Indiana Vocational Rehabilitation (IN VR)

2025 Comprehensive Statewide Needs Assessment

PCG-Indiana, Inc. (PCG)

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PUBLIC CONSULTING GROUP

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1 Executive Summary

The Comprehensive Statewide Needs Assessment (CSNA) is a report that is required by the federal Rehabilitation Services Administration (RSA) every three years. This Indiana Vocational Rehabilitation (IN VR) CSNA assesses the needs of individuals in Indiana who have disabilities in their pursuit of competitive, integrated employment. The CSNA seeks to effectively assess IN VR participant needs to advise future policy and decision making so IN VR can best serve their participants and meet their rehabilitation needs.

IN VR provides appropriate and comprehensive programs, services, and resources in a timely and effective manner to help eligible Hoosiers with disabilities prepare for, secure, retain, advance in, or regain employment. IN VR's programs and services help eligible Hoosiers overcome obstacles, face new challenges, and become more self-sufficient.

IN Bureau of Rehabilitation Services (BRS), which houses IN VR, contracted with PCG-Indiana (PCG) to assist with the completion of the CSNA.

1.1 *Methodology*

PCG used multiple data sources to develop the analysis and recommendations within this report including the following:

- Secondary data sources, including the American Community Survey (ACS) 1- and 5-year estimates, previously completed IN VR plans and documents, Bureau of Labor Statistics (BLS) projections and estimates, Indiana Department of Workforce Development website, and other materials cited throughout this document
- Surveys with program participants, IN VR staff, community rehabilitation partners (CRP), employers, and individuals with disabilities who were non-program participants
- Key informant interviews and focus groups
- Case management data provided by IN VR

1.2 *Findings*

PCG collected and analyzed data (as described in the methodology section) to assess the rehabilitation needs of individuals with disabilities residing in Indiana.

These key findings are broken out by population and are described below.

a. **Individuals with the most significant disabilities, including their need for supported employment services**: Individuals with the most significant disabilities become successfully employed at rates higher than their peers with less impactful disabilities. However, individuals from this population earn less than their peers. This group was reported as well-served by most staff and service providers.

b. Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by IN VR: Individuals who are minorities are equitably represented in the IN VR service population. However, there are differences in outcomes by race, with African American participants less likely to close their cases successfully and closing with lower wages when they are successful at achieving employment. Additionally, IN VR staff and providers frequently assessed a need for improved mental health services and a necessary increase in the supply of mental health related service providers. Individuals with mental health disabilities were the largest portion of the IN VR service population.
c. **Individuals with disabilities served through other components of the statewide workforce investment system** as identified by such individuals and personnel assisting such individuals through the components: IN VR has built partnerships and successful practices with their Workforce Innovation and Opportunity Act (WIOA) partners, and these parts report strong relationships with IN VR. IN VR and its partners have the opportunity to build and expand upon this success. Non-participants are most likely to report similar concerns and issues when seeking employment than those working with IN VR experience.
d. Youth with disabilities, and students with disabilities, including their need for pre-employment transition services or other transition services: CSNA results indicate that youth with disabilities are represented at three times the expected rate based on population estimates. Results also indicate that there is an opportunity to target students seeking greater education, and to get involved earlier in the educational careers of students. While IN VR's population, and those not yet participating in IN VR services, indicate they require job skills and job opportunities, employers state they desire more information on work-based learning experiences, apprenticeships, and internships which may provide those opportunities.

PCG also assessed the needs of individuals with disabilities for transition services and pre-employment transition services (Pre-ETS), and the extent to which such services provided are coordinated with transition services provided under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.), in order to meet the needs of individuals with disabilities. In qualitative results, staff, providers, and other workforce stakeholders report high levels of service and successful partnership between IN VR and its WIOA partners. Individuals receiving these services are most likely to report all their needs have been met.

Finally, the CSNA must include an assessment of the need to establish, develop, or improve community rehabilitation programs within Indiana. There is an identified need to focus efforts on the improvement of providers already registered with Indiana VR rather than expanding the number of providers.

1.3 *Recommendations Summary*

PCG developed the following recommendations to indicate where IN VR could take important steps to address the needs of its participants, in response to the findings identified within this report.

Improve Services for Target Populations

Mental health related needs are routinely identified as requiring more and higher quality services. Under this heading, PCG recommends:

- Continuing to strengthen partnerships and coordination with aligned organizations.
- Building on existing practices to increase capacity of providers.
- Exploring additional mental health service providers to expand access for VR participants

Certain populations, including Black and African American individuals and those experiencing housing insecurity, experience lower rates of employment that other VR participants. PCG recommends:

- Building on existing successes, creating good relationships with target populations.
- Developing and sharing success stories that are representative of individuals who have successfully engaged with VR services from all backgrounds and experiences.
- Strengthening partnerships with organizations that serve targeted populations to improve outreach and service quality.

Review Processes to Maximize Efficiency

Analysis suggests there are some areas of policy which may be inconsistently implemented or may need to be revised to support continued high quality services. PCG recommends:

- Continuing to assess opportunities to streamline administrative practices and policies and reduce administrative burden on both IN VR and provider staff.
- Increasing consistency of policy interpretation across offices.

Improve the Transition Process for Students Entering IN VR Services

Increasing access to educational opportunities and diploma-track students and getting involved earlier in the educational process are goals shared by IN VR and other stakeholders involved in the educational process. PCG recommends:

- Providing training and resources to secondary settings to increase education and outreach and connect students to appropriate workforce programs sooner.
- Expanding engagement with diploma-track students.

Expand Access to Postsecondary Education and Training

Supporting individuals who wish to explore, enroll in, and complete training programs leading to recognized industry credentials will improve job placement outcomes and ensure alignment with workforce needs. PCG recommends:

- Expanding partnerships with postsecondary institutions to improve opportunities for collaboration in supporting eligible individuals with disabilities to obtain postsecondary training and transition into the workforce.
- Expanding VR Counselor awareness of short-term postsecondary credential attainment, apprenticeships, and industry specific training.

Help Employers Create Opportunities

While individual program participants cited a need to help develop their work experience and job skills, employers expressed a need for information on creating short term employment opportunities, and work-based learning experiences like internships and apprenticeships. PCG recommends:

- Increasing access to work-based learning opportunities to students and other individuals transitioning to the workforce.
- Evaluating strategies to gather ongoing employer feedback on their workforce needs.

Establishment, Development or Improvement of Community Rehabilitation Programs

Improving the capacity of current VR service providers to deliver timely and quality services will support IN VR's WIOA state plan goals of improving employment outcomes.

All of these recommendations are accompanied by greater detail in the Recommendations section.

2 Introduction

2.1 *Acronyms and Glossary*

The acronyms we have used throughout this document, and the full meaning of each of these acronyms, may be found in Table 118.

2.2 *Purpose*

The Federal Rehabilitation Services Administration (RSA) requires that states conduct a Comprehensive Statewide Needs Assessment (CSNA) every three years. This CSNA assesses the needs of individuals with disabilities in Indiana in their pursuit of competitive, integrated employment. It seeks to effectively understand Indiana Vocational Rehabilitation (IN VR, or VR) participant needs in order to inform future IN VR policy and decision-making. This effort will help IN VR to best serve its participants and meet their rehabilitation needs.

The CSNA is designed to review and assess implementation of the requirements of § 361.29 Section 101(a)(15) of the Rehabilitation Act of 1973, as amended, and produce useful and timely information. This assessment must include the rehabilitation needs of individuals with disabilities residing within the state, particularly the IN VR services needs of the following groups:

- Individuals with the most significant disabilities, including their need for supported employment (SE) services
- Individuals with disabilities who are minorities and / or have been unserved or underserved by the VR program
- Individuals with disabilities served through other components of the statewide workforce investment system (other than the VR program), as identified by such individuals (and personnel assisting such individuals)
- Youth and students with disabilities, including their need for pre-employment transition services, or other transition services

The CSNA must also include an assessment of the needs of individuals with disabilities for transition services and pre-employment transition services (Pre-ETS), and the extent to which such services provided under this Act are coordinated with transition services provided under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) to meet the needs of individuals with disabilities.

2.3 *Background*

Indiana Vocational Rehabilitation (IN VR, or VR) contracted with PCG-Indiana, Inc. (PCG) to conduct this CSNA. IN VR offers a variety of programs to meet the diverse needs of Hoosiers with disabilities and is housed under the Division of Disability and Rehabilitative Services (DDRS). DDRS programs and services works to support Hoosiers with disabilities in their efforts to define, pursue and live the full and rewarding life of their choosing.

The VR program provides appropriate and comprehensive programs, services, and resources in a timely and effective manner to help individuals with disabilities in Indiana obtain, maintain, or advance in employment. These services are designed to empower Hoosiers with disabilities to become gainfully employed.

This CSNA is focused on Indiana's Bureau of Rehabilitation Services and its Vocational Rehabilitation program offerings, staff, and participants.

2.4 *Landscape of Services*

In this section we describe the events and activities that have impacted, and may continue to impact, IN VR service delivery. We also highlight the conditions (landscape) under which IN VR has operated for the past several years.

Indiana Vocational Rehabilitation Services

IN VR has made progress towards implementing its WIOA State Plan goals and priorities. At the time of this evaluation the most recent complete year of data (PY23) describes performance, including the following highlights:

- **16,508** Hoosiers with disabilities were working with IN VR, either with active cases or findings of eligibility
- **78.8 percent** of individuals with open cases were considered to have the Most Significant Disabilities
- **27.9 percent** of individuals with open cases were students or youth with disabilities
- **19.7 percent** of individuals with open cases were members of racial or ethnic minority groups.

Employment

This section explores current Indiana employment conditions using data from the US Census Bureau's American Community Survey (ACS) 2022 1-year estimates and the US Bureau of Labor Statistics (BLS) May 2023 State Occupational Employment and Wage Statistics, specifically, unemployment and labor force participation followed by employment demand and projections.

2.4.1.1 Unemployment and Labor Force Participation

Unemployment and labor force participation rates are important metrics to understand the overall employment landscape of a state. We use data published by the United States (US) Census Bureau's American Community Survey 2022 1-year estimates to better understand these factors. The American Community Survey is an annual survey conducted by the US Census Bureau that provides information such as education, income, and occupational status. This vital information helps drive decision making by local organizations and community leaders. For more information about the ACS, refer to the Secondary Data Sources section of this report.

Table 1 displays the labor force participation count and percent of working age individuals aged 16 and older with a disability in Indiana. ACS data indicates that just short of a third of individuals with disabilities are employed. More than half of individuals with disabilities are not participating in the labor force. While only 2.4 percent of individuals are identified as unemployed, a large percentage of individuals are not seeking work, so they are not considered to be participating in the labor force. Individuals identified as 'not in the labor force' include individuals that were not employed during the survey and had not actively looked for work (or been on a temporary layoff) in the last four weeks.

According to the 2022 1-Year American Community Survey data, there are 889,851 civilians aged 16 or older with disabilities living in the community, and 30.3 percent are employed. Among their non-disabled peers, more than twice the rate—69 percent—are employed.

Table 1: Labor Force Participation Rates of Individuals with a Disability

Employment Status	Disability (%)	No Disability (%)
Not in labor force	67.3%	28.7%

Employment Status	Disability (%)	No Disability (%)
Civilian employed	30.3%	69.0%
Unemployed	2.4%	2.3%

Note: ACS=American Consumer Survey.

2.4.1.2 Employment Demand in Indiana

According to the 2023 Bureau of Labor Statistics for all occupations, the average hourly wage in Indiana is $27.12 or $56,420 annually with a total of 3,156,740 individuals employed[1].

The projected long-term increases in particular jobs and the most common jobs can be used to examine employment demand in Indiana. Table 2 shows long-term industry employment projections from 2020 to 2030 according to the BLS. VR staff may wish to identify employers in their area with high labor demand to form contacts and connections to ensure a regular source of potential employment opportunities.

Table 2: Employment Projections: Occupations with Highest Rate of Growth

Occupation Name	Employment 2020 (n)	Projected Employment 2030 (n)	Percent Change (%)	Annual Openings (n)
Ushers, Lobby Attendants, and Ticket Takers	1,290	2,010	55.8%	450
Nurse Practitioners	5,910	9,130	54.5%	720
Cooks, Restaurant	24,450	35,690	46.0%	5,470
Occupational Therapy Assistants	980	1,380	40.8%	190
Fitness Trainers and Aerobics Instructors	5,150	7,210	40.0%	1,150
Physical Therapist Assistants	1,950	2,610	33.8%	340

[1] Indiana - May 2023 OEWS State Occupational Employment and Wage Estimates (bls.gov)

Occupation Name	Employment 2020 (n)	Projected Employment 2030 (n)	Percent Change (%)	Annual Openings (n)
Nonfarm Animal Caretakers	5,210	6,950	33.4%	1,070
Actors	780	1,040	33.3%	120
Amusement and Recreation Attendants	5,300	7,050	33.0%	1,470
Information Security Analysts	1,160	1,540	32.8%	130

PCG has identified the standard occupational classification codes (SOC) for the above occupations. We used these codes to identify the most common entry requirements, on-the-job training needs, and median annual wage in 2022, and the percent of the median Indiana wage as displayed in Table 3. Some of these careers require little formal education or prior work experience, making them ideal for individuals looking to enter the labor force. However, this can also mean that they are relatively low pay – none of the jobs in our table that require a high school diploma or less achieve a median wage above the statewide median. IN VR staff can use this information to better identify the most frequent training, education, and job coaching needs for participants with an interest in these positions.

Table 3: Training, Education, and Wages: Occupations with Highest Rate of Growth

Occupation Name	Typical Education	Work Experience	On-the-job Training Needed	Median Annual Wage, 2022 ($)	Percent of Median IN Wage (%)
Ushers, Lobby Attendants, and Ticket Takers	None	None	Short-term	$27,650	59.7%
Nurse Practitioners	Master's	None	None	$121,610	262.6%
Cooks, Restaurant	None	<5 years	Moderate	$34,110	73.7%
Occupational Therapy Assistants	Associate's	None	None	$64,250	138.7%

Occupation Name	Typical Education	Work Experience	On-the-job Training Needed	Median Annual Wage, 2022 ($)	Percent of Median IN Wage (%)
Fitness Trainers and Aerobics Instructors	High school	None	Short-term	$45,380	98.0%
Physical Therapist Assistants	Associate's	None	None	$62,770	135.5%
Nonfarm Animal Caretakers	High school	None	Short-	$29,530	63.8%
Actors	Some college	None	Long-term	No value	No value
Amusement and Recreation Attendants	None	None	Short-term	$27,780	60.0%
Information Security Analysts	Bachelor's	Less than 5 years	None	$112,000	241.8%

Similar to the information presented in the above tables, Table 4 and Table 5 list the occupations with the largest number of predicted annual openings in Indiana. These are careers which demand will likely always exist for capable employees. Again, IN VR staff can use this information to better identify the most frequent training, education, and job coaching needs for participants with an interest in these positions.

Table 4: Employment Projections: Occupations with the Largest Number of Annual Openings

Occupation Name	Employment 2020 (n)	Projected Employment 2030 (n)	Percent Change(%)	Average Annual Openings (n)
Fast Food and Counter Workers	89,570	101,070	12.8%	20,470
Laborers and Freight, Stock, and Material Movers, Hand	94,890	106,350	12.1%	14,300
Waiters and Waitresses	40,320	47,280	17.3%	9,140

Occupation Name	Employment 2020 (n)	Projected Employment 2030 (n)	Percent Change(%)	Average Annual Openings (n)
Home Health and Personal Care Aides	42,200	55,720	32.0%	7,260
Heavy and Tractor-Trailer Truck Drivers	53,660	57,260	6.7%	6,390
Cooks, Restaurant	24,450	35,690	46.0%	5,470
General and Operations Managers	46,590	51,060	9.6%	4,450
Registered Nurses	66,740	71,950	7.8%	4,120
First-Line Supervisors of Food Preparation and Serving Workers	19,810	23,470	18.5%	3,540
Software Developers and Software Quality Assurance Analysts and Testers	21,530	26,310	22.2%	2,210

Table 5: Training, Education, and Wages: Occupations with the Highest Number of Annual Openings

Occupation Name	Typical Education	Work Experience	On-the-job Training Needed	Median Annual Wage, 2022 ($)	Percent of Median IN Wage (%)
Home Health and Personal Care Aides	High school diploma or equivalent	None	Short-term on-the-job training	$30,180.00	65.2%
Fast Food and Counter Workers	No formal educational credential	None	Short-term on-the-job training	$27,930.00	60.3%

Occupation Name	Typical Education	Work Experience	On-the-job Training Needed	Median Annual Wage, 2022 ($)	Percent of Median IN Wage (%)
Laborers and Freight, Stock, and Material Movers, Hand	No formal educational credential	None	Short-term on-the-job training	$36,110.00	78.0%
Cooks, Restaurant	No formal educational credential	Less than 5 years	Moderate-term on-the-job training	$34,110.00	73.7%
Waiters and Waitresses	No formal educational credential	None	Short-term on-the-job training	$29,120.00	62.9%
Registered Nurses	Bachelor's degree	None	None	$81,220.00	175.4%
Software Developers and Software Quality Assurance Analysts and Testers	No value	No value	No value	No value	No value
General and Operations Managers	Bachelor's degree	5 years or more	None	$98,100.00	211.8%
First-Line Supervisors of Food Preparation and Serving Workers	High school diploma or equivalent	Less than 5 years	None	$37,050.00	80.0%
Heavy and Tractor-Trailer Truck Drivers	Post-secondary nondegree award	None	Short-term on-the-job training	$49,920.00	107.8%

2.5 *Potential Service Population*

The potential IN VR service population represents individuals with disabilities who are not currently being served by VR (not currently in their service population) but who

could potentially be served by VR. Individuals are considered part of the service population if they are:

- Currently unemployed (in the labor force, but do not have a job)
- Likely to desire VR services
- Not receiving VR services

According to the 2022 ACS there are 915,646 individuals in the civilian population in Indiana that self-identify as having a disability. However, a large portion of this population is very unlikely to seek out VR services because, due to their age, they are rarely seeking employment. 39.0 percent of individuals with a disability in Indiana are over the age of 65. In addition, the ACS does not ask employment questions of individuals who are under the age of 16. As such, we have limited our potential service population analysis to the working age population of Indiana (age 16 to 64).

According to the American Community Survey approximately 511,203 or 11.8 percent of working age individuals in Indiana self-report as having a disability. Of those with a disability in Indiana, about 60.3 percent or 308,224 individuals are not employed. However, not all of these individuals are currently considered to be in the labor force. To be in the labor force, an individual either needs to be currently employed, or they need to be actively seeking employment. According to the BLS, an individual is considered unemployed only if they have undertaken job search activities in the prior four weeks. Most individuals of working age with a disability, 56.0 percent (286,361), are not employed and are not looking for work, rendering them out of the labor force.

