills and potential of our consumers. We need to increase DBVI presence in the community.*

*…Maine blindness system needs to work on alternative funding, grants for IL and Homemakers.*

*Create more learning opportunities in group format rather than [as] individually [completed].*

Staff mentioned the need for mentors, both for staff and for consumers:

*…(true) mentors in the disciplines to truly be of value/help to staff when perplexing cases come along.*

*Involvement in supporting Mentoring opportunities; i.e., connecting individuals with other individuals and families who face similar challenges and building on successes of one another…*

*…Clients need to see what other disabled individuals are doing to be successful.*

*Facilitate/develop* ***consumer-run support groups****.*

Access to the AWARE case management system and reductions in paperwork were mentioned by numerous staff, as in the following examples:

*…all staff to be able to get into the AWARE case mgmt. system. Including the VRTs or at least to be able to read and post case notes. This would eliminate some steps and time in the process.*

*Reduce duplication of paperwork/computer documentation in order to save time. Every email, letter, medical retort etc., must be entered into Aware. Electronic signing for IPE's and releases and similar documents would save significant time. Reduce the number of forms used to obtain services i.e. use one release of information. Provide additional letters in Aware for example a 10-day letter, a closure letter, etc.*

Issues concerning staff competencies, assignments, and understanding of the rehabilitation system came up repeatedly:

*More respect for the competencies of each profession. Clearly there may be issues for any one of the disciplines on an isolated basis, but to make the generalizations that are made consistently in this state is a real shame. It divides rather than connects services for clients. If the culture of DBVI and the contract agencies was such that we were secure in what we did, and not assuming that it could be done better if it were done by us, we would improve services greatly.*

*There is a wide range of comfort level and skills when dealing with teenagers and those with multiple issue[s] (such as autism). If it is possible to have only those who work best with those groups either work with them and/or assist those less comfortable with them it may be helpful.*

*Better communications, clarification re: expectations/roles and staff retention would sure help so everyone knows their job and who they go to for what. Starting from scratch repeatedly has not helped smooth things in our region.*

*…Training of VRTs to understand that DBVI goes by our IPE and not their treatment plan and we have to justify why we are purchasing items and that they need to go with the plan. Some VRTs think that we should purchase everything for every client with no questions asked. I think client should be asked to buy items themselves and to help out when they can. I think we could look at what they can afford as some have money but will take everything they can get for free.*

*…Make sure that staffing levels remain constant with the number of consumers. Vacancies, especially in high caseload areas need to be filled ASAP (so maybe redistributing territories); explore and evaluate whether or not adding VRC positions would help to more evenly divide caseload sizes and demands; VRCs should not be dispensing aids and appliances, marking appliances, or doing the job of a CVRT.*

*…our contracted service providers [need] to understand how our system works and what our jobs are. There seems to be a misunderstanding with certain people that we need to go by their treatment plan and not our IPE. Finding ways to cut down on shipping costs so that we are not paying more or the same for the shipping cost as we are for the items. VRTs need to understand not to expect VRCs to okay the giving of an older device without a warranty to a client and them taking the new device. VRTs should be getting rid of items on hand that they have a stockpile of so they don't become out-of-date (examples: sun lens, bump dots, kitchen timers, pill containers). As they dispense them, they request VRC to repurchase them. VRT and O&M not giving out equipment and expecting VRC to approve the purchase after the fact.*

*Greater awareness of services provided and how to access services – greater understanding among eye docs about role of rehab services, little out of pocket cost, greater information provided at intake.*

More than one staff person identified perceived staffing inequities or shortages in the Portland/Lewiston region:

*…Equitable staffing resources – Portland has twice the population of Bangor but has the same staffing for VRCs, BRS & RCI. DBVI needs to convey mission and values consistently. My colleagues are second to none! However, I think we all operationalize "rehabilitation" and "independence" differently. It's challenging to be a "blindness" agency working within VR guidelines. All of the rehab team is responsible for the outcomes but only the VR staff are held accountable. It would be helpful if we could develop a two tier system – provide primary vision rehabilitation services and THEN the VR services.*

*We need more personnel in the Portland office. We need a person to handle clerical and a counselor working with families, helping them navigate the system.*