Individuals who are currently receiving VR services, or those who are on track to receive VR services who are not employed cannot be considered unserved, while individuals who are not currently seeking employment are also not seeking VR services. Thus, they should not be considered unserved. To calculate the potential service population, we removed individuals who are currently using VR services or who are considered eligible for VR services from the estimated population of unemployed individuals with a disability:

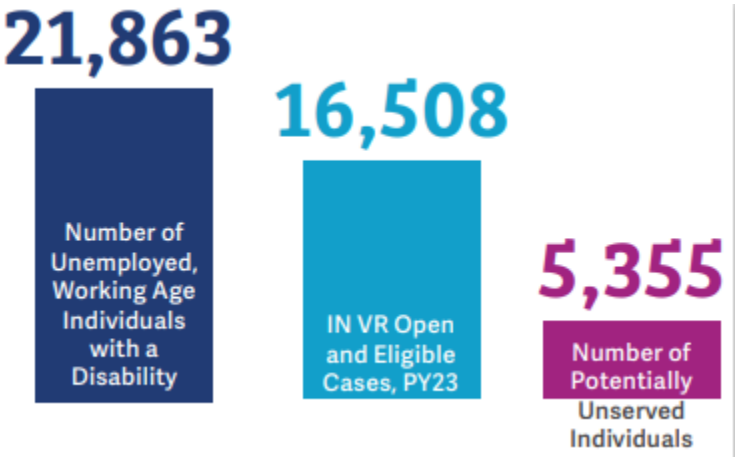
Unemployed individuals with a disability minus PY23 in-service and eligible VR cases equals potentially unserved individuals

Table 6 displays 21,863 unemployed working age individuals with a disability from the 2022 ACS 5-year estimates and subtracts the 16,508 case count with a finding of eligibility that were active in program year 2023 without employment to arrive at a total of 5,355 potentially unserved individuals.

Table 6: Potential IN VR Service Population (Minimum Estimate)

Number of Unemployed, Working Age Individuals with a Disability	IN VR Open and Eligible Cases, PY23	Number of Potentially Unserved Individuals
21,863	16,508	5,355

Figure 1: Potential IN VR Service Population (Minimum Estimate)



The number of potentially unserved individuals can fluctuate depending upon the number of individuals with disabilities who are in the labor force. As such, IN VR education and outreach to people with disabilities may actually increase the potential pool of unserved individuals. This is because individuals who are not employed but are not currently looking for work are not considered 'unemployed' by official definitions. As such, they are categorized as not in the labor force.

As stated above, there are 286,361 working-age people in Indiana with a disability that are not in the labor force, in addition to unemployed individuals with a disability that could potentially be served. These individuals could benefit from education in IN VR programming and opportunities to join the workforce. They could also benefit from services designed to help them determine if entering the workforce is right for them. We have not included these individuals among the 'unemployed' as they are not actively seeking work.

The Bureau of Labor Statistics provides estimates for those individuals not in the labor force who would likely prefer to have a job if one was available[2]. These estimates include so-called 'discouraged workers' who have stopped job search activities, as well as those who are not in the labor force because of medical issues, or because they feel there are no jobs in their area for which they are qualified.

The BLS estimates that, nationally, about 4.8 percent of individuals of working age with a disability would likely want a job if one was offered to them. If this rate holds true for Indiana, there would likely be an additional 13,602 individuals (286,361 individuals of working age with a disability who are not employed and are not looking for work multiplied by 0.048) who would likely be receptive to IN VR services if they were available. Table 7 below presents an estimate of potentially unserved individuals that incorporates this group.

[2] Persons with a Disability: Labor Force Characteristics–2023

Table 7: Potentially Eligible Population (Maximum Estimate)

Number of Unemployed, or 'Want a job' Working Age Individuals with a Disability	IN VR Open and Eligible Cases, PY23	Number of Potentially Unserved Individuals
35,465	16,508	18,957

Potential Pre-ETS Unserved Population

In addition to traditional VR services that help individuals gain and maintain employment, RSA requires that IN VR reserve 15 percent of their federal funds to provide students with disabilities ages 14 to 22 with Pre-Employment Transition Services (Pre-ETS). No one agency is solely responsible for the provision of transition services, and many are provided through schools or other service providers outside of VR despite VR's responsibility for their funding. Many individuals are receiving transition services from schools, from VR, or other community providers and as such, there is no singular, all-inclusive count of those who receive these transition services. PCG has formulated several methods of identifying the potential service population, but none should be viewed as definitive.

The Indiana State Department of Education, in data provided to IN VR in December, 2024 estimates that there are 19,351 with a 504 plan in the state's education systems, and 61,385 students with Individualized Education Plans (IEPs) in grades eight through high school. Students with an IEP or 504 plan are by definition, in Indiana, are eligible for transition services, though they may not be considered disabled by the ACS question set.

Many of these students may be receiving services through schools or other responsible providers. Others are likely not old enough to receive transition services. However, without reliable access to data on the specific eligibility of students or the services these students are receiving, we have provided a cautious, high-end estimate of potentially unserved students.

There are also individuals out of high school who are no longer tracked using the Department of Education metrics presented above, who may still be of an eligible age to receive transition services from IN VR.

The ACS estimates that there are 55,881 individuals aged 14 to 21 with a disability in Indiana that potentially qualify. Roughly 58.8 percent, or 32,846 of these individuals are currently enrolled in public school or college. Another 31.5 percent (17,602) have not attended school within the prior three months (as seen in Table 8 below) and all of these students could potentially receive transition services. They are very unlikely to be considered unemployed based on the definition presented above, as it is unlikely that they are currently looking for employment.

Table 8: Youth with Disabilities by School Attendance

School Attendance	Age 14 to 18	Age 19 to 21
Not attending school	3,163	14,439
Attending public school or college	26,124	6,722
Attending private school or college	3,146	2,287
Total population	32,433	23,448

3 Methodology

This section explains how PCG used multiple data sources to develop the analysis and recommendations in this report. We incorporated information from various data sources, including existing case management data, IN VR participant, provider and community partner, staff, non-participant, and employer survey data, and stakeholder focus group and interview data. We describe our data collection methods below.

3.1 *Secondary Data Sources*

PCG relied on publicly available data sources to make population level estimates and statements about the population of Indiana and individuals in Indiana with disabilities. The sources of this secondary data are the American Community Survey (ACS) and Indiana Department of Workforce Development.

The ACS is the largest on-going data collection survey performed by the US Census Bureau and constitutes the most up-to-date and complete data on US residents. It is widely used by private and public entities to understand the population. Additionally, the Rehabilitation Services Administration (RSA) suggests that agencies rely on the ACS as a resource for the CSNA process.

This assessment uses two forms of the ACS: the 1-year and 5-year estimates. The 1-year ACS estimate reports the results of a single year of ACS surveys, with data weighted to reflect the population at that point in time. The ACS 1-year data sources are extremely accurate and are useful for measuring and understanding large groups within states. As such, we use them whenever they are available. The ACS 5-year estimates combine data from the most recent five years of ACS data collection. This large sample size allows for more precision and provides more detail about smaller population and sub-population groups. However, the 5-year data may be out-of-date, and has difficulty capturing rapid changes or new information as data is combined across five years. Because the 5-year data is more accurate at representing small populations, we use it as the default source throughout this report.

3.2 *Surveys*

PCG collaborated with IN VR to design, develop, and administer the surveys listed in Table 9. These include the IN VR participant, provider and community partners, staff,

employer, and non-participant surveys. Our surveys gathered information about individual experiences including basic demographics, program successes and challenges, barriers, and services used or needed. We also collected service data, including individuals' experiences and perceptions of services.

Our assessment of community partners included surveying community groups that support individuals who are seeking a job. We also collected basic information about them. Lastly, our surveys identified opportunities for growth, including service satisfaction, potential service gaps, and potential unserved or underserved populations.

Table 9 displays the different surveys used for this report and the qualifying populations they targeted.

Table 9: Surveys and Qualifying Populations

Survey	Qualifying Populations
Participant	Individuals who currently, or in the past, had an open case with IN VR
Providers and Community Partners	Providers and community partners registered with IN VR to provide services to support employment outcomes
Staff	IN VR employees who support participants
Employers	Community businesses who employ individuals with disabilities
Non-Participant	Individuals with disabilities who have not had an open case with IN VR in the recent past

Table 10 shows the survey tools, survey start and end dates, methods of contact, and frequency of reminders for the different survey populations.

Table 10: Dissemination of Surveys

Tool	Start Date	End Date	Method of Contact	Frequency of Reminders
Participant	2/23/24	3/31/24	Email	Biweekly reminders
Provider and Community Partners	10/03/24	10/28/24	Email	N/A
IN VR Staff	3/15/24	3/26/24	Email	Biweekly reminders

Tool	Start Date	End Date	Method of Contact	Frequency of Reminders
Employer	9/11/24	10/18/24	Email	N/A
Non-Participant	10/03/24	10/28/24	Anonymous Link	N/A

Participant Survey

PCG designed the IN VR Participant Survey for individuals with disabilities who are currently working with IN VR or who have worked with IN VR in the recent past. Survey questions targeted CSNA-required information and participant satisfaction. Specifically, the survey asked about participants' experiences, the services they had received, service usage and coordination with IN VR partners, and barriers to employment.

To administer the survey PCG leveraged Qualtrics, a web-based, accessible and well-tested survey platform. IN VR provided PCG with a file containing 21,084 viable records comprised of currently active cases and cases closed within the prior three years. Participants received an e-mail invitation explaining the survey purpose and contents that included a unique link to access the survey. The survey introduction contained instructions for survey completion and how to request accommodation, if needed. PCG provided an e-mail address for questions or assistance.

We were able to connect a participant's survey results to their IN VR case record to access participant demographic characteristics (e.g., race, case status, services used) without having to include these as additional survey questions. This allowed us to shorten our survey, and properly weight and fully analyze our survey responses.

Weighting participant survey data to match the characteristics of the entire population allowed us to make statements that applied to the entire IN VR participant population rather than only to those individuals who responded to the participant survey. We used raked weighting, adjusting data to match population characteristics by age categories, race, case status, primary disability categories, and DDRS region of the participant.

PCG released the Participant Survey on February 23, 2024, and closed it on March 31, 2024. We successfully sent out 19,634 e-mails (21,084 sent minus 1,449 failed/bounced) and received a total of 1,029 survey responses for a 5.2 percent response rate. Table 11 details e-mail distribution, total responses, and response rate.

Table 11:Participant Survey Details

Survey	Total Emails Sent (n)	Failed/Bounced Emails (n)	Total Responses (n)	Response Rate (%)
Participant	21,084	1,449	1,029	5.2%

Provider and Community Partner Survey

PCG designed, then worked with IN VR to distribute, the Provider and Community Partner Survey to individuals representing a variety of organizations, including service providers and organizations that provide services to individuals with disabilities who may or may not be associated with IN VR. The survey asked about the adequacy of services, what IN VR could do to increase the quality of services, what are the challenges with providing services, and what are the unmet needs of their populations.

To administer the survey PCG leveraged Qualtrics, the web-based, accessible and well-tested survey platform. We used a respondent-driven, or 'snowball' survey distribution strategy to mitigate the limited availability of contact information. Providers and community partners received an e-mail invitation from IN VR explaining the survey purpose and contents that included an anonymous link to access the survey. The survey introduction contained instructions for survey completion and how to request accommodation, if needed. We provided this link to stakeholders at service provider organizations, partner organizations such as National Alliance on Mental Illness Indiana, and the Centers for Independent Living (CIL). Survey recipients were encouraged to further distribute the survey to other organizations with whom they work as part of our snowball survey distribution strategy.

PCG released the Provider and Community Partner Survey on October 3, 2024, and closed it on October 28, 2024. We received a total of 47 survey responses.

IN VR Staff Survey

PCG designed, then distributed the Staff Survey to current IN VR employees who worked directly with IN VR participants. The survey asked how participants received services, what are the potential service gaps, and what are participants' needs.

Again, PCG leveraged Qualtrics to administer the survey. IN VR leadership provided PCG with a contact list containing 295 e-mail addresses of current IN VR staff who directly worked with IN VR participants. IN VR staff received an e-mail invitation explaining the survey purpose and contents that included a link to access the survey. The survey introduction contained instructions for survey completion and how to request accommodation, if needed. PCG provided an e-mail address for questions or assistance.

PCG released the Staff Survey on March 15, 2024, and closed it on March 26, 2024. Both PCG and IN VR leadership sent reminder e-mails on a regular basis encouraging staff to complete the survey. We successfully sent out 294 e-mails (295 sent minus one failed/bounced) and received a total of 67 survey responses for a 22.79 percent survey response rate. Table 12 details e-mail distribution, total responses, and response rate.

Table 12: IN VR Staff Survey Details

Survey	Total Emails Sent (n)	Failed/Bounced Emails (n)	Total Responses (n)	Response Rate (%)
IN VR Staff	295	1	67	22.8%

Employer Survey

PCG designed the Employer Survey for employers who currently work with VR, have worked with VR in the past, or could potentially work with VR. The survey asked about what IN VR could do to increase engagement with employers, better collaborate with employers, and identify any unmet needs of employers and persons with disabilities.

PCG again leveraged Qualtrics to develop a respondent-driven, or 'snowball' survey distribution strategy to maximize responses. Employers received an e-mail invitation explaining the survey purpose and contents that included an anonymous link to access the survey. The survey introduction contained instructions for survey completion and how to request accommodation, if needed. Survey recipients were encouraged to further distribute the survey to other employers, including those who do not yet work with IN VR, as part of our snowball survey distribution strategy.

IN VR released the Employer Survey on September 11, 2024, and PCG closed it on October 18, 2024. We received a total of 19 survey responses.

Non-Participant Survey

PCG distributed the Non-Participant Survey to individuals who did not receive services from IN VR, including Centers for Independent Living (CIL), and other organizations serving people who are potentially eligible for services but have not received them. The survey questions were similar to those of the Participant Survey, the exceptions being questions on barriers, other providers individuals have worked with, and demographic information.

PCG leveraged Qualtrics to administer the survey. IN VR provided PCG with a contact list containing e-mail addresses for CILs and other organizations serving people who are potentially eligible for services but have not received them. These entities received an e-mail invitation explaining the survey purpose and contents that included a link to access the survey. CILs and other contacted organizations were then invited to provide the survey link to the individuals with whom they worked. The survey introduction contained instructions for survey completion and how to request accommodation, if needed. PCG provided an e-mail address for questions or assistance.

Because we had no option to connect respondents' survey results to their IN VR case record to access demographic characteristics (e.g., race, case status, services used), we had to include these as additional survey questions.

PCG released the Non-Participant Survey on October 3, 2024, and closed the survey on October 28, 2024. We received a total of 210 responses. We expected this survey to

yield a lower response rate as the target population has no ties with/has not received services from IN VR.

3.3 *Focus Groups and Key Informant Interviews*

PCG conducted a series of focus groups and key informant interviews with a variety of audiences to learn more about individuals' experiences with IN VR, IN VR-provided services, IN VR strengths, and potential service gaps. PCG and IN VR worked together to identify a wide variety of diverse groups and organizations for PCG to speak with. In many instances IN VR provided PCG with an initial introduction or "warm handoff" to these entities to encourage participation. PCG then followed up via e-mail or phone to schedule virtual meetings. Table 13 summarizes the audiences and the number of participants who participated in focus groups and interviews.

Focus Groups

Self-Advocates of Indiana (SAI), a state-wide 501c3 run by and for people with intellectual and developmental disabilities, conducted all participant focus groups. Further, these groups were led by individuals with lived experience as IN VR participants.

SAI provides in person and virtual educational trainings about ableism, accessibility, alternatives to guardianship, competitive integrated employment, voting rights, and various other topics related to disability. Members of SAI are taught advocacy skills and how to champion legislation that empowers people with disabilities to live integrated and full lives.

SAI is the state's largest self-advocacy organization and has been recognized as the subject matter experts for disability rights in the state of Indiana.

Together, PCG and SAI created a focus group guide to use in conducting focus groups with various stakeholders for Indiana VR services. Using contacts provided by PCG, SAI scheduled and conducted six focus groups in order to gain an understanding of the current state of VR services in Indiana and receive feedback about the services being rendered.

Table 13: Summary of Focus Group and Interview Participation

Audience	Number of Focus Groups (n)	Number of Interviews (n)
Individuals who have used services	9	0
IN VR staff	3	0
Community Rehabilitation Providers	3	0
Educators	0	2

Audience	Number of Focus Groups (n)	Number of Interviews (n)
Coordinating State Agencies	0	2

As seen in Table 13, we conducted focus groups and interviews with individuals receiving IN VR services, including youth who received Pre-ETS, IN VR staff, CRPs, educational professionals, and individuals from other coordinating state agencies. PCG used Microsoft Teams videoconferencing platform to conduct all focus groups. We recorded these sessions to ensure accuracy of reporting, in addition to taking notes.

3.4 *Case Management Data*

PCG analyzed case management data from IN VR's case management system for all cases open at the time of data collection as of August 8, 2024, as well as cases from the last three performance years, dating back through July 1, 2021.

3.5 *Quantitative Analysis*

PCG analyzed case management data, including demographic characteristics and service use of participants. PCG focused on cases with unique participant IDs dates. If a Participant ID occurred more than once, we identified the most recent record according to application date, then removed the older, duplicate from the analysis. This allowed us to analyze each record whether the participant applied more than once for services. There were 31,564 unique IDs and 34,481 records. There were 2,917 participants that applied to the program multiple times. This data is the source of demographic, service use, and service expenditure data.

3.6 *Qualitative Analysis*

Qualitative data analysis helps analysts understand the needs and views of any group and learn about previously unknown concerns. This approach encourages individuals to express their issues and concerns as they understand and experience them. Individuals use their own words, increasing the chances they will feel heard. Qualitative data is also less likely to be affected by any researchers or funding organization's unintentional filters or biases. PCG incorporated qualitative data from focus groups, interviews, and surveys into this report. This information informed both broad themes and future data collection efforts.

PCG staff analyzed all qualitative research through grounded analysis. Analysts reviewed gathered data without preconceived ideas of what may be present. We let the qualitative research speak for itself, rather than building upon themes identified in the quantitative research, then we searched for links or supporting materials. We identified themes that emerged naturally from the data and then linked qualitative and quantitative research themes together.

PCG analysts read and reviewed all qualitative data and created summary documents that distilled a large body of qualitative data into findings. We reviewed notes and

recordings of focus groups, interviews, and open-ended comments generated by the surveys. Synthesized materials informed our findings and recommendations.

4 Results and Analysis

In this section we present our detailed findings, including the results of specific questions we asked and topics we explored during our project research and information gathering phase. We have included more detail on how we collected, categorized, and analyzed data in the Methodology section of this report. For further insight into the topics presented here, see the Summary of CSNA Required Analysis section of this report, where we have highlighted the most important and interesting results.

In this section we primarily use IN VR case management data representing all cases from July 2022 through June 2024, the American Community Survey (ACS) 1-year estimates for 2022, and the ACS 5-year estimates for 2018-2022. We have used the IN VR case management data whenever we refer to the IN VR population. We have used ACS 1-year data to refer to the larger population of individuals with a disability (ACS %) and used the ACS 5-year estimates to refer to the smaller population of service age individuals with a disability (ACS VR Service Age).

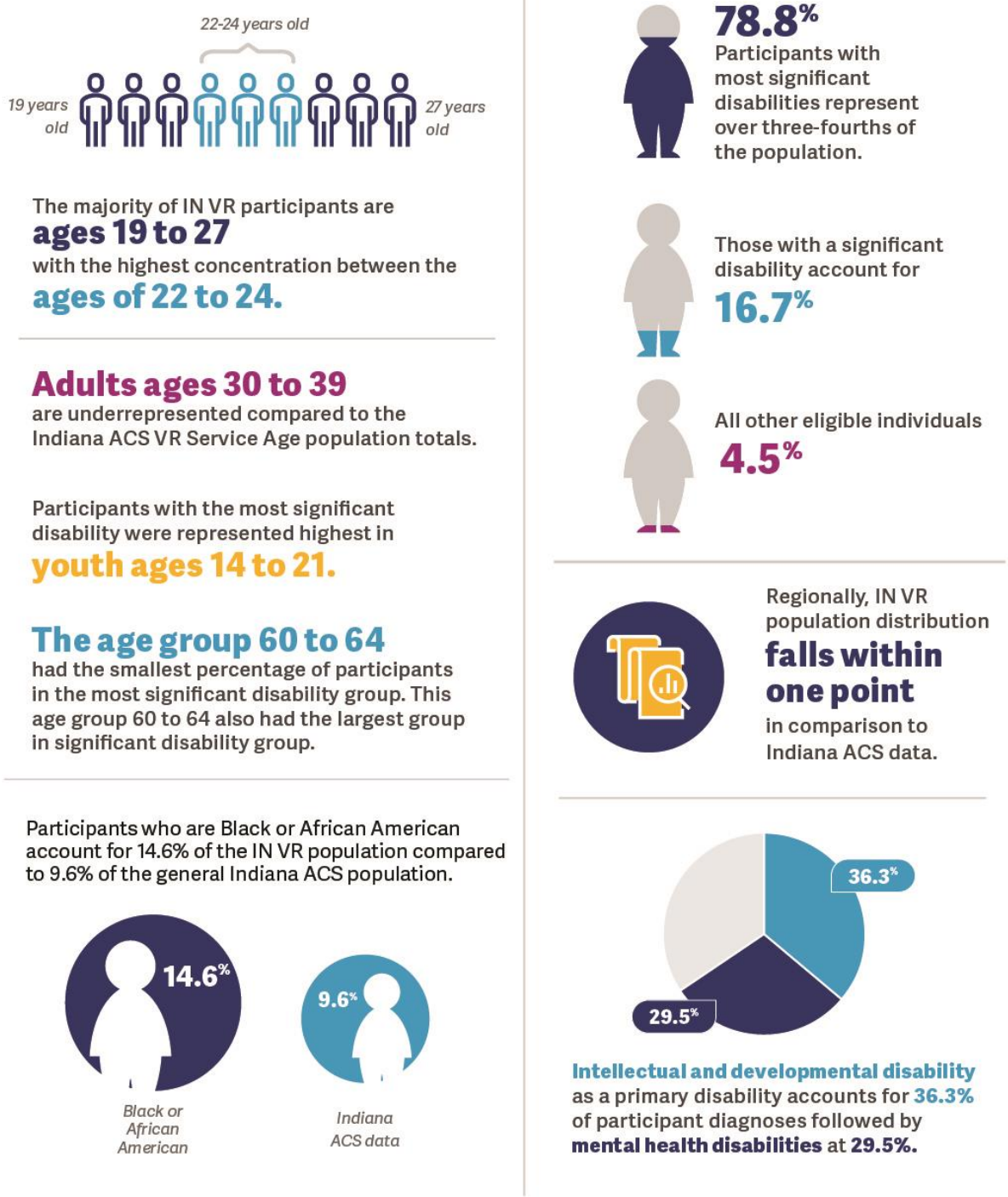
4.1 *Demographics*

Below we present the results of our demographic data analysis of the IN VR population (participants receiving services), including significance of disability, geographic information, age, race and ethnicity, and primary disability. PCG gathered demographic data on cases closed between performance years 2021 through 2024 and all active cases as of August 19, 2024.

Highlights of our demographic data analysis include:

- The majority of IN VR participants are ages 19 to 27 with the highest concentration between the ages of 22 to 24.
- Adults ages 30 to 39 are underrepresented compared to the ACS VR Service Age population totals. Participants with the most significant disability (MSD) were represented highest in youth ages 14 to 21, while the age group 60 to 64 had the smallest percentage of participants in the most significant disability group. This age group, 60 to 64, also had the largest group in significant disability group.
- Participants with most significant disabilities represent over three-fourths of the population, 78.8 percent. Those with a significant disability account for 16.7 percent and all other eligible individuals account for 4.5 percent.
- Regionally, IN VR population distribution falls within one point in comparison to ACS data.
- Participants who are Black or African American account for 14.6 percent of the IN VR population compared to 9.6 percent of the general ACS population.
- Intellectual and developmental disability as a primary disability accounts for 36.3 percent of participant diagnoses followed by mental health disabilities at 29.5 percent.

Figure 2: Demographic Highlights



Demographic Data

PCG gathered demographic data on all active cases as of August 19, 2024, including cases closed between performance years 2020 through 2024.

Table 15 illustrates all IN VR case status groupings we created for this report. These are a summary of available case statuses used by IN VR within their case management system, grouping more specific case statuses to summary categories (case outcome) for ease of reading. As such, they are not - and are not intended to be - a one-to-one alignment with any particular RSA case designation. Rather, they represent a way of thinking about cases that is more intuitive to more readers. A full crosswalk is presented below.

Table 14: Case Status to Outcome Crosswalk

Case Status	Case Outcome
Application	Not Yet in Services
Application - E	Not Yet in Services
Closed-Other	Closed - Other
Closed-PES	Closed – Successful
Closed-Rehab	Closed - Successful
Delayed	Not Yet in Services
Eligible	Not Yet in Services
Eligible - E	Not Yet in Services
Eligible - T	Not Yet in Services
Employed	Receiving Services
Employed - X	Receiving Services
Service	Receiving Services
Service - E	Receiving Services
Service - I	Receiving Services
Service - J	Receiving Services
Service - T	Receiving Services

As of August 19, 2024, 30.8 percent of cases in the three-year dataset were active/in-service, 17.1 percent had been closed successfully (with employment), while 47.4 percent were closed for other reasons (not eligible, closed from application, closed after eligibility but before services, closed from order of selection waitlist, closed after receipt of services). A small number, 4.8 percent, had open cases but were not yet receiving services, e.g., in application or eligibility status.

Table 15: Case Outcome

Status	Count (n)	Percent (%)
Not Yet In Services	1,642	4.8%
Receiving Services	10,613	30.8%
Closed - Successful	5,887	17.1%
Closed - Other	16,339	47.4%
Total	34,481	100.0%

Significance of Disability

This section describes the distribution of disability significance for all IN VR cases. Significance of disability is a federally specified measure determined by the number of functional limitations identified during the eligibility process, number of anticipated services needed, and anticipated duration of services. The service priority categories from least to most significant (impacted) include non-severe disability (NSD), significant disability (SD), and most significant disability (MSD). These categories make up the service priority categories for eligible individuals.

When a state VR agency is unable to provide the full range of services to all eligible individuals and therefore operates under an Order of Selection (OOS), these category assignments ensure that individuals with the most significant disabilities are given priority over those with less significant disabilities. The VR counselor assigns each eligible participant to one of the priority categories to ensure the OOS procedures are followed. The distinctions are as follows:

1 An eligible individual with a **non-severe disability** is an individual who has a physical or mental impairment or combination of impairments but does not otherwise meet the criteria for functional limitations and service need for either an individual with a significant disability or a most significant disability.
2 An eligible individual with a **significant disability** is an individual who has a severe physical or mental impairment or combination of impairments that creates significant limitations in one or more functional capacities that prevents successful employment. They are expected to require multiple (two or more) VR services that contribute to the achievement of competitive, integrated employment over an extended period of time (six months or longer to complete).

3 An eligible individual with a **most significant disability** is an individual who has a severe physical or mental impairment or combination of impairments that creates significant limitations in three or more of the functional capacities that hinder successful employment. They are expected to require multiple (two or more) VR services that contribute to the achievement of competitive, integrated employment over an extended period of time (six months or longer to complete).

Because of the complex nature of the OOS determination and related policies and procedures, individuals cannot assess their own significance of disability. In fact, there tends to be notable differences between assessments in professional and community settings. As such, there are no statistics that confirm the rate different levels of disability appear in the general population. As such, PCG does not publish any comparisons to any other data sources here.

Table 16 outlines participants served by significance of disability. MSD, which accounted for 78.8 percent, represented the largest distribution while NSD represented the smallest distribution at 4.5 percent. The overrepresentation of MSD participants is likely a by-product of IN VR recent OOS status that prioritized services to the MSD participants over the SD and NSD. The OOS wait list for the SD population ended in July 2023, while the wait list for the NSD population ended October 2024. As of this publication, IN VR is operating without an OOS wait list.

Table 16: Significance of Disability

Significance of Disability	Count of VR participants (n)	Percent of VR participants (%)
Most Significant Disability	25,592	78.8%
Significant Disability	5,442	16.7%
Non-Severe Disability	1,457	4.5%

Figure 3: Significance of Disability

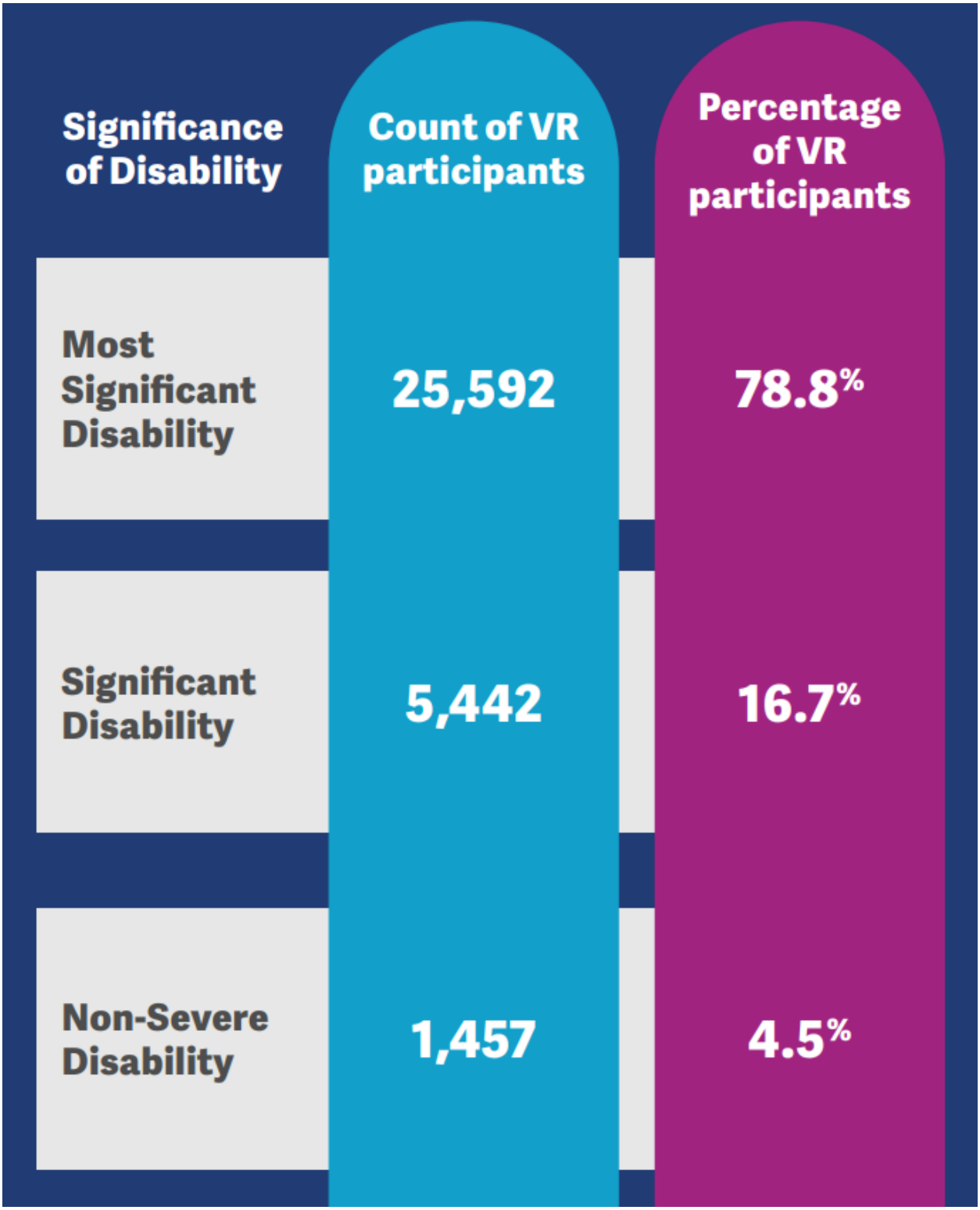


Table 17 highlights the population distribution by IN VR administrative region. All IN VR regions display roughly similar patterns within their populations. Participants with a significance of disability MSD are roughly three-quarters of the population. However, there is an 8.9 percent difference between administrative region 3 with the highest concentration of 82.9 percent and region 5 with the lowest of 74.0 percent. This variation is fairly small and may be due purely to true differences in the population. This is possible as Region 3 contains Marion County, the most urban county in Indiana, where individuals with the most significant disabilities may go for the higher availability of services. It may also suggest a need for more standardization in significance of disability in OOS determination and a need for specific training on the process and procedures across administrative regions.

Table 17: Population Significance of Disability by Region

Significance of Disability	Region 1 (%)	Region 2 (%)	Region 3 (%)	Region 4 (%)	Region 5 (%)
Most Significant Disability	80.1%	79.3%	82.9%	75.3%	74.0%
Significant Disability	16.2%	14.4%	14.9%	18.6%	21.4%
Non-Severe Disability	3.7%	6.3%	2.2%	6.1%	4.6%

Geographic Distribution

PCG analyzed data from the five IN VR Administrative Regions. The population served by IN VR at any point in the prior three years was compared to both the population with a disability and the service age population with a disability as represented in the ACS. Geographically, the population served by IN VR closely mirrors the expected distribution, as shown in Table 18. In other words, there is little difference between the rate at which IN VR serves individuals and the rate at which the population of individuals with disabilities reside. This holds true among both the service age population and the wider population with a disability.

Table 18: Population with a Disability by Administrative Region

IN VR Region	VR (%)	ACS (%)	ACS VR Service Age (%)
Region 1	23.3%	25.1%	23.9%
Region 2	23.5%	21.7%	22.4%
Region 3	22.0%	23.3%	24.0%

IN VR Region	VR (%)	ACS (%)	ACS VR Service Age (%)
Region 4	15.2%	15.3%	15.7%
Region 5	15.9%	14.5%	13.9%

Note: ACS=American Community Survey; DDRS= Division of Disability and Rehabilitative Services; VR=Vocational Rehabilitation.

Age

PCG examined IN VR service population age groups. In Table 19 we compare the IN VR service population to the ACS population with a disability by age group. All IN VR service population age groups from 14 to 39 are represented at higher rates compared to ACS populations for those same age groups. This increased percentage rate for the VR participants is likely a result of the Workforce Innovation and Opportunity Act (WIOA) legislation and the focus on youth in transition. This is expected because older individuals are notably more likely to have a disability than younger individuals. Given that RSA requires 15 percent of VR spending to target Pre-ETS aged individuals, and general US population trends in which older individuals are very unlikely to seek entry into the labor force, this over-representation of younger individuals is not only expected but also desirable.

Additionally, VR's most widely used services, including assessment, employment support services and job search assistance, and training, are of greater utility and more widely sought after by individuals who are still new to the labor force. The age bias in the VR population is most likely caused by a confluence of explicit guidance from federal partners and the preferences and needs of Indiana's population. The largest difference in percentage when comparing VR participants to the overall population is in the 25 to 29 year old age group. In the general population, individuals with disabilities are much more likely to be over the age of 65 than any other age group.

Table 19: Population Compared to ACS Population with Disability by Age

Age	VR (%)	ACS (%)	ACS VR Service Age (%)
14 to 21	14.3%	6.2%	11.0%
22 to 24	13.6%	2.5%	4.4%
25 to 29	15.5%	3.9%	6.8%
30 to 39	17.2%	7.9%	13.9%
40 to 49	13.5%	9.8%	17.2%

Age	VR (%)	ACS (%)	ACS VR Service Age (%)
50 to 59	13.7%	16.2%	28.5%
60 to 64	6.1%	10.4%	18.2%
65+	6.1%	43.1%	No value

Note: ACS=American Community Survey; VR=Vocational Rehabilitation.

As expected of a vocational based program, over forty percent of IN VR participants are aged 14 to 29. The highest concentration of participants ranges from 22 to 24 years old. Compared to the ACS estimates, participants between 22 and 24 are represented about 2.5 times the expected rate. In the same comparison, individuals over the age of 40 are somewhat underrepresented. Based on PCG experience in other states, this is a common pattern. It is better explained by VR's service focus and the populations VR is mandated to target rather than by a systemic unmet need among older populations.

Additionally, the severity of disability in the population served by VR declines notably with age. Older participants tend to have less severe disabilities than younger participants. This is likely a reversion to the mean effect. Given more time, participants with less severe disabilities are more likely to note they could benefit from VR services. Similar to overall trends in population age, PCG has observed similar trends in VR program service populations nationally.

Given that IN VR serves the youngest segment of the workforce, they should make sure that staff and providers are using communication methods most likely to reach the younger population they serve. This includes communication methods like text and SMS messaging as a default, and minimizing use of tools like mail and telephone communication. Electronic documentation and forms can also be considered.