*…more equitable (re)distribution of staff resources. Portland has the highest numbers, and yet DBVI Portland has the least resources (per client) staff-wise. Portland (and Lewiston combined) NEEDS a BRS...we have 2/3 the state's children and no one is here to work directly with the families to help them move developmentally to see how far their child who is b/vi CAN go vocationally and in life skills!! NEED this MOST!*

Time management issues were mentioned by a number of staff, as well:

*Having more time to spend on the phone with clients… to track medical reports from doctors… to manage case load*

*Need more time to actually do rehab counseling with clients, not just paperwork.*

*Better implementation of customer service oriented service delivery, and speeding up the referral-to-receiving services process. Reconnect blindness professionals and consumer groups.*

*Finding a way to streamline the process through which necessary information is gathered from the client/applicant so that the VRC is able to complete the required CARN prior to developing an IPE and referring for service provision. Identifying a more efficient method of completing the required Low Vision protocol which would be an excellent resource for completion of the CARN.*

General suggestions and comments:

*Dealing with the larger socio-economic issues...access to transportation, housing, ongoing supports, long-term care supports; development of appropriate jobs for those who are not college bound and lack computer skills. Many clients have multiple disabilities that include vision loss and require ongoing support. DBVI might work more closely with other outfits serving the multi-impaired such as Goodwill or Creative Works in developing jobs for visually impaired people.*

*…Better flow of communication. Clearly defined role of DBVI and consumer.*

*…Clear policies, improved communication…*

*…Faster response to new referrals - more clear method to access services.*

*More involvement of DBVI staff with students in last four years of schooling, attendance at all IEP/504 meetings. Observe at schools to get better sense of student skills, get input from TVIs and school staff. MUCH CLOSER WORK WITH SCHOOLS! Provision of transportation from all over state to trainings held across state.*

*… Develop/facilitate consumer AT support groups and service maintenance* *agreements with providers.*

*Just having staff that realize the differences in working with adults and students. Students need more guidance and support because they may not be as motivated as adults.*

*Staff and consumers should be given more advanced notice of programs that are organized by DBVI.*

Although not specific to the previous query about internal changes not requiring funding, there were some additional staff comments inserted at the end of the staff survey that warrant insertion here. Those are listed below.

*…Having I-pads to type up notes when meeting with clients would be easier for our jobs. Also, I-phones or a more modern phone would be helpful also. Begin able to text our clients would be a great asset in connecting to them.*

*…training for regular doctors and eye doctors on filling out our forms so that we have the info we need to assist our clients.*

*Referrals through Region 1 are often having to wait for a low vision appointment as a gateway to accessing additional services, causing delays, misunderstanding of services available, cost of services, array of services. Referrals from doctors in region 1 for rehabilitation services are being interpreted as referrals for low vision doctor appointments so there is a delay in…referrals.*

*…Recent loss of personal adjustment services is a critical loss. Uncertainty of reading service funding for Newsline is another critical issue.*

*Needs: Personal adjustment counseling statewide from qualified counselors*

*Changing the Iris Network contract so that services are not based on number of VR hours predetermined in a contract but instead based on real numbers.*

*Increased focus on* ***underserved: refugee population, deaf/blind, intellectually disabled.***

*…****Compensatory skills need to be linked to employment…***

*Many more resources available to transition age and working age people who comprise a very small part of the visually impaired/blindness population.* ***Services to the largest group, the elderly, who are dealing with age-related eye diseases are dwindling.***

*…the majority of my clients remain elders and their need for rehab is as important as that of any work aged individual.* ***Safety and comfort and independence within the home*** *are vital, but [sic] [and] many of these folks are the primary or significant care giver for another as well.*

***Lack of appropriate jobs for the non-college bound persons and persons with multiple disabilities****.*

*Huge need for* ***counseling for our consumers with mental health professionals who are familiar with the issues of blindness****....training of professionals already working in the region.*

*I think the* ***lack of reliable and affordable transportation*** *is the biggest challenge to our consumers in rural Maine. It makes it difficult or impossible for them to access employment, education, social, and medical services. Many of them continue to drive longer than the probably should because it is so difficult to get anywhere without driving.*

***AT*** *is an endless process as products and services change daily. Find a separate funding stream to allow clients to maintain and upgrade their AT equipment. Offer the ESP course more than 1x per year.*

*Change the perspective from what can DBVI do for me to how can we work together to accomplish a common goal. Change staffing so that support services are available for counselors, O&M and other staff throughout the state.*

*…Baby boomers are getting older, and our caseloads are only going to get bigger.*

*…work to* ***change the culture of low expectations****.*

## **Summary**

DBVI staff and professionals from across Maine's blindness system responded to the on-line surveys enthusiastically and made a considerable number of suggestions for improving services to consumers and the efficiency of the agency. They also provided additional insight into the types of services most frequently requested by consumers and services that were not requested but that staff felt were gaps in service delivery such as mental health counseling. Their perceptions of the challenges people with visual impairments face in Maine paralleled those identified by consumers and their family members.