4.1.1.1 Age and Significance of Disability

Table 20 displays the IN VR population by significance of disability and age. IN VR participants who are aged 14 to 21 had the highest percentage of assignment to the MSD service priority category at 90.4 percent while participants 65 and over had the lowest percentage of MSD assignment at 50.7 percent.

In general, younger participants are notably more likely to be assessed as having a most significant disability. This may be because younger people with more severe disabilities are more likely to be identified as requiring VR services. Individuals with less severe disabilities may take longer to identify and engage in services.

The reduced percentages in the MSD category and the increased percentages in the NSD category across the age range may also be a result of the increase in the individual's ability to perform activities of daily living, therefore decreasing their perceived functional limitations which sets the priority category. Similarly, individuals may require less services or services over a shorter period of time later in life after they have already been in the labor market. As the participant receives services and training,

it is possible that their ability to function is enhanced and therefore the significance of the disability is impacted.

Table 20: Population by Significance of Disability and Age

Significance of Disability	14 to 21	22 to 24	25 to 29	30 to 39	40 to 49	50 to 59	60 to 64	65+
MSD	90.4%	89.9%	81.0%	81.6%	76.9%	71.5%	64.0%	50.7%
SD	8.9%	8.9%	17.5%	15.6%	19.0%	21.8%	25.9%	27.2%
NSD	0.7%	1.2%	1.5%	2.8%	4.1%	6.7%	10.1%	22.1%

Note: MSD= Most Significant Disability; NSD= Non-Severe Disability; SD= Significant Disability.

Race and Ethnicity

This section details cases by race, by race and age, and by ethnicity, respectively. The largest IN VR populations represented are White at 80.3 percent and non-Hispanic at 96.9 percent. That said, IN VR collects more detailed racial information than appears in the specific ACS data used for this report, to meet federal reporting requirements. Specifically, VR includes a designation for individuals of Middle Eastern or North African descent. Additionally, VR records Hispanic or Latino among their racial categories, instead of as a separate ethnicity element.

Individuals who are minorities are equitably represented in the IN VR service population. The data in Table 21 indicates that IN VR served a higher percentage of Black or African American participants, 14.6 percent, when compared to the ACS data of 9.6 percent. Other minority populations are consistently represented within IN VR at rates similar to their prevalence ACS data.

Table 21: Caseloads by Race

Race	VR (%)	ACS (%)	ACS VR Service Age (%)
White	80.3%	79.4%	79.2%
Black or African American	14.6%	9.6%	11.6%
American Indian or Alaska Native	<1.0%	<1.0%	<1.0%
Asian	<1.0%	1.2%	1.1%

Race	VR (%)	ACS (%)	ACS VR Service Age (%)
Native Hawaiian or Other Pacific Islander	<1.0%	<1.0%	<1.0%
Some Other Race	<1.0%	2.6%	2.2%
Two or More Races	3.7%	6.8%	5.6%

Note: ACS=American Community Survey; VR=Vocational Rehabilitation.

Table 22 displays caseload by race and age. The data supports a need for consideration of increased or varied outreach attempts for minority youth and young adults.

Table 22: Caseloads by Race and Age

Race	14 to 21 (%)	22 to 24 (%)	25 to 29 (%)	30 to 39 (%)	40 to 49 (%)	50 to 59 (%)	60 to 64 (%)	65+ (%)
White	82.6%	80.8%	79.6%	79.8%	79.3%	79.3%	78.3%	79.3%
Black or African American	11.0%	12.5%	12.6%	15.2%	16.2%	16.9%	18.4%	17.0%
American Indian or Alaska Native	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Asian	1.1%	1.3%	1.3%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Native Hawaiian or Other Pacific Islander	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Multi-Racial	4.2%	4.8%	5.7%	3.4%	2.7%	2.4%	2.2%	2.3%

Race	14 to 21 (%)	22 to 24 (%)	25 to 29 (%)	30 to 39 (%)	40 to 49 (%)	50 to 59 (%)	60 to 64 (%)	65+ (%)
Some Other Race	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%

Table 23 shows caseloads by ethnicity. Individuals who identify as Hispanic are served at rates similar to what is expected based on the prevalence of Hispanic individuals with disabilities in the Indiana population (ACS data).

Table 23: Caseloads by Ethnicity

Ethnicity	VR (%)	ACS (%)	ACS VR Service Age (%)
Not Hispanic	96.9%	94.3%	94.4%
Hispanic	3.1%	5.7%	5.6%

Note: ACS=American Community Survey; VR=Vocational Rehabilitation

Table 24 shows significance of disability by race and ethnicity. We have collapsed all race and ethnicities into two categories, White and Non-White, to achieve populations large enough for comparison purposes. More than three-quarters of each group falls within the most significant disability category, which aligns with the overall rate of determination of significance of disability. While individuals who are non-White have a slightly larger percentage of individuals qualifying as having with a most significant disability, the difference compared to White individuals is small, about a percentage point. White individuals are also assessed as having a non-severe disability at a somewhat higher rate, but this difference does not rise to the level that would suggest a determination bias.

Table 24: Population Significance of Disability by Racial or Ethnic Minority

Significance of Disability	White (%)	Non-White (%)
Most Significant Disability	78.4%	80.0%
Significant Disability	16.4%	18.2%
Non-Severe Disability	5.2%	1.8%

Primary and Secondary Disabilities

In this section we have evaluated the primary disability information of IN VR participants. Table 25 shows the significance of primary disability for all IN VR cases. Intellectual and developmental disability was the most common primary diagnosis (36.3 percent) followed closely by mental health disability (29.5 percent). Sensory disability at 13.6 percent was the least common disability, perhaps due to the presence of Indiana Blind and Visually Impaired Services or Indiana Deaf & Hard of Hearing Services.

Population statistics do not define disability categories in ways that can meaningfully align with IN VR's categories, as such, no comparisons are presented. There is also no reason to believe that disability categories would break proportionally along any category. Some groups of individuals may find their service needs better met through other sources, or their prevalence in the population may make accommodation a lower barrier to employment than less widely seen disability groups. The information here is presented purely for reference and to help better understand IN VR's existing service population—this is not a meaningful way to determine if any given population is unserved or underserved.

Table 25: Primary Disability

Primary Disability	Percent
Intellectual and Developmental Disability	36.3%
Behavioral/Mental Health Disability	29.5%
Physical Disability	20.7%
Sensory Disability	13.6%

Table 26 shows the significance of secondary disability for all IN VR cases. Secondary disabilities are most likely to be behavioral/mental health-related (46.3 percent).

Table 26: Secondary Disability

Secondary Disability	Percent
Intellectual and Developmental Disability	28.0%
Behavioral/Mental Health Disability	46.3%
Physical Disability	21.5%
Sensory Disability	4.3%

Mental health-related disabilities are the most common category of both primary and secondary disability currently served by IN VR. This aligns with IN VR staff's view of the population served (see Table 38) and their needs (Table 39) as presented in the IN VR Staff Perceptions of Services section. Mental health-related services are in high demand and are often difficult for individuals, particularly low-income individuals, to access.

4.2 Service Utilization and Outcomes

Highlights: The following highlights are the major takeaways of the demographic data analysis:

- Among those with closed cases, participants with the most significant disabilities had the highest successful closure rate at 32.2 percent.
- Region 3, which includes Marion County, exhibited the highest average cost of services at $7,026.90. Region 5, which encompasses the southern point of the state bordering Kentucky exhibited the lowest average expenditure on services at $4,983.58.

Highlights with regard to IN VR staff responses:

- A majority of IN VR staff respondents strongly agreed or agreed with statements regarding general service characteristics, such as the ability to access offices and participant control over their cases.
- Over half of IN VR staff felt that durable medical equipment (62.9 percent), orientation and mobility services (59.0 percent), and technological aids and devices (77.4 percent) were either always or sometimes sufficient to meet the needs of the individuals they served.
- Hispanic or Latino (23.9 percent), and Black or African Americans (17.9 percent) were perceived as the most unserved or underserved racial or ethnic groups.
- Individuals with mental health disabilities represented the diagnosis or disability that IN VR staff most frequently (22.4 percent) believed to be unserved or underserved by IN VR.
- IN VR staff most commonly viewed individuals living in rural areas as not being adequately served, aligning with the February 2022 NRHA's report that highlighted availability, access, and accessibility as persistent barriers to mental health care in rural communities.
- IN VR staff identified improved transportation options (56.7 percent), enhanced training for employment specialists and job coaches (44.8 percent), and expanded outreach about available programs and services (38.8 percent) as the most critical strategies to improve access for underserved populations. Transportation was also frequently highlighted as a basic need for participants.
- IN VR staff reported that participants face job-related challenges such as limited work experience (65.7 percent), limited relevant job skills (56.7 percent), and employer attitudes towards people with disabilities (53.7 percent).

- IN VR staff indicated that the potential loss of financial benefits (SSI, SSDI, food stamps & housing vouchers) and the potential loss of medical benefits like Medicare or Medicaid access were tied as the highest financial concerns. Each were reported by 65.7 percent of staff respondents.

Highlights with regard to CRP responses*:*

- All CRPs who reported working with IN VR would recommend IN VR services to their colleagues.
- Most CRPs (65.9 percent) agreed or strongly agreed that the network of IN VR service providers in their area meets most needs of individuals with disabilities.
- CRPs reported transportation (78.7 percent), mental health care (44.7 percent), and housing (31.9 percent) as the greatest needs preventing participants from advancing in their careers.

Highlights with regard to employer responses*:*

- More than 50 percent of employers worked with VR or a VR employment service provider in the last year.
- All employer respondents indicated they would recommend IN VR services to their colleagues.
- Most employers were either very interested or somewhat interested in learning about the services IN VR provides directly to businesses.
- More than 80 percent of all employers were interested in learning about IN VR services to help meet their business needs.
- Employers cited concerns about recruiting, being prepared to support individuals with disabilities, and limited open opportunities as barriers to hiring individuals with disabilities.

Service Utilization and Outcome Data

PCG analyzed services and outcomes of participants within the IN VR program. We have presented case management data on services alongside staff and CRP perceptions of these services, followed by results and wage analysis and outcomes data.

Services and Expenditures

PCG analyzed services and expenditures by examining the length of time from eligibility to date of case closure. The following tables demonstrate the length of cases for all individuals that were found eligible and had closed successfully or unsuccessfully within the data provided by VR.

Table 27 reports the average length of days for service for those with most significant disabilities. Those who fell into disabilities categories that were not most significant disabilities were frequently on waitlists due to mandated Order of Selection status. This led to outlier durations that are not valid comparisons. Participants with the most

significant disabilities moved through the program at an average rate of 875.0 days from eligibility to closed successful.

Table 27: Average Duration of Cases by Significance of Disability and Case Outcome

Significance of Disability	Average Days Closed Successful (n)	Average Days Closed Other (n)	Combined Average (n)
Most Significant Disability	1,076.3	793.9	875.0

Table 28 examines the average expenditure on services for all case closures by disability significance. The highest average and the largest disability group, most significant disability, had an average cost of $6,912.41. Non severe disability, the smallest participant group, had the lowest average total cost at $598.74. This is to be expected - individuals with non-severe disabilities are unlikely to need as many services as the other eligible individuals.

Mean averages are highly impacted by outlier values - a small number of cases with extremely high spending in relatively small populations can cause large differences in the average.

Table 28: Average Expenditure on Services by Disability Significance

Significance of Disability	Average Total Cost of Services ($)
Most Significant Disability	$6,912.41
Significant Disability	$6,667.86
Non-Severe Disability	$598.74
Total Average	$6,606.00

Table 29 below represents the average number of days of service by racial or ethnic minority status and significance of disability. Individuals who were non-White closed slightly more quickly than individuals who were White, but this difference is minor and likely more attributable to differences in outcomes.

Table 29: Average Days of Service by Racial or Ethnic Minority Status and Priority

Significance of Disability	White (n)	Non-White (n)	Difference (%)
Most Significant Disability	884.7	836.7	5.7%

Average service spending varied somewhat by race, as shown in Table 30, which includes groups large enough to make meaningful comparisons. It is important to note that minority groups accounted for 17.8 percent of IN VR's total population.

Black or African American IN VR participants receive about 70.8 percent of spending as White participants, on average. However, some of this is driven by cases without recorded case spending - removing those without any case spending from the calculation nearly eliminates the gap, reducing it by 85.8 percent.

Table 30: Average Expenditure on Services by Race

Race	Average Total Cost of Services ($)
Asian	$7,116.95
White	$6,555.71
Black or African American	$4,641.51

Looking at closure reasons provides more information on why spending levels may differ by race. Table 31 provides case outcomes by race. Closed cases reflected here include cases closed for individuals who exited prior to receiving services, e.g., closed from application, eligibility, ineligible, or closed from order of selection wait lists, as well as cases closed following service provision. Closed successful cases are those who received services and exited with employment. Only races with a large enough sample in each group to support analysis are displayed. As the table demonstrates, individuals who are Asian are more likely to be Closed Successfully compared to participants of other races.

Table 31: Case Outcome by Race (Limited Categories)

Case Outcome	Asian (%)	Black or African American (%)	Multi-Racial (%)	White (%)
Closed - Successful	38.2%	20.3%	26.2%	27.8%

Case Outcome	Asian (%)	Black or African American (%)	Multi-Racial (%)	White (%)
Closed	61.8%	79.7%	73.8%	72.2%

Looking at specific reasons for closure without employment, cases of Black or African American participants are more likely than average to close with reasons of *Cannot locate* at (4.4 percentage points higher than all cases). This suggests the need for better communication methods and strategies for improving service engagement.

Table 32 reports the average total cost of services by ethnicity, Hispanic versus non-Hispanic. Hispanic participants account for one percent of total closed cases and are thus prone to outliers. Spending was somewhat lower for cases with participants listed as Hispanic than those who were not.

Table 32: Average Expenditure on Services by Ethnicity

Race or Ethnicity	Average Total Cost of Services
Hispanic	$5,373.49
Non-Hispanic	$6,211.18

Average expenditures on services by age group were examined in Table 33. The age group 25 to 29 saw the highest average total cost of services at $9,028.43. This may be indicative of more participants receiving post-secondary education and training services. The lowest average of $2,640.49 was seen in the 14 to 21 age group. Participants in that age range are likely not engaging with the full scope of VR services and often tend to receive more services from other local resources such as schools, or may also be receiving services through Pre-ETS. Those services received/provided would not appear as IN VR client service expenses in the VR case management system.

Table 33: Average Expenditure on Services by Age Group

Age	Average Total Cost of Services ($)
14 to 21	$2,640.49
22 to 24	$5,128.69
25 to 29	$9,028.43

Age	Average Total Cost of Services ($)
30 to 39	$6,889.89
40 to 49	$5,596.21
50 to 59	$5,844.98
60 to 64	$5,272.38
All ages	$5,589.82

Lower average spending within an age category is associated with lower rates of successful case outcomes. This is likely because those closing successfully are remaining in the VR program longer and/or accessing more services, while participants who exit without employment may leave before completing planned services. Participants aged 14 to 24 were least likely to experience a successful outcome at 16.2 percent. The 14-21 age group was also more likely to exit prior to beginning services.

Table 34: Case Closure Outcome by Age

Case Outcome	14 to 21 (%)	22 to 24 (%)	25 to 29 (%)	30 to 39 (%)	40 to 49 (%)	50 to 59 (%)	60 to 64 (%)	65+ (%)
Closed - Successful	16.2%	28.3%	36.0%	29.5%	23.1%	23.1%	21.1%	19.9%
Closed	83.8%	71.7%	64.0%	70.5%	76.9%	76.9%	78.9%	80.1%

Table 35 examines the total cost of services by IN VR geographic regions. Region 3, which includes Marion County (Indianapolis), exhibited the highest cost of services at $7,026.90. Region 5, which encompasses the southern point of the state bordering Kentucky exhibited the lowest average of $4,983.58 expenditure on services.

Table 35: Average Expenditure on Services by Region

Region	Average Total Cost of Services ($)
Region 1	$6,093.10
Region 2	$6,022.29
Region 3	$7,026.90
Region 4	$6,250.94

Region	Average Total Cost of Services ($)
Region 5	$4,983.58

4.2.1.1 Significance of Disability

Across those measures on which meaningful comparisons could be drawn, individuals assessed with MSDs receive slightly higher spending than other cases. However, all these comparisons are compromised by the Order of Selection in place during the assessment period, which required IN VR and its staff to focus their attention and resources on individuals with the most significant disabilities assigned to Priority Category 1.

4.2.1.2 Individuals who are part of a minority group

Black or African American participants experience a lower average level of spending when they access VR services, and a lower rate of successful case outcomes. They are more likely to leave IN VR due to inability to remain in contact, yet in participant surveys, respondents who identify as African American report high degrees of satisfaction with their individual IN VR contacts, but also experience higher barriers to achieving competitive, integrated employment (see Participant Experience with Services). African Americans also face a rate of unemployment more than twice the population as a whole. This alone is likely a major cause of below average outcomes.

4.2.1.3 Students with Disabilities

The age group 14 to 21 has the lowest average expenditures of any age group; with average spending of about 43 percent of total average spending. The youngest participants are also least likely to experience a successful case closure, defined as exiting VR after achieving employment. Within age, differences in spending are associated with differences in successful outcomes- though this does not say that simply spending more on any case is more likely to result in better outcomes regardless of other factors. Spending and case success are both correlated with many other factors, such as length of time in service, employment plan goals, the particular needs of the individual, and number and type of services accessed.

IN VR is not solely responsible for the outcomes of all transition cases and is unlikely to be the primary spender on these participants. While this is a trend to monitor, combined with other information on transition youth and student outcomes, it does not suggest a systemic problem. Participants in the 14-21 age group are likely to still be attending school and therefore specific Pre-ETS services and general VR services may not result in closure with employment if students are exiting VR before receiving services that lead more directly to employment outcomes.

IN VR Staff Perceptions of Services

This section outlines IN VR staff responses about VR-provided services.

4.2.1.4 Staff Perceptions Highlights

- The majority of staff (75.4 percent to 95.3 percent) either strongly agreed or agreed that the participants they work with receive services in a convenient place, can get around easily in VR offices and other meeting places, the VR office is open at times that work for their participants, and VR provides participants with reasonable accommodations needed to receive services.
- IN VR staff ranked all employment services at about 75.0 percent or higher as being sometimes or always adequate, except for Self-employment supports which ranked approximately 60.0 percent for always or sometimes adequate.
- More than a quarter (30.2 percent) of staff respondents disagreed or strongly disagreed that "I have experience providing services in partnership with interpreters and translators for people who prefer language other than English."
- IN VR staff reported several service gaps provided by job coaches. These service gaps include not enough providers for specific populations (80.6 percent), not enough staff with the skills needed to support different needs (53.7 percent) and takes a long time to get a job (41.8 percent).
- Staff reported Hispanic or Latino/a (23.9 percent) as the racial/ethnic minority group most likely to be unserved.
- Individuals residing in rural areas were most frequently (34.3 percent) reported as underserved.
- IN VR staff respondents identified that improved transportation options (56.7 percent) and increased training for employment specialists or job coaches (44.8 percent) needed the most improvement for underserved populations.
- These results are further reflected in the results of focus groups with staff. In those groups, staff spoke frequently about difficulties finding reliable transportation and how that limits employment for people with disabilities. Transportation issues are more pronounced in rural areas which rarely have access to meaningful public transportation and often have limited commercial transportation options such as taxis, Uber, and Lyft.
    - Additionally, in focus groups staff discussed individuals with mental health concerns and also identified them as an underserved group within the survey results. Staff were concerned about the training of providers in working with individuals with behavioral health conditions, medication compliance of the individuals being served, and the overall difficulty related to accessing treatment.
- The most prominent barriers reported by IN VR staff included:
    - **Transportation**–(83.6 percent)
    - **Mental health care**–(58.2 percent)
    - **Housing**–(46.3 percent)
    - **limited work experience**–(65.7 percent)
    - **limited relevant job skills**–(56.7 percent)
    - **Potential loss of financial benefits**–(65.7 percent)

- **Potential loss of medical** benefits such as Medicare or Medicaid access–(65.7 percent)

Figure 4: Staff Perceptions Highlights

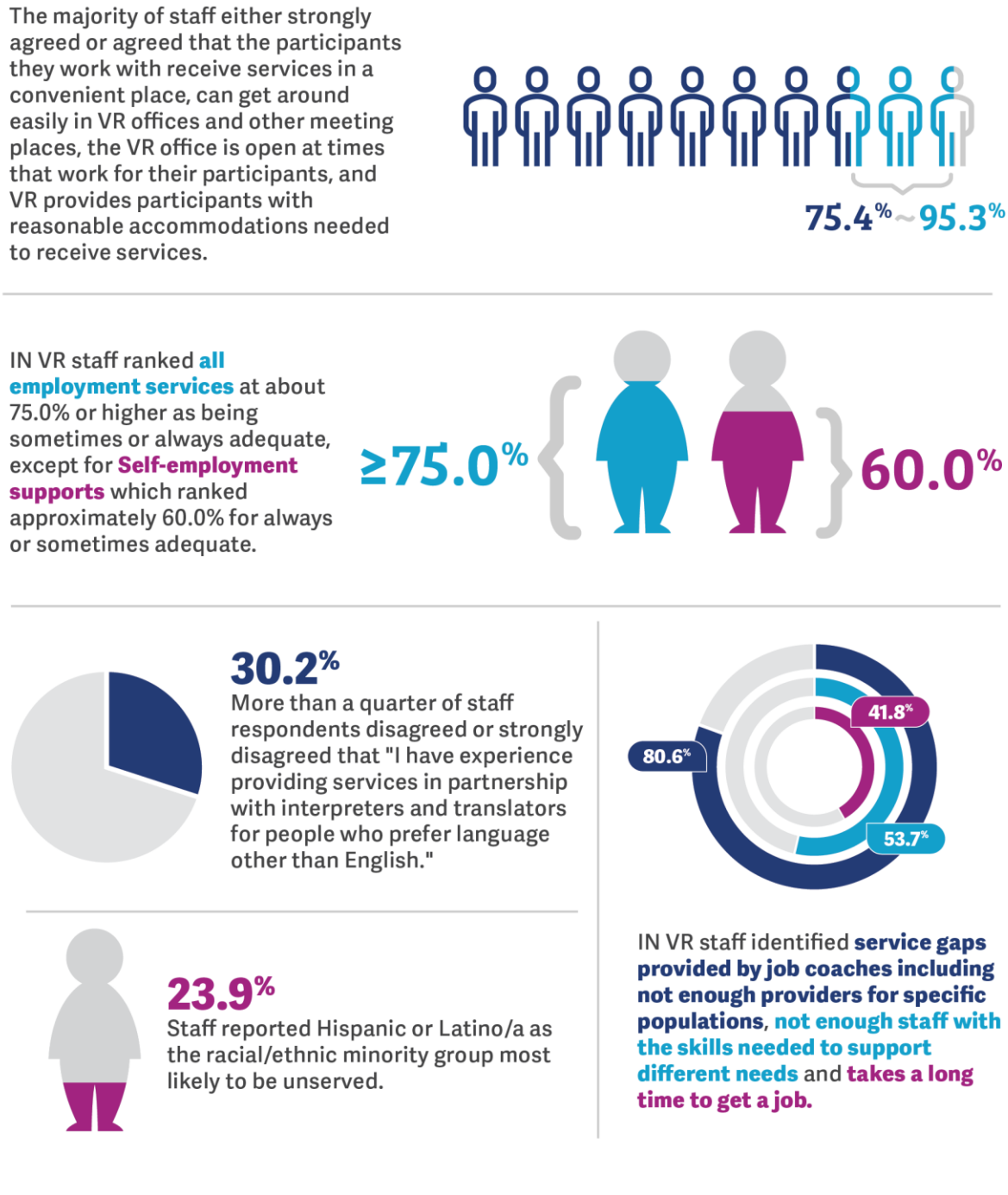
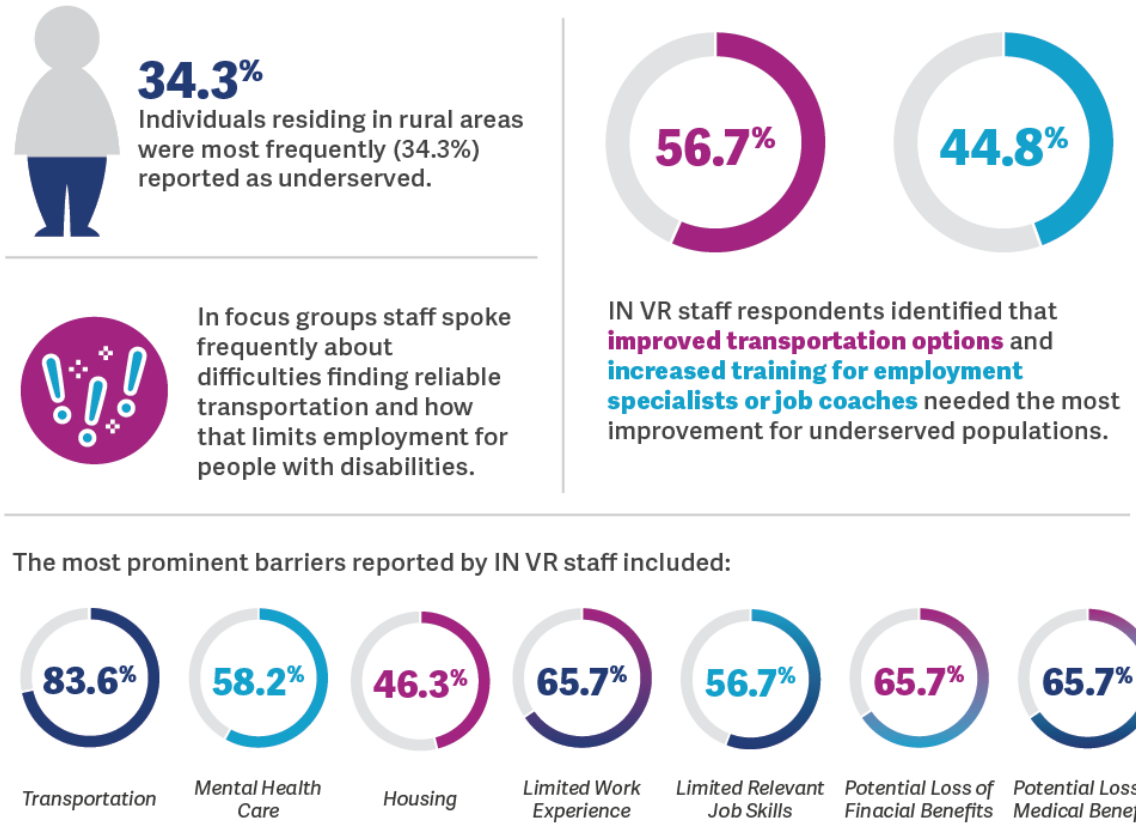


Figure 5: Staff Perceptions Highlights Continued



4.2.1.5 Overview of Services

Table 36 reports IN VR staff perceptions of general services. Overall, staff were positive, agreeing with statements that express positive sentiment of VR. Most staff respondents strongly agreed or agreed that the clients they work with received the testing or assessments they need to obtain and maintain successful employment, and that the clients they work with help to develop their own IPE (Individualized Plan for Employment). However, more than one-third of respondents disagreed, strongly disagreed, or were unsure about their experience working with translators or interpreters for languages other than English. More experience in this area could benefit some communities within Indiana.

Table 36 Staff: Assessment of General Services

Statement	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Unsure (%)
The clients I work with receive VR	32.3%	56.9%	4.6%	3.1%	3.1%

Statement	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Unsure (%)
services in a convenient place					
The clients I work with can get around easily in VR offices and other places we meet	26.2%	49.2%	16.9%	6.2%	1.5%
The VR office is open at times that work for my clients	10.8%	75.4%	7.7%	3.1%	3.1%
VR provides my clients with the accommodations needed for services	45.3%	50.0%	<1.0%	1.6%	3.1%
VR provides my clients with the technology or equipment needed to receive services	35.4%	56.9%	1.5%	1.5%	4.6%
Clients I work with receive the testing or assessments they need to obtain and maintain successful employment.	32.3%	60.0%	1.5%	1.5%	4.6%
Clients I work with help to develop their own IPE	31.3%	56.3%	4.7%	<1.0%	7.8%
I have experience providing services in partnership with interpreters and translators for people who prefer	25.4%	36.5%	25.4%	4.8%	7.9%

Statement	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Unsure (%)
languages other than English					

Table 37 reports IN VR staff perceptions of the service gaps provided by job coaches. Regarding the biggest gaps in services provided by job coaches, over three-quarters of the respondents, 80.6 percent, agreed that there were not enough providers for a specific population, and over half, 53.7 percent agreed that there were not enough staff with the skills needed. Respondents who stated there were not enough providers for specific disability populations cited individuals with mental health conditions, individuals who are blind and visually impaired, individuals who are deaf or hard of hearing, individuals with intellectual and developmental disabilities, and individuals residing in rural areas.

Table 37 Staff: Job Coach Service Gaps

Selection	Count (n)	Percent (%)
Not enough providers for a specific population	54	80.6%
Not enough staff with the skills needed to support different needs	36	53.7%
Takes a long time to get a job	28	41.8%
Other	17	25.4%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 38 reports staff perceptions of the adequacy of assistive technology supports. Over half of the respondents (77.4 percent) agreed that technological aids and devices, durable medical equipment (62.9 percent) and orientation and mobility services (59.0 percent) were either always or sometimes adequate. The largest groups of those providing a valid response were those reporting that assistive technology services were always adequate.

Table 38 Staff: Assessment of Assistive Technology Services

Assistive Technology Services	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Durable medical equipment	43.5%	19.4%	<1.0%	<1.0%	37.1%

Assistive Technology Services	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Orientation and mobility services	32.8%	26.2%	3.3%	<1.0%	37.7%
Technological aids and devices	43.5%	33.9%	<1.0%	<1.0%	22.6%

Table 39 reports staff perception of the adequacy of IN VR employment services. When considering the rate at which staff report employment services as always or sometimes adequate, only self-employment supports (59.6-percent) failed to reach three-quarters of staff. Staff most frequently reported vocational counseling (87.1-percent) as always or somewhat adequate, while none of those responding considered counseling services to be rarely or never adequate.

Table 39 Staff: Assessment of Employment Services

Assessment	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Vocational assessment	27.4%	46.8%	6.5%	<1.0%	19.4%
Vocational counseling	46.8%	40.3%	<1.0%	<1.0%	12.9%
Technical training	16.1%	58.1%	4.8%	<1.0%	21.0%
Academic education	25.8%	53.2%	<1.0%	<1.0%	21.0%
Vocational tuition assistance	27.9%	50.8%	3.3%	<1.0%	18.0%
Job placements	16.1%	67.7%	4.8%	<1.0%	11.3%
Job coaching	12.9%	64.5%	11.3%	<1.0%	11.3%
Self-employment supports	17.7%	41.9%	3.2%	<1.0%	37.1%

Table 40 reports staff responses to questions about the need for mental health supports. For these questions, the instrument first assessed the general rate which staff

perceived the need for a certain category of specialized mental health support within the population they work with. They were asked if a given service was needed by most or all of the population they work with, by some of the population, a few members of the population, or by none of the population. More than one-half of staff felt that all identified mental health supports were needed some or most/all of the time. Combined with responses from focus groups suggesting that individuals with mental health related disabilities were underserved, this suggests that IN VR may need to seek out means by which to better provide these services and strengthen partnerships for mental health treatment.

Table 40 Staff: Mental Health Supports Participants Need

Assessment	Most/All (%)	Some (%)	Few (%)	None (%)	Unsure (%)
Behavioral supports	20.3%	66.1%	5.1%	<1.0%	8.5%
Mental health treatment	30.5%	55.9%	5.1%	<1.0%	8.5%
Substance use treatment	1.7%	50.0%	34.5%	3.4%	10.3%

Table 41 describes staff perceptions of the adequacy of mental health services. Overall, less than 10 percent of responding staff felt all mental health supports was always adequate. However, a meaningful percentage (25.5 percent to 42.4 percent), were unsure or felt that services were rarely or never adequate. The majority of staff reported that services were only sometimes adequate across all categories. Again, this reinforces staff perception that individuals with mental health needs and disabilities are not currently fully served within the State of Indiana, a perception widely described in focus groups and qualitative research.

Table 41 Staff: Assessment of Mental Health Services

Assessment	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Behavioral supports	8.5%	66.1%	8.5%	1.7%	15.3%
Mental health treatment	6.9%	56.9%	17.2%	5.2%	13.8%

Assessment	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Substance use treatment	6.8%	50.8%	6.8%	1.7%	33.9%

4.2.1.6 Pre-Employment Transition Services (Pre-ETS)

Overall, a fairly high percentage of IN VR staff rated their assessment of Pre-ETS as unsure. This may suggest that staff perceive that there is meaningful room for improvement in many of the Pre-ETS services offered in Indiana.

Table 42 reports how respondents felt about the adequacy of Pre-ETS. More than 50 percent of IN VR staff ranked all Pre-ETS as being sometimes or always adequate except for work-based learning experiences, which ranked approximately 47.4 percent as either always or sometimes adequate. Notably, around one-third of all respondents were unsure about the adequacy of the services.

Overall, a fairly high percentage of IN VR staff rated their assessment of Pre-ETS as unsure. This may suggest that staff perceive that there is meaningful room for improvement in many of the Pre-ETS services offered in Indiana.

Table 42 Staff: Assessment of Pre-ETS Services

Assessment	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Job exploration counseling	8.6%	53.4%	8.6%	1.7%	27.6%
Work-based learning experiences	3.5%	43.9%	17.5%	3.5%	31.6%
Counseling on post-secondary education options	15.3%	40.7%	10.2%	3.4%	30.5%
Workplace readiness training	8.5%	50.8%	10.2%	1.7%	28.8%
Instruction in self-advocacy	5.2%	50.0%	8.6%	1.7%	34.5%

Assessment	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Pre-employment transition coordination	16.9%	37.3%	11.9%	3.4%	30.5%

4.2.1.7 Underserved/Unserved Groups

In this section, we report IN VR staff perceptions of the adequacy of services for individuals who are a part of a minority group. Table 43 shows the racial or ethnic groups who IN VR staff feel are currently unserved or underserved by VR. The most frequent response among staff was to report that none of the listed racial or ethnic groups are underserved (32.8 percent), following by the Hispanic or Latino/a population.

Table 43 Staff: Unserved or Underserved Racial or Ethnic groups

Category	Count (n)	Percent
Hispanic or Latino/a	16	23.9%
African American/Black	12	17.9%
Asian	10	14.9%
American Indian or Alaskan Native	9	13.4%
Native Hawaiian or other Pacific Islander	8	11.9%
White	3	4.5%
Other	7	10.4%
None of these	22	32.8%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Asked what could be done to better serve communities they felt were underserved, IN VR staff universally stated further outreach to minority communities as the most frequent comment. Staff were also likely to state that additional experience with language translation or interpreter services would benefit these participants.

Table 44 demonstrates the diagnosis or disabilities that IN VR staff believe are currently unserved or underserved by VR. They were asked to select all that applied. The most common response was none (i.e., that all categories of disability were well served at 35.8 percent), followed by individuals with mental health disabilities (22.4 percent). This echoes the results of staff and provider focus groups, who frequently stated that

individuals with mental health needs were challenging to serve. This perception undoubtably would contribute to this group being under or unserved and might be ameliorated with additional disability specific training on supports and services for VR counselors and CRP staff.

Table 44 Staff: Unserved or Underserved Specific Diagnosis or Disability Categories

Category	Count (n)	Percent
Individuals with mental health disabilities	19	22.4%
Individuals with intellectual and developmental disabilities	15	9.0%
Individuals with traumatic brain injuries	6	9.0%
Individuals who are blind or have vision loss	6	9.0%
Individuals with mobility or manipulation disabilities	5	7.5%
Individuals with Autism	4	6.0%
Individuals who are deaf or hard of hearing	3	4.5%
Individuals with some other type of disability	4	6.0%
None	24	35.8%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 45 reports staff perceptions on what groups IN VR does not serve well enough. More than one-third of staff respondents reported none (34.3 percent) or individuals residing in rural areas (34.3 percent).

Table 45 Staff: Groups Not Served Well Enough

Category	Count (n)	Percent
Individuals residing in rural areas	23	34.3%
Individuals with disabilities pursuing career paths with advanced degrees	11	16.4%
Individuals in the LGBTQ+ community	9	13.4%
Individuals transitioning from high school to the workforce	8	11.9%

Category	Count (n)	Percent
Individuals with the most significant disabilities	7	10.4%
Veterans	5	7.5%
Religious minorities	4	6.0%
Other	8	11.9%
None	23	34.3%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 46 identifies the services respondents believe are needed to improve services for underserved populations. Staff respondents identified that improved transportation options (56.7 percent) and increased training for employment specialists or job coaches (44.8 percent) needed the most improvement for underserved populations. These were also widely talked about in qualitative research with both IN VR staff and providers. The next highest categories included increased outreach about available programs and services (38.8 percent), and training for VR staff (20.9 percent).