## **Eye Care Professionals**

We heard from 16 eye care professionals: 7 optometrists, 8 ophthalmologists, and one provider who offers both optometric and ophthalmological services. Thirteen respondents identified specialty areas within their practices as indicated in Table 3.16 and one practitioner stated that his/her practice co-managed all of the listed specialty areas. The leading specialization noted was treatment of glaucoma, followed by cataract and refractive surgery, retinal disease, and low vision.

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| Table 3.16*Eye Care Providers’ Specialty Areas* |
| Specialty Areas Identified\* | % | n |
| Glaucoma | 54 | 7 |
| Cataract & refractive surgery | 38 | 5 |
| Retinal disease | 31 | 4 |
| Low vision | 23 | 3 |
| Neuro-ophthalmology | 8 | 1 |
| Oncology | 8 | 1 |
| Orthoptic care | 8 | 1 |
| Pediatric ophthalmology | 8 | 1 |
| Total respondents |  | 13 |
| \*Respondents were allowed to choose all that were applicable. |

**Services.** All respondents indicated the variety of services offed through their practices. The vast majority (94%) indicated that they provided comprehensive vision evaluations, diagnostic services, and treatment services. Half of the respondents indicated that they provided surgical services, while only 19% identified low vision device fitting and training as services offered through their practices. The latter were an ophthalmologist, an optometrist, and the combined (ophthalmology and optometry) practice. The sixteen respondents identified services as noted in Table 3.17.

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| Table 3.17*Services Offered by Eye Care Providers* |
| Services offered through practice\* | % | N |
| Comprehensive vision evaluations | 94 | 15 |
| Diagnostic services | 94 | 15 |
| Treatment services | 94 | 15 |
| Low vision device fitting | 19 | 3 |
| Low vision device training | 19 | 3 |
| Surgical services | 50 | 8 |
| Total respondents | 16 |
| \*Respondents were allowed to choose all that were applicable. |

**Knowledge of DBVI.** Fifty percent (n=16) of respondents indicated that they knew where the closest DBVI field office was in proximity to their offices. Likewise, 50% indicated that they were aware of DBVI services that might benefit their patients, 19% said they were not aware of the services, and the remainder (31%) were unsure. When asked if they had referred patients to DBVI, 67% (n=15) indicated that they had. When asked how often they referred patients to DBVI, all 16 respondents answered. The majority (50%) indicated they rarely referred and 38% indicated they referred only occasionally. All of their responses are included in Table 3.18.

|  |  |  |
| --- | --- | --- |
| Table 3.18*Referrals to DBVI by Eye Care Providers* |  |  |
| Referrals to DBVI | % | N |
| Frequently | 6 | 1 |
| Occasionally | 38 | 6 |
| Rarely | 50 | 8 |
| Only once | 6 | 1 |
| Total respondents | 16 |

When asked if they would like more information regarding services offered by DBVI, 53% (n=15) indicated that they would. Sixteen individuals responded when asked what DBVI staff could facilitate in the referral process. The leading ideas identified by the respondents were: provide brochures describing DBVI services (75%) and also provide a list of services available to DBVI consumers (75%). All responses are included in Table 3.19 below.

|  |  |  |
| --- | --- | --- |
| Table 3.19*What DBVI staff can do to facilitate the referral process* |  |  |
| Ideas | % | n |
| Provide DBVI staff business cards | 44 | 7 |
| Provide brochures describing DBVI services | 75 | 12 |
| Provide directions to DBVI offices | 44 | 7 |
| Provide a list of services available to DBVI consumers | 75 | 12 |
| Provide patient paperwork and referral forms | 50 | 8 |
| Provide addresses/contact numbers to DBVI offices | 44 | 7 |
| Provide an explanation of processes/screening requirements for patients to receive DBVI services | 50 | 8 |
| Other (Keep referral form simple) | 6 | 1 |
| Total respondents | 16 |

**Unmet eye care needs.** Asked what the greatest unmet eye care needs are in their communities, the majority of the respondents said financial assistance to meet the eye care needs of patients (71%) and access to low vision services (57%). Their responses are provided in Table 3.20.