Table 46 Staff: Improvement of Services for Underserved Populations

Category	Count (n)	Percent
Improved transportation options	38	56.7%
Increased training for employment specialists or job coaches	30	44.8%
Increased outreach about available programs and services	26	38.8%
Increased training for VR Staff	14	20.9%
Ways to address language barriers	10	14.9%
Other	8	11.9%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.2.1.8 Barriers Affecting Employment Outcomes

PCG also obtained feedback from IN VR staff regarding barriers clients face. Table 47 presents IN VR staff responses to basic needs that affect participants employment outcomes. Transportation was the largest barrier at 83.6 percent, with mental health

care (58.2 percent), housing (46.3 percent), medical care (29.9 percent), and childcare (26.9 percent) as other notable responses.

Table 47 Staff: Basic Needs that Affect Participants Employment Outcomes

Category	Count (n)	Percent
Transportation	56	83.6%
Mental health care	39	58.2%
Housing	31	46.3%
Medical care	20	29.9%
Childcare	18	26.9%
Food	7	10.4%
Some other basic need	8	11.9%
None of these	1	1.5%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 48 reports IN VR staff responses on consumer job-related challenges. According to staff respondents, limited work experience (65.7 percent), limited relevant job skills (56.7 percent), and employer attitudes toward people with disabilities (53.7 percent) were the top three challenges faced by their participants. These are unsurprising as IN VR's service population is disproportionately young when compared to the population as a whole. Finding other ways to appeal to employers beyond job experience is critical to successful employment outcomes.

Table 48 Staff: Job-related Challenges

Category	Count (n)	Percent
Limited work experience	44	65.7%
Limited relevant job skills	38	56.7%
Employer attitude toward people with disabilities	36	53.7%
Difficulty with online applications	32	47.8%

Category	Count (n)	Percent
Job options don't match the clients' education or experience	27	40.3%
Poor job market or lack of opportunities	20	29.9%
Lack of opportunities to explore careers	18	26.9%
Some other job-related need	10	14.9%
None of these	1	1.5%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 49 shows that about half of VR staff reported at least some of their clients face criminal offenses (52.5 percent) or discrimination related to their disabilities (49.2 percent).

Table 49 Staff: Participant Legal Barriers that affect Employment Outcomes

Legal Barrier	Most/All (%)	Some (%)	Few (%)	None (%)	Unsure (%)
Criminal offenses	<1.0%	52.5%	35.6%	<1.0%	11.9%
Immigration status	<1.0%	7.0%	38.6%	29.8%	24.6%
Discrimination related to their disability	<1.0%	49.2%	33.9%	5.1%	11.9%

Table 50 reports staff respondents' perceptions of support services needed by individuals to achieve their goals. A large number of respondents believe that all or some clients needed transportation (88.5 percent). Referrals to community resources and Social Security benefits planning were the next most frequently cited at 80.0 percent each. These reflect widespread concerns among staff and participants, reflected across multiple methods of data collection.

Table 50 Staff: Participants that Needed Services

Service Need	Most/All (%)	Some (%)	Few (%)	None (%)	Unsure (%)
Referrals to community resources	43.3%	36.7%	8.3%	<1.0%	11.7%

Service Need	Most/All (%)	Some (%)	Few (%)	None (%)	Unsure (%)
Family and caregiver support	23.3%	50.0%	13.3%	5.0%	8.3%
Group and peer support	19.7%	50.8%	14.8%	1.6%	13.1%
Housing	11.7%	53.3%	20.0%	<1.0%	15.0%
Independent living skills training	14.8%	55.7%	14.8%	1.6%	13.1%
Increased access to medical care	18.3%	48.3%	11.7%	<1.0%	21.7%
Social Security benefits planning	40.0%	40.0%	8.3%	<1.0%	11.7%
Transition services from high school to adult services	19.7%	59.0%	9.8%	1.6%	9.8%
Transition services from institution to community	11.5%	29.5%	34.4%	8.2%	16.4%
Transportation	50.8%	37.7%	3.3%	<1.0%	8.2%

Table 51 reports staff perceptions of adequacy of support services. Three-quarters of respondents felt that referrals to community resources (81.7 percent), Social Security benefits planning (WIPA) programs (80.0 percent), and transition services from high school to adult services (72.2 percent) were at least sometimes adequate. Respondents felt transportation services were either rarely or never adequately provided (44.3 percent).

Table 51 Staff: Adequacy of Support Services

Support Service	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Referrals to community resources	25.0%	56.7%	5.0%	<1.0%	13.3%
Family and caregiver support	8.5%	61.0%	3.4%	1.7%	25.4%
Group and peer support	9.8%	54.1%	9.8%	<1.0%	26.2%
Housing	8.3%	51.7%	15.0%	<1.0%	25.0%
Independent living skills training	6.6%	54.1%	4.9%	1.6%	32.8%
Medical care	13.3%	58.3%	8.3%	<1.0%	20.0%
Social Security benefits planning	36.7%	43.3%	5.0%	<1.0%	15.0%
Transition services from high school to adult services	14.8%	57.4%	8.2%	3.3%	16.4%
Transition services from institution to community	8.5%	35.6%	10.2%	1.7%	44.1%
Transportation	6.6%	34.4%	37.7%	6.6%	14.8%

CRP Perceptions of Services

IN VR provides a variety of in-house services and services contracted through Community Rehabilitation Providers (CRPs – also called service providers or just providers), to meet the needs of Hoosiers with disabilities. This section outlines CRP

perceptions collected from the PCG provider survey and supported by feedback gathered from CRP participants in PCG-facilitated focus groups.

CRP perception of services highlights include:

- All CRPs who reported working with IN VR would recommend IN VR services to their colleagues
- Most CRPs (65.9 percent) agreed or strongly agreed that the network of IN VR service providers in their area meets most needs of individuals with disabilities
- CRPs reported transportation (78.7 percent), mental health care (44.7 percent), and housing (31.9 percent) as the greatest needs preventing participants from advancing in their careers

4.2.1.9 Overview of Services

IN VR requested that PCG begin the provider survey with a series of questions evaluating the working relationship between service providers and IN VR. Table 52 contains CRP responses. Generally, most providers agreed with the many positive sentiments about IN VR, their staff, and services. Providers were most likely to strongly or somewhat agree that IN VR provided individuals the accommodations needed for services (88.9 percent), and that individuals received VR services in a convenient place (86.7 percent).

Table 52 CRP: Perception of Service Accessibility

Assessment	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Unsure (%)
The individuals I work with receive VR services in a convenient place.	48.9%	37.8%	4.4%	2.2%	6.7%
VR provides the individuals I work with the accommodations needed for services	53.3%	35.6%	4.4%	2.2%	4.4%
VR provides the individuals I work with the technology or equipment needed to receive services	35.6%	40.0%	8.9%	2.2%	13.3%

Assessment	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Unsure (%)
Individuals that I work with receive the testing or assessments they need.	31.1%	51.1%	6.7%	<1.0%	11.1%
Individuals I work with help to develop their own IPE (Individual Plan for Employment).	40.0%	37.8%	8.9%	<1.0%	13.3%

Table 53 shows that most CRP respondents (65.9 percent) agree or strongly agree that the network of IN VR service providers in their area meets most needs of individuals with disabilities.

Table 53 CRP: IN VR Providers in Area

Response	Count (n)	Percent
Strongly agree	12	27.3%
Agree	17	38.6%
Disagree	9	20.5%
Strongly disagree	3	6.8%
Unsure	3	6.8%

Next, the survey prompted respondents who disagreed or strongly disagreed to identify the reasons why they believe vocational rehabilitation service providers in their area are generally unable to meet the needs of individuals with disabilities. Table 54 identifies reasons why CRPs believe service providers in their area are unable to meet the needs of individuals with disabilities. The most respondents (17.0 percent) believe there is a need for more service providers. An equal number of respondents (12.8 percent) selected the long wait time for services, training for service provider staff, lack of providers available in the area, and providers lack staff with skillsets to work with individuals with specific disabilities as reasons why other providers are unable to meet individual needs. Many of these perceived barriers can be addressed through enhanced education, focusing on employers and employment service providers.

Table 54 CRP: Reasons Other Providers Are Unable to Meet Individual Needs

Unmet Need	Count (n)	Percent
Need for more service providers	8	17.0%
Long wait times for services	6	12.8%
Training for service provider staff	6	12.8%
Not enough providers available in area	6	12.8%
Providers lack staff with skillsets to work with individuals with specific disabilities	6	12.8%
Other	5	10.6%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.2.1.10 Pre-Employment Transition Services (Pre-ETS)

The survey asked respondents if their organization works with students transitioning from education to the workforce. Table 55 below demonstrates that the majority of CRP respondents agree that their organization works with students transitioning from education to the workforce.

Table 55 CRP: Students Transitioning from Education to the Workforce

Response	Count (n)	Percent
Yes	31	68.9%
No	14	31.1%

Table 56 shows that of the CRPs that reported working with students transitioning from education to the workforce, most were likely to feel that workplace readiness training was always or somewhat adequate in their communities (82.8 percent). Notably, CRPs identified job exploration counseling (62.1 percent) as always or sometimes adequate at a lower rate than other Pre-ETS activities.

Table 56 CRP: Pre-ETS in Community

Pre-ETS Service	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Job exploration counseling	41.4%	20.7%	13.8%	3.4%	20.7%
Work-based learning experiences	34.5%	37.9%	3.4%	3.4%	20.7%
Counseling on post-secondary education options	34.5%	34.5%	3.4%	3.4%	24.1%
Workplace readiness training	48.3%	34.5%	3.4%	<1.0%	13.8%
Instruction in self-advocacy	44.8%	31.0%	6.9%	<1.0%	17.2%

Qualitative data collection revealed that individuals involved with the Indiana Department of Education were enthusiastic about IN Pre-ETS. They expressed the feeling that services were high quality and widely provisioned by partner agencies and VR. They were particularly enthusiastic about services in Marion County, around the greater Indianapolis area. This is a counterweight to findings of IN VR's own internal Pre-ETS needs assessment that showed potential under representation in that area.

Interviews did reveal concerns about individuals enrolled in private and charter schools around Indianapolis. There were concerns that students in those settings may not build relationships with IN VR or other service providers in the area. Likewise, there was some concern about accessibility outside of the network of services provided directly by public school settings.

4.2.1.11 Adequacy of Support Services

The IN VR provider survey asked CRPs to rate the adequacy of a variety of supports provided or authorized by VR. CRP's were asked whether a given support was always adequately provided, sometimes adequate, rarely adequate, or never adequate.

CRPs were most likely to report job coaching and vocational counseling as always or somewhat adequate (85.8 percent and 83.7 percent respectively), and most likely to report self-employment supports as rarely or never adequate (23.8 percent). While self-employment support was seen to be the least adequate, almost 50 percent of CRPs said they were unsure about the adequacy of these services.

Table 57 CRP: Adequacy of Employment-Related Supports

Support	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Vocational assessment and discovery	27.9%	48.8%	7.0%	4.7%	11.6%
Vocational counseling	25.6%	58.1%	7.0%	<1.0%	9.3%
Credentialing or tuition support	26.2%	28.6%	11.9%	<1.0%	33.3%
Job placements	31.0%	47.6%	9.5%	2.4%	9.5%
Job coaching	42.9%	42.9%	4.8%	<1.0%	9.5%
Self-employment supports	11.9%	16.7%	16.7%	7.1%	47.6%
Work experiences and internships	11.9%	52.4%	11.9%	2.4%	21.4%

The provider survey included questions on other services sometimes used by clients in order to clarify how widely CRPs perceived the adequacy of those service offerings, as seen in Table 58. When assessing the adequacy of these services, CRPs were most likely to say that referrals to community resources and family and caregiver support were always or sometimes adequate (77.5 percent). Notably, CRPs reported that mental health care (32.5 percent), housing support (21.1 percent), and group and peer support (17.5 percent) were rarely or never adequate. These forms of support services are important but not directly provided by IN VR or its provider network.

Table 58 CRP: Quality of Support Services

Support	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Referrals to community resources	15.0%	62.5%	7.5%	<1.0%	15.0%

Support	Always adequate (%)	Sometimes adequate (%)	Rarely adequate (%)	Never adequate (%)	Unsure (%)
Family and caregiver support	12.5%	65.0%	5.0%	<1.0%	17.5%
Group and peer support	10.0%	47.5%	15.0%	2.5%	25.0%
Housing support	5.3%	52.6%	21.1%	<1.0%	21.1%
Independent living skills training	17.5%	42.5%	12.5%	<1.0%	27.5%
Medical care	20.0%	40.0%	5.0%	<1.0%	35.0%
Mental health care	15.0%	35.0%	27.5%	5.0%	17.5%
Social Security benefit planning	27.5%	45.0%	15.0%	<1.0%	12.5%
Transition services from institutional settings to the community	7.5%	27.5%	10.0%	2.5%	52.5%
Transportation	15.0%	37.5%	30.0%	7.5%	10.0%

4.2.1.12 Underserved or Unserved Groups

PCG asked CRPs about whether they felt certain groups were underserved or unserved by IN VR. (CRPs were allowed to select as many groups as they wanted.) As seen in Table 59, an equal number of CRPs selected people who live in rural areas of the state and people who are homeless (46.8 percent) as unserved or underserved populations in Indiana. Rural areas are a frequent concern of service providers, particularly those who felt that compensation for mileage or distance traveled was inadequate.

Table 59 CRP: Unserved or Underserved Groups

Unserved or Underserved Group	Count (n)	Percent
People who live in rural areas of the state	22	46.8%
People who are homeless	22	46.8%
People with a mental health condition	21	44.7%
People who have criminal convictions	17	36.2%
People with substance use disorder	14	29.8%
People with specific types of disabilities, including blind and deaf populations	12	25.5%
People who are racial or ethnic minorities	8	17.0%
People who are between the ages of 14 to 22	5	10.6%
Other	5	10.6%
People who are LGBTQ+	4	8.5%
Veterans	4	8.5%
I believe all groups of individuals in Indiana are being adequately served by VR	4	8.5%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.2.1.13 Barriers to Receiving Services

IN VR queried CRP respondents about barriers to receiving VR services. As in the staff survey, CRP respondents provided feedback on basic needs, job related challenges, financial needs, and other barriers for the individuals that they serve.

As demonstrated in Table 60, CRPs are most likely to respond that the basic need preventing participants from advancing their career is transportation (78.7 percent), followed by mental health care (44.7 percent), and housing (31.9 percent). These findings are similar to the barriers most frequently expressed by IN VR staff, and the services needs expressed by both groups in surveys and focus groups.

Table 60 CRP: Basic Needs Barriers to Career Advancement

Basic Need Barrier	Count (n)	Percent
Transportation	37	78.7%
Mental health care	21	44.7%
Housing	15	31.9%
Childcare	12	25.5%
Having enough food	9	19.1%
Medical care	6	12.8%
Some other basic need	6	12.8%
Unsure	1	2.1%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

In Table 61 the client justice-related barrier most frequently mentioned by CRPs was criminal offenses (44.7 percent). Note that 29.8 percent of responding CRPs were unsure if justice-related barriers served as a barrier to career advancement, notably more than other categories of barrier.

Table 61 CRP: Client Justice-Related Barriers to Career Advancement

Justice Barrier	Count (n)	Percent
Criminal offenses	21	44.7%
Unsure	14	29.8%
Immigration status and work permits	4	8.5%
Some other legal need	3	6.4%
An ongoing discrimination case	1	2.1%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

In Table 62 limited work experience (63.8 percent) and limited relevant job skills (53.2 percent) were the job-related barriers most cited by CRPs, similar to IN VR staff. This is unsurprising considering that many clients come to IN VR because they lack meaningful employment experience, or to seek training in their preferred field. Concern about employer attitudes toward people with disabilities was also widespread (48.9 percent).

Table 62 CRP: Client Job-related Barriers to Career Advancement

Job Related Barrier	Count (n)	Percent
Limited work experience	30	63.8%
Limited relevant job skills	25	53.2%
Employer attitudes toward people with disabilities	23	48.9%
Job options don't match client's education or experience	20	42.6%
Family or support expectations	20	42.6%
Lack of opportunities to explore careers	19	40.4%
Poor job market or a lack of opportunities	16	34.0%
Some other job-related need	3	6.4%
None of these	1	2.1%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Employer Perception of Services

This section outlines employer perceptions collected from the PCG employer survey. PCG Found most employers who responded are interested in learning more about the services IN VR provides to employers. Employers most frequently learned about IN VR services for employers through contact with VR or VR provider staff (57.1 percent). However, the number of responses to this survey were low and results may express the views of a particular individual. Therefore, broad conclusions about the employers cannot be drawn from these results.

Employer perception of services highlights include:

- More than 50.0 percent of employers worked with VR or a VR employment service provider in the last year.
- All employer respondents indicated they would recommend IN VR services to their colleagues.
- Most employers were either very interested or somewhat interested in learning about the services IN VR provides directly to businesses.
- More than 80.0 percent of all employers were interested in learning about IN VR services to help meet their business needs.

- Employers cited concerns about recruiting, being prepared to support individuals with disabilities, and limited open opportunities as barriers to hiring individuals with disabilities.

Figure 6: Employer Perception of Services

While employers report the services above would be beneficial to boost the number of individuals with a disability who are hired, additional barriers could be addressed through the creation of customized employment opportunities. When asked, 36 percent

of employers reported they had worked with IN VR to create a customized employment opportunity for a job seeker with a disability. Of those that had created a customized employment opportunity, half (50 percent) of employers reported it was somewhat successful or very successful for both the individual and employer.

4.2.1.14 Partnership with IN VR

When asked if their business worked with VR or a VR employment provider in the past year, most responding employers had worked with IN VR (68.4 percent), while about a third (31.6 percent) indicated they had not, as shown in Table 63. This is an expected outcome given the survey's context. However, it is important to note that the survey results do not fully capture the views and experiences of all employers in Indiana.

Table 63: Employer Partnership with IN VR

Question	Yes (%)	No (%)
Has your business worked with VR or a VR employment service provider in the last year?	68.4%	31.6%

Note: VR=Vocational Rehabilitation.

When asked whether they had worked with IN VR or through an independent service provider, employers reported an equal split between directly with IN VR or with both (46.2 percent each).

Table 64: Employer Agency Relationship

Method of Contact	Count (n)	Percent (%)
Directly with IN VR	6	46.2%
With an Independent VR service provider	1	7.7%
With both	6	46.2%

Note: VR=Vocational Rehabilitation.

4.2.1.15 Overview of Services

As seen in Table 65, many employers learned about IN VR services through direct contact with VR or a VR provider staff (92.3 percent), or at recruiting and resource events (30.8 percent). Individual contacts with businesses appears to be the most effective method of recruiting active partners.

Table 65: Employer Education on IN VR Services

Method of Contact	Count(n)	Percent (%)
Contact with VR or VR provider staff	12	92.3%
Recruiting or resource event	4	30.8%
Workforce Board referral	2	15.4%
Presentation at a service club event	1	7.7%
Other	2	15.4%

Note: VR=Vocational Rehabilitation. Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

The survey then asked employers who had worked with IN VR if IN VR had helped their business connect job seekers to various services. An equal number of employers indicated that IN VR had supported their business by helping job seekers with disabilities secure permanent employment, and by training staff on disability-related employment barriers and solutions (46.2 percent each).

Table 66: Employer IN VR Assistance in Connecting an IN VR Job Seeker

IN VR Service	Count (n)	Percent
Help a job seeker with disabilities obtain permanent employment	6	46.2%
Train your staff about disability-related barriers in employment and solutions	6	46.2%
Help a job seeker with disabilities participate in an internship	5	38.5%
Engage with young adults or students with disabilities to gain work experience	4	30.8%
Help a job seeker with disabilities participate in an educational fellowship	3	23.1%
Help a job seeker with disabilities participate in short-term employment	2	15.4%
Help a job seeker with disabilities participate in an apprenticeship	2	15.4%
Support an employee with a disability working in your organization	2	15.4%
Something else	2	15.4%

Note: VR=Vocational Rehabilitation. Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

When asked about the services or supports provided by IN VR to their business, most employers reported receiving assistive technology services (71.4 percent). An equal number of employers mentioned receiving assistance with customizing job roles or responsibilities, and financial support for hiring individuals with disabilities (28.6 percent each).

Table 67: Employer Services or Supports Provided by IN VR

IN VR Service	Count(n)	Percent
Assistive technology, for example talk-to-text software or workspace modification	5	71.4%
Customizing a job role or responsibilities	2	28.6%
Financial support to hire individuals with disabilities, e.g., Workplace Opportunity Tax Credits or other tax incentives	2	28.6%
Facilities and workspace access	1	14.3%

IN VR Service	Count(n)	Percent
Some other workplace or job modification	1	14.3%

Note: VR=Vocational Rehabilitation. Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

IN VR supports businesses by connecting them with its talent pool of job seekers with disabilities. Over 70 percent of employers indicated that IN VR was instrumental in recruiting qualified applicants with disabilities for positions within their business, as well as finding suitable job matches between the needs of their business and qualified job seekers with disabilities (54.5 percent).

Table 68: Employer IN VR Assist in Talent Pool of Job Seekers with Disabilities

IN VR Service	Count (n)	Percent
Recruiting qualified applicants with disabilities for positions in your business	8	72.7%
Finding job matches between your business and qualified job seekers with disabilities	6	54.5%
Retaining employees with disabilities	2	18.2%
Some other aspect of helping you fill positions at your company with individuals with disabilities	3	27.3%

Note: VR=Vocational Rehabilitation. Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Additionally, when asked about other services IN VR provided to support their business goals, 58.3 percent of employers noted that IN VR provides appropriate resources and job candidate referrals, while 50.0 percent reported receiving invitations to recruiting events, as shown in Table 69.

Table 69: Employer IN VR Assist in Business Goals

IN VR Service	Count (n)	Percent
Provide appropriate resources and job candidate referrals to meet your employment needs	7	58.3%
Invitations to recruiting events	6	50.0%
Disability etiquette and awareness training	3	25.0%
Some other service not previously discussed	1	8.3%

Note: VR=Vocational Rehabilitation. Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

About a third (36.4 percent) of employers who previously partnered with IN VR reported collaborating with IN VR to create a customized employment opportunity for an individual with a disability, as shown in Table 70. Although customized employment can be challenging for some businesses, this participation rate suggests IN VRs effective promotion of this employment strategy.

Table 70: Employer Customized Employment Opportunity

Customized Employment Experience	Count (n)	Percent
Yes	4	36.4%
No	7	63.6%

All employers who worked with IN VR on customized employment felt it was either somewhat or very successful for the individual, as illustrated in Table 71. This supports the idea that customized employment can be tailored to the unique skills, interests, and strengths of each person, helping individuals find meaningful and well-suited work that enhances their well-being.

Table 71: Employer Participant Success of Customized Employment

Participant Success	Count (n)	Percent
Somewhat successful	2	50%
Very successful	2	50%

Additionally, all employers who collaborated with IN VR to create a customized employment opportunity agreed that it was somewhat or very successful for their business. While this approach can present challenges, it enables individuals who might face obstacles in traditional employment settings to contribute effectively, fostering a more inclusive and supportive workplace for all by providing a customized placement that meets the needs of both the participant and the employer.

Table 72: Employer Success of Customized Employment

Employer Success	Count (n)	Percent
Somewhat successful	2	50%
Very successful	2	50%

As shown in Table 73, all employers indicated they would recommend IN VR services to their colleagues. Employers cited various reasons for their recommendations, including access to a largely untapped talent pool of individuals with disabilities. They also noted that information provided by IN VR was extremely helpful in educating staff on fostering an equitable and inclusive workplace, as well as in supporting participants in finding and maintaining employment that aligns with their skills and ambitions.

Table 73: Employer Recommendation of IN VR Services

Recommend Service	Count (n)	Percent
Yes	12	100%

4.2.1.16 Interest in Services

The employer survey gauged employers' interest in a variety of services provided by IN VR. Employers were asked if they were very interested, somewhat interested, not very interested, or needed more information before expressing a level of interest. The survey repeated this for each of the services offered by IN VR to businesses and employers.

Table 74 reveals that 50 percent or more of employers were either very interested or somewhat interested in learning more about each service. Among these services, employers showed the highest interest in obtaining IN VR support to help job seekers with disabilities secure permanent employment (88.9 percent). Interestingly, over half of the employer respondents indicated they were very interested in participating in an internship, short-term employment, and permanent employment. Conversely, the greatest need for more information was for helping individuals with disabilities in participating in apprenticeships (44.4 percent), suggesting a potential area for increased IN VR education.

Table 74: Employer IN VR Interested Services

IN VR Service	Very Interested (%)	Somewhat Interested (%)	Not Very Interested (%)	Need more Information (%)
Help a person with disabilities participate in an internship	55.6%	16.7%	5.6%	22.2%
Help a person with disabilities participate in short-term employment	55.6%	5.6%	5.6%	33.3%
Help a job seeker with disabilities obtain permanent employment	72.2%	16.7%	<1.0%	11.1%
Help a person with disabilities participate in an apprenticeship	44.4%	5.6%	5.6%	44.4%
Help a person with disabilities participate in an educational fellowship	44.4%	11.1%	11.1%	33.3%
Engage with young adults or students with disabilities to gain work experience	66.7%	16.7%	5.6%	11.1%
Support a person with a disability in your workplace	77.8%	5.6%	11.1%	5.6%
Train your staff about disability-related barriers in employment and solutions	66.7%	11.1%	11.1%	11.1%

Note: VR=Vocational Rehabilitation.

Employers were also asked about their interest in IN VR services focused on making workplaces or tasks more accessible. In Table 75, over 50 percent of responding employers were very or somewhat interested in each service. However, almost 30 percent expressed the need for more information on how IN VR can provide financial support for hiring individuals with disabilities.

Table 75: Employer Interest in Workplace or Work Tasks

Workplace Service	Very Interested (%)	Somewhat Interested (%)	Not Very Interested (%)	Need more Information (%)
Customized worksite accommodations for a person with a disability	55.6%	27.8%	5.6%	11.1%
Assistive technology, for example text-to-type software or workspace modification for an employee with a disability	61.1%	16.7%	5.6%	16.7%
Facilities and workplace access for an employee with a disability	55.6%	22.2%	11.1%	11.1%
Financial support to hire individuals with disabilities	33.3%	22.2%	16.7%	27.8%

Table 76 shows that over 75 percent of employers reported they were very or somewhat interested in connecting with IN VR talent pool of job seekers with disabilities to meet their business needs. Below are the services employers are most interested in.

Table 76: Employer Interest to Meet Employment Business Needs

Employer Interest	Very Interested (%)	Somewhat Interested (%)	Not Very Interested (%)	Need more Information (%)
Recruit qualified applicants with disabilities for positions in your business	58.8%	23.5%	5.9%	11.8%
Find job matches between your business and qualified individuals	58.8%	23.5%	5.9%	11.8%
Hire qualified individuals with disabilities for your business	64.7%	17.6%	5.9%	11.8%
Retain employees with disabilities	82.4%	<1.0%	5.9%	11.8%

As seen in Table 77, more than two-thirds of employers are very or somewhat interested IN VR services that support their broader business goals. Among these services, employers showed the greatest interest in receiving invitations to recruiting events (94.5 percent) and accessing information about available resources (88.9 percent).

Table 77: Employer Interest in Other IN VR Services to Support Business Goals

Employer Interest	Very Interested (%)	Somewhat Interested (%)	Not Very Interested (%)	Need more Information (%)
Disability etiquette and awareness training	76.5%	0%	17.6%	5.9%
Provide appropriate resources and referrals to best meet your employment needs	77.8%	11.1%	5.6%	5.6%
Invitations to recruiting events	77.8%	16.7%	0%	5.6%

Note: VR=Vocational Rehabilitation

4.2.1.17 Support and Barriers

When asked what additional support IN VR could provide to better meet business needs, employers suggested raising awareness of available resources, offering guidance on understanding the skills and job compatibility of individuals with disabilities, and expanding assistive technology services. Employers also highlighted the need for more frequent communication to share future job opportunities. With IN VRs' network of job seekers, they expressed interest in financial support for clients during specific training programs or externships. These suggestions align with other data sources that emphasize the need for financial assistance and training to help employers identify suitable roles for individuals with disabilities.

Employers were also asked to identify their barriers to, or concerns with, hiring more individuals with disabilities. They mentioned challenges with recruiting, being fully prepared to support individuals with disabilities, limited open opportunities, and finding the right role. Providing additional education to employers on recruiting qualified applicants with disabilities and customizing job roles or responsibilities could help address these concerns.

4.2.1.18 Coordination with Employers

Businesses are natural partners with IN VR: coordination and collaboration can be a mutually beneficial relationship to filling labor needs with a qualified workforce. The strengths of the IN VR-employer partnership, according to research results, are:

- **Network building/Community outreach**: Most employers responding have worked with IN VR or a VR employment service provider in the last year. Respondents reported a positive relationship with IN VR, finding that IN VR provided support for job seekers and employers alike. Employers connected with VR staff directly or through recruiting events, workforce board referrals or special presentation events. Employers emphasized their appreciation for IN VR staff who were readily available to connect.
- **Meeting mutual needs**: As a service provider VR assisted employers and job seekers in obtaining permanent employment, internships, educational fellowships and supported employees and the organization at which they worked. IN VR

provided training support to employers, training staff about disability related barriers in employment and solutions. IN VR also partnered with organizations in their recruiting efforts and helped advertise opportunities to their network.

- **Working through barriers**: IN VR partnered with employers to help make the workplace and work activities more accessible to people with disabilities. By providing assistive technology like talk to text software and various workplace modifications employers were able to accommodate job seekers. Employers and IN VR worked together to customize job roles and responsibilities to further acclimate clients.
- **Providing employment solutions**: VR service providers worked to support businesses in disability etiquette and awareness, provided resources and job candidate referrals to meet employer needs and customized positions to fit both the employer and job seekers' needs.

Consider the following quote from an employer: "Without VR, some of my clients would not be able to find and/or maintain employment. The services provided are crucial and have helped many individuals succeed who might otherwise still not be working."

As reflected in the quote above, employers appear to value IN VR staff. While there was overall positive rapport with IN VR, identified opportunities for improvement and expansion including a need for further general support, financial support for businesses in providing training and additional trainings for businesses in understanding the needs of individuals with disabilities were mentioned.

Closure Outcomes

To understand and analyze VR program outcomes, PCG analyzed IN VR data that reports the reasons a participant exits services. The data report contains a variety of case closure outcomes. For ease of analysis and understanding, PCG has collapsed these IN VR case closure outcomes into fewer similar outcomes. These outcomes are closed successful and closed as defined below.

Closed Successful includes all applicants who have received services and who are employed (competitive, integrated employment). Individuals who have a dedicated employer, an eligibility date and closure date are classified within this category.

Closed refers to all individuals who exited the program with any status that was not closure with a status of rehabilitated or employed. *It is important to note that some of these individuals exited prior to receipt of services, including exiting as an applicant, exiting after eligibility but before service plan, or exiting from an order of selection wait list. A small percentage of this group also includes individuals not eligible for VR services. Therefore, this calculation differs from the Rehabilitation Services Administration calculation of percent of participants exiting with employment. For performance year 2023 (state fiscal year 2024), there were 3,708 participants who exited VR after receiving VR services, and 1,463 exited with employment, reflecting a 39.5% employment rate (source: WIOA Annual Report) for individuals exiting VR after receiving services.*

Table 78 below displays the specific closure reasons documented in the IN VR data. A total of 22,226 cases were closed within the time frame. About three-quarters (73.5 percent) percent were *closed* as defined above (including those who exited prior to receiving services), while 26.5 percent closed successful, or with employment.

Table 78: Case Closure Outcomes

Case Exit Reason	Total Closed Case Count (n) (22,226)	Percent
Closed Successful	5,887	26.5%
Closed	16,339	73.5%

Table 79 shows case closure outcome by disability significance. Note that, combined, non-MSD cases make up less than one quarter of all closures.

Table 79: Case Closure Outcome by Disability Significance

Case Outcome	Most Significant Disability (%)	Significant Disability (%)	Non-Severe Disability (%)
Closed Successful	32.2%	17.4%	3.6%
Closed	67.8%	82.6%	96.4%

Table 80 represents case closure outcome by age. The 25- to 29-year-old age group had the highest successful closure rate at 36.0 percent. Individuals aged 21 and younger had the highest unsuccessful closure rate at 83.8 percent. This may be due to limited interest in employment among individuals of this age group, as well as additional opportunities to receive services through other avenues. In general, rates of successful closure reduce with age after the age of 29.

Table 80: Case Closure Outcome by Age

Case Closure Outcome	14 to 21 (%)	22 to 24 (%)	25 to 29 (%)	30 to 39 (%)	40 to 49 (%)	50 to 59 (%)	60 to 64 (%)	65+ (%)
Closed Successful	16.2%	28.3%	36.0%	29.5%	23.1%	23.1%	21.1%	19.9%
Closed	83.8%	71.7%	64.0%	70.5%	76.9%	76.9%	78.9%	80.1%

Table 81 shows case closure outcome by race. The highest case closure success rate was held by individuals that identify as Asian.

While these differences in outcomes appear large, many of these groups are extremely small. Among those individuals who make up the majority of IN VR's caseload, however, there are still differences. African American/Black individuals are more likely to close before plan than Whites, and less likely to achieve a successful case outcome. According to the Economic Policy Institute[3], the rate of unemployment for Black individuals in Indiana overall as well as nationally, is about twice that of White individuals. This difference in outcome may be partially attributed to statewide differences in labor market outcomes.

Table 81: Case Closure Outcome by Race

Case Closure Outcome	American Indian or Alaska Native (%)	Asian (%)	Black or African American (%)	Multi-Racial (%)	White (%)
Closed Successful	15.3%	38.2%	20.3%	26.2%	27.8%
Closed	84.7%	61.8%	79.7%	73.8%	72.2%

Table 82 shows case closure reason by ethnicity. Those of Hispanic backgrounds had a successful closure rate of 23.6 percent while the non-Hispanic group had a successful closure rate of 26.6 percent. The closure rate for Hispanics was 76.4 percent while the unsuccessful closure rate for non-Hispanics was 73.4 percent. While the closure rate for Hispanics is somewhat higher than for non-Hispanics, Hispanics individuals make up a very small percentage of all IN VR cases – about 3 percent.

Table 82: Case Closure Outcome by Ethnicity

Case Closure Outcome	Hispanic or Latino (%)	Non-Hispanic or Latino (%)
Closed Successful	23.6%	26.6%
Closed	76.4%	73.4%

[3] State Unemployment by Race and Ethnicity – Economic Policy Institute, 2024 Q2

Despite the previously noted need stated by VR staff for transportation services in rural areas, the percentage of clients living in rural counties who closed successfully (28.5 percent) is slightly higher than the 26.1 percent of urban county clients who closed successfully (see Table 83).

Table 83: Case Closure Outcome by Population Density

Case Closure Outcome	Rural (%)	Urban (%)
Closed Successful	28.5%	26.1%
Closed	71.5%	73.9%

Hours Worked and Wages

To better understand the quality of outcomes, PCG reviewed and analyzed hours worked and wage data.

Table 84 displays average wages and weekly hours worked by age group. The oldest and smallest (population) age group, 60 to 64, had the highest hourly wage and the highest weekly hours. The largest age group, 22 to 24, had the lowest wage as well as the lowest number of weekly hours worked.

Table 84: Average Employment Wages and Hours by Age

Age	Average Hourly Wage ($)	Average Weekly Hours ($)
14 to 21	$12.80	23.5
22 to 24	$11.82	22.9
25 to 29	$13.86	25.6
30 to 39	$13.35	24.8
40 to 49	$14.59	25.8
50 to 59	$15.98	26.0
60 to 64	$16.36	26.8
65+	$14.57	19.9

Table 85 displays average hourly wage and average weekly hours by race. The highest average hourly wage was earned by American Indians ($16.17). This group also worked the highest average hours at 27.3, while Native Hawaiians worked the lowest average weekly hours at 22.2.

Table 85: Average Employment Wages and Hours by Race

Race	Average Hourly Wage ($)	Average Weekly Hours (n)
Asian	$14.97	26.0
White	$13.89	25.0
Native Hawaiian	$15.80	22.2
Black or African American	$12.70	24.4
American Indian	$16.17	27.3

Table 86 displays the average wages and average weekly hours by significance of disability. Individuals with a significant disability earned the highest average hourly wage ($19.44) and worked, on average, 33.3 hours per week. Individuals with a non-severe disability had a similar hourly wage, differing only by 20 cents, and had the highest average weekly hours at 40.8. Individuals with a most significant disability earned the lowest average hourly wage ($13.06) and worked on average, the least weekly hours (23.9).