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| --- |
| Table 3.20*Unmet Eye Care Needs in Local Communities Identified by Providers* |
| Needs\* | % | N |
| Access to low vision services | 57 | 8 |
| Access to routine eye exams | 0 | 0 |
| Eye care training/education | 14 | 2 |
| Financial assistance to meet eye care needs of patients | 71 | 10 |
| Screenings for cataracts | 0 | 0 |
| Screenings for diabetes | 7 | 1 |
| Screenings for glaucoma | 0 | 0 |
| Training with low vision aids/devices | 29 | 4 |
| Other (funding to purchase video magnifiers; transportation to access services) | 14 | 2 |
| Total respondents | 100 | 14 |
| \*Respondents were allowed to choose all that were applicable. |

### **Comments**

Although all of the eye care professionals surveyed were asked to make any comments they wished, only two responded. Their comments are inserted below:

*I have a concern that DBVI feels physicians specializing in low vision examinations are not qualified to provide such services. [The agency representative states] physician referrals to [the low vision physician] should go through the LVTs first, interrupting the intent of those referring physicians to get the patients to [the low vision physician] first.*

*With limited funding available, a multidisciplinary approach to services for our visually impaired population is difficult. However, this is still the ideal; and coordination of these essential resources should be emphasized throughout the network of caregivers.*

## **Employers**

 The final phase of the CSNA was outreach to employers and to that end, I attempted to contact the twenty top employers in Maine according to the Maine Department of Economic & Community Development (Business Climate blog, 2014). The employers listed were:

* Hannaford Bros
* Walmart/Sams
* Maine Medical
* Bath Iron Works
* LL Bean
* Eastern Maine Medical Center
* Maine General Medical Center
* Central Maine Healthcare
* T D Bank
* Unum Provident
* Shaws Supermarket
* Webber Hospital Association (dba Southern Maine Health Care)
* Mercy Hospital (Portland)
* Home Depot
* Lowes Home Centers
* Verso Paper
* Goodwill Industries
* S D Warren Paper Mill
* Circle K
* Pratt Whitney Aircraft

I searched on-line for contact information and in the process I realized that Verso Paper was undergoing significant changes in its structure and presence in Maine; therefore, I removed them from the list. I was able to retrieve contact information for all of the employers on my list and I initiated contact.

I began with telephone calls; however, I soon discovered that some of the employers listed would not take telephone calls from non-applicants. I was advised to email them in some instances and I did so. I did not receive responses from any of those. Many of those with whom I connected via telephone calls would not complete surveys with me about their employment practices. A few had me email them links to my survey, but none responded.

I was able to chat with one company’s human resources department at some length. Their personnel advised me that it was company policy not to respond to surveys; however, they were willing to chat with me informally. The indicated that they would be pleased to attend any job fairs that DBVI invited them to and would be willing to work with DBVI if there were a point person. They really only wanted one-point of contact and were averse to hearing from multiple agency representatives. I shared a DBVI contact name with the HR department staff.

There were two companies with whom I went back and forth, trying to make contact with the individuals they indicated I needed to chat with for information about their hiring processes. I left multiple messages with call back information and called each of these individuals a number of times – all to no avail. They would not respond to my inquiries.

 The large, out-of-state entities such as Walmart/Sams, Lowes, Home Depot, Shaw’s Supermarkets, and Circle K were the same. I would call, chat with two or three people – all of whom sent me to someone else – I would have to leave a message, and then I wouldn’t hear back from them.

 It was a thankless, unproductive attempt to make contact in this way. My recommendation to DBVI is to only work with larger employers statewide in conjunction with colleagues from the Department of Labor. VRCs and other local service providers need to establish rapport with local employers and provide them with a point-of-contact within the agency for follow up.

## **Summary**

 Overall, the telephone interviews and on-line surveys have reinforced the outcome data presented in Part One of this report and the data collected have validated the qualitative data secured in the consumer and staff focus groups, which was presented in Part Two of this report.

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