Table 86: Average Employment Wages and Hours by Significance of Disability

Significance of Disability	Average Hourly Wage ($)	Average Weekly Hours (n)
Most Significant Disability	$13.06	23.9
Significant Disability	$19.44	33.3
Non Severe Disability	$19.24	40.8

4.3 *Participant Feedback*

Highlights: The following highlights are major takeaways when analyzing data on primary data findings from participants.

- 48.1 percent of participant respondents reported that they ‘strongly disagreed’ or ‘disagreed’ that they could use public transportation to get to IN VR services.
- Almost all (84.9 percent) of participants agreed they helped develop their own individualized plan for employment
- About two-thirds (66.8 percent) of participants disagreed that services were provided quickly enough after they applied

- Transportation (33.3 percent) and medical care (14.6 percent) were identified as the most frequent basic needs per participant respondents.
- Loss of financial benefits (20.6 percent) and educational or training funding (19.2 percent) were reported by participant respondents as the most frequent financial needs that affected their ability to find or keep a job or advance their career.
- Employer attitudes toward people with disabilities (29.9 percent) and job market opportunities (27.1 percent) were reported highest regarding job-related challenges.
    - Individuals with disabilities tended to note all the above barriers less frequently than VR staff or CRPs. This is likely because individuals report only on their own experiences, while staff and CRPs are a smaller population reporting on a much larger population they observe – thus, almost all of that smaller population observes these barriers.
- Recommendation themes from participants include:
    - Decrease process time
    - Individualize supports and services
    - Increase communication and decrease meetings
    - Let participants know all services available to them
    - Decrease CRP staff turnover
- Several comments were received regarding capacity concerns and the impact it had on services. Furthermore, several participants mentioned having numerous counselors throughout their case.

Figure 7: Participant Feedback Highlights

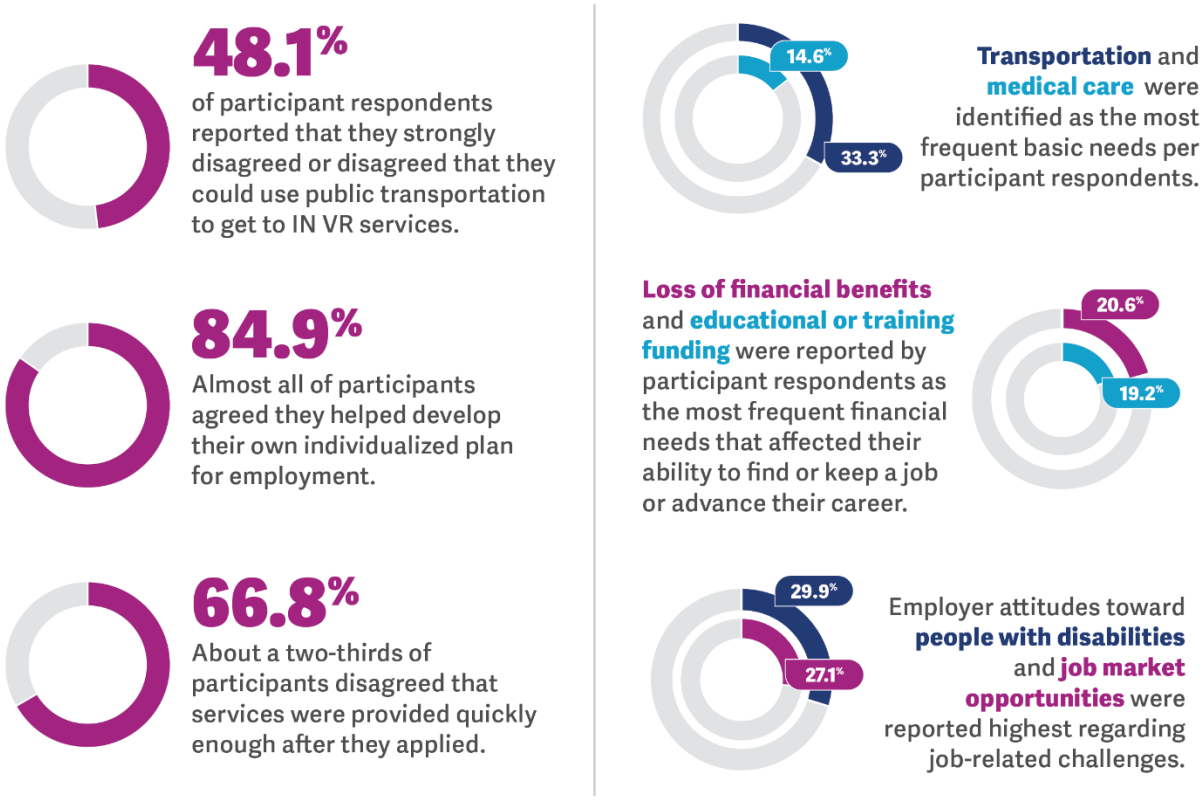


Figure 8: Participant Feedback Highlights Continued

Participant Experience with Services

PCG discusses the IN VR participant experience in this section. We analyze responses from the Participant Survey and focus groups. Note that in the tables where individuals

are allowed to provide multiple responses, percentages will not total 100 percent. For these questions, PCG has also provided a count of respondents who answered a given response. Due to weighting, there may be differences in the percentage of responses (weighted) and the number / count of responses (unweighted).

When considering responses to multiple choice questions examining the person-centeredness of VR service delivery, participants reported positively about their respective counselor experience. The majority of respondents strongly agreed or agreed, their counselor explained the following:

- Helped them understand what kind of careers fit their skills and abilities
- Respected their culture, background, and identity
- Talked about their choices when developing their IPE
- Considered their interests, strengths, abilities and needs when developing the IPE

It is notable that 29.4 percent of respondents disagreed or strongly disagreed with the statement “My VR counselor helped me understand what kind of careers fit my skills and abilities.” The majority of participant respondents (89.5 percent) responded that their counselor treated them with respect, when asked specifically about background, culture, and identity.

Open-ended responses from participants about IN VR counselor experiences appeared to relate to staff capacity: both turnover in the offices and/or counselor qualifications and knowledge of resources. Some notable trends were participants having multiple counselors, feeling their counselor was "too busy,” or overall difficulty with communication. Other trends, however, were experiences of extreme helpfulness, kindness, understanding and attentiveness.

4.3.1.1 General VR Services

Table 87 shows how participant survey respondents feel about services they received from IN VR. Just over 85 percent of participants agreed that their services were provided in a convenient place and that they were provided with needed accommodations. However, it is noteworthy that almost half of respondents did not feel they could use public transportation to get to VR services. It is important to note that many communities across Indiana do not have public transportation.

Table 87 Participant: Services Received from IN VR

Survey	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
I received vocational rehabilitation services in a convenient place.	43.7%	45.9%	6.4%	4.0%

Survey	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
I could use public transportation to get to VR services.	25.0%	26.9%	26.4%	21.7%
I could get around easily in VR offices.	42.2%	47.3%	6.2%	4.3%
VR Staff were available at times that work for me	38.5%	46.0%	8.3%	7.3%
I could choose a location that works for me when I meet with my VR counselor.	40.3%	41.6%	12.2%	5.9%
VR provided the accommodations I needed to receive services.	41.2%	45.7%	7.4%	5.6%
VR provided me with the technology or equipment I needed to receive services.	40.3%	36.0%	10.6%	13.0%
I received the testing or assessments I needed.	40.5%	37.7%	10.9%	10.9%
I helped develop my plan or IPE.	37.4%	47.5%	8.4%	6.7%
I feel the services were provided quickly enough after I applied	26.9%	39.9%	16.6%	16.7%

The participant survey asked respondents if there were services they needed that were not provided by IN VR. Based on their response to that question, the survey would solicit additional information. Table 88 reports that the majority of respondents stated they did not need additional services (68.7 percent).

If the participant respondent stated they required additional services, they were asked what service(s) had not been provided to them. Common themes included long wait

times to receive services, need for more technology or assistive devices, and the struggle to receive transportation-related services like driver's training.

Table 88 Participant: Additional Services Needed

Additional Services Needed	Percent
No	68.7%
Yes	31.3%

4.3.1.2 Participant Counseling Experience

We obtained feedback on the participant's counselor experience in a multitude of ways, including open ended survey comments and through focus groups and individual interviews. Participants provided a wide range of open-ended survey comments, from positive like "great services–above and beyond," to less positive ones such as need more resources, clarified processes, and less wait times. Participants' mixed experiences seemed to depend on counselor qualifications and knowledge of resources, capacity, and counselor turnover

Table 89 depicts how participant respondents felt about their experiences with their counselor. Over 70 percent of respondents agreed or strongly agreed with all of the statements in the table. It is notable that 29.4 percent of respondents either disagreed or strongly disagreed with the statement my VR counselor helped me understand what kind of careers fit my skills and abilities.

Table 89 Participant: Counselor Experiences

Participant Experience	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Count (n)
My VR counselor helped me understand what kind of careers fit my skills and abilities	36.2%	34.5%	15.5%	13.9%	350
My VR counselor respected my culture, background, and identity.	50.0%	39.5%	5.7%	4.8%	360
My VR counselor talked to me about my choices when	39.6%	43.8%	7.3%	9.3%	352

Participant Experience	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Count (n)
developing my plan for employment (IPE).					
My VR counselor considered my interests, strengths, abilities, and needs when developing my rehabilitation plan (IPE).	40.7%	38.7%	10.0%	10.6%	360

Participants' specific counselor experiences exhibited a wide variety of responses. Some individuals expressed that IN VR staff were extremely helpful, nice, understanding, kind, enthusiastic, tentative, genuine, patient, easy to communicate with, and "amazing". One participant commented "my VR counselor was willing to go the extra mile to assist my needs," noting that the counselor went above and beyond to provide services to the participant. In contrast, others commented that staff needed to communicate more and were unreliable or unfriendly. Another stated, "my VR counselor needs training in understanding how disabled people communicate," noting their counselor could benefit from additional training, specifically, how to communicate with individuals with disabilities.

One theme for additional exploration is counselor capacity. Some participants felt that some staff did not have the qualifications to meet their specific disability needs. One individual who is blind felt they were not "treated like a person," while others stated that their counselor was "completely unavailable." and that staff were "extremely rude and disrespectful." Also mentioned was needing but not getting help finding resources (medical supplies, eye glasses, vehicle, transportation assistance, counseling, housing, child care, and legal aid). Several individuals mentioned numerous counselor and provider staff changes, noting that the frequent change was "frustrating." It is important to note that while this question was phrased to elicit feedback on VR staff, consumers frequently confuse staff who work with VR vs. staff who work with service providers.

> *Another individual commented on the turnover: "Despite the turnover in staff, I know I have someone I can call."*

As comments across data collection methods indicate that surveyed participants perceive a need for training and retention, it warrants further exploration to determine

the pervasiveness of this perception, as well as opportunities for advancement. Communication can improve the perceived competence of professionals while high turnover rates can increase stress levels and reduce the quality of services provided.

To further understand participants experiences with VR counselors, PCG examined participant perceptions of processes and policies. Trends included the need to clarify and simplify participant processes, reduce wait times, expand programs across locations and areas, and consider additional supports for participants with higher needs to help them secure employment, and employment logistics. Some comments were positive, such as "my counselor was very helpful and worked with me to get what I needed to continue my employment," and "helped me get a job." Others said the process was confusing at times and often delayed due to counselor caseloads and capacity limitations, "It is very difficult to get in touch with VR. Seems that caseloads or duties are too large to serve me. To schedule a meeting I sometimes have to wait weeks or months."

4.3.1.3 Transition-aged youth

The survey asked individuals aged 14 to 22 about their experience with Pre-ETS. Table 90 summarizes these results. A quarter of respondents felt that they were not offered, but needed to receive, training in self-advocacy. The majority of respondents (78.8 percent) felt that they were offered guidance to help them explore what kind of careers they might want to pursue.

Table 90 Participant: Services that Students were Offered

Question	No, but I need this (%)	No, I do not need this (%)	Yes (%)
Have you received guidance help to explore what kind of careers you might want to pursue?	6.1%	15.0%	78.8%
Have you learned more about careers by visiting workplaces or trying out different types of jobs?	19.3%	15.7%	65.0%
Have you received information on your options for education after high school ends?	4.5%	34.1%	61.4%
Have you received training to get the skills you need to succeed at work?	17.8%	18.4%	63.8%
Have you received training in self-advocacy?	25.5%	22.9%	51.6%

4.3.1.4 Employment Service Providers

In addition to assessing services directly received from the VR program, PCG, via the participant survey, sought information on the use of employment service providers and consultants that help job seekers get the services and support they need to get and keep a job. Table 91 reports most respondents stated yes (59.8 percent) that they used services from a job coach.

Table 91 Participant: Job Coach Services Used

Job Coach Service Indicator	Percent
Yes	59.8%
No	40.2%

Table 92 reports that a greater number of respondents stated yes (68.4 percent), a job coach helped them to get or keep a job.

Table 92 Participant: Help of Job Coach

Job Coach Assistance Indicator	Percent
Yes	68.4%
No	31.6%

In Table 93, participant respondents identified service gaps provided by a job coach. Respondents chose takes a long time to get a job (11.8 percent), and no connections to the sorts of employers I am interested in working with (9.9 percent) as the two highest service gaps provided by the job coach, though ‘none of these’ was selected regarding service gaps by 17.8 percent.

Table 93 Participant: Service Gaps Provided by the Job Coach

Service Gap	Count (n)	Percent
Takes a long time to get a job	112	11.8%
No connections to the sorts of employers I am interested in working with	81	9.9%
Not enough providers who know how to work with people like me	78	9.2%
Poor communication or lack of contact with my job coach	73	9.2%

Service Gap	Count (n)	Percent
Turnover, too many staff changes	69	7.9%
Not enough staff	64	7.6%
Not enough staff with the skills needed to support different needs	46	5.3%
Other	43	4.8%
None of these	165	17.8%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.3.1.5 Support Services

Besides services offered through the IN VR program, the participant survey asked participants about other organizations where they got support. Table 94 shows the percentage of respondents who received services from other IN VR partners (they selected all that applied). One quarter (24.3 percent) indicated they had received services from Indiana Medicare/Medicaid followed by none (20.5 percent) and case management providers (17.7 percent).

Table 94 Participant: IN VR Partner services

Partner Service Received	Count (n)	Percent
Indiana Medicaid/Medicare	194	24.3%
Case Management Providers	148	17.7%
WorkOne	128	15.0%
College or University Disability Services	92	9.6%
Public Transportation	72	7.9%
Community Mental Health Center	51	6.3%
Local School	55	6.0%
Staffing or Temp Hiring Agency	41	5.7
Local ARC of Indiana Office	45	5.0%
Community Rehabilitation Provider	32	3.7%

Partner Service Received	Count (n)	Percent
Area Agency on Aging	30	3.5%
Local Housing Authority	28	3.4%
Medi-Cab Services	17	2.1%
Independent Living Centers	15	1.6%
Veteran's Service/Veteran's Affairs	8	0.8%
Someone else	91	9.3%
Unsure	99	11.2%
None	219	20.5%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 95 shows IN VR participant respondents' opinions on the coordination of services between VR partners. Two-thirds of respondents believe that coordination of services between VR partners goes very well or somewhat well.

Table 95 Participant: Coordination of Services from VR Partners

Outcome of Service Coordination	Percent
Very well	41.8%
Somewhat well	24.5%
Not very well	10.0%
Not well at all	13.7%
Unsure	10.1%

In many cases, IN VR staff connect participants with the resources they needed to overcome barriers to employment. Table 96 shows participant responses about the resources they received. Respondents could choose all that applied to them. The top two resources listed were None (39.4 percent) and Help with transportation (11.5 percent). Community resources (11.4 percent), Unsure (9.8 percent), and Social Security benefits counseling (9.6 percent) were other notable responses.

Table 96 Participant: Services Received

Service Received	Count (n)	Percent
Help with transportation	114	11.5%
Community resources	102	11.4%
Social Security benefits counseling	94	9.6%
Independent living skills training	46	4.2%
Family and/or caregiver support	39	4.2%
Connections to medical care	36	3.6%
Group and peer support	36	3.6%
Help with housing	32	3.5%
Moving from a group home facility to independent living	12	1.3%
Something else	78	6.8%
Unsure	85	9.8%
None	365	39.4%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.3.1.6 Participant Barriers to Employment

Table 97 shows basic needs participants believed affected their ability to find or keep their job or advance their career. The survey prompted respondents to select all that applied. The majority of respondents selected *Transportation* (33.3 percent) followed by *Some other basic need (19.3 percent).*

Table 97 Participant: Basic Needs that Affect Employment Outcomes

Basic Need	Count (n)	Percent
Transportation	307	33.3%
Medical care	135	14.6%
Housing	120	13.1%

Basic Need	Count (n)	Percent
Food	97	9.9%
Childcare	19	2.2%
Some other basic need	182	19.3%
None	361	38.0%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 98 details the legal barriers that participants believe affected their ability to find or keep their job or advance their career. The survey prompted respondents to select all that applied. The majority of respondents identified disability discrimination (21.0 percent) and criminal offenses (3.9 percent) as the most prevalent legal barriers that affect employment outcomes. For those who chose Some *other legal need*, responses included child support payments, age discrimination, and the use of prescriptions that some employers prohibit.

Table 98 Participant: Legal Barriers That Affect Employment Outcomes

Legal Barrier	Count (n)	Percent
Disability discrimination	176	21.0%
Criminal offenses	36	3.9%
Immigration status	2	0.1%
Some other legal need	54	5.3%
None of these	594	63.0%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Table 99 displays participant job-related challenges. Participant respondents most frequently identified employer attitudes toward people with disabilities (29.9 percent), poor job market or lack of opportunities (27.1 percent), and limited work experience (26.8 percent). Most individuals who selected some other job-related need further clarified their challenges, including lack of transportation, physical limitations, and difficulty in receiving necessary supports.

Table 99 Participant: Job-related Challenges that Affect Employment Outcomes

Job-related Challenge	Count (n)	Percent
Employer attitudes toward people with disabilities	252	29.9%
Poor job market or a lack of opportunities	228	27.1%
Limited work experience	232	26.8%
Limited relevant job skills	209	24.2%
Lack of opportunities to explore careers	181	20.7%
Job options don't match my education or experience	176	19.4%
Difficulty with online applications	134	16.4%
Some other job-related need	146	17.5%
None of these	264	25.5%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Participant Experience and Race

The next section compares participant experiences across the two racial groups that make up the majority of VR participants served. African American participants of IN VR services were more likely to report positive experiences working with IN VR across a variety of metrics, particularly their experience with their individual VR counselor, compared to White participants. For reader ease, those strongly agreeing or agreeing with a statement are combined in the following tables.

When asked about their general VR experience, African American participants were over three percentage points more positive than Whites (who make up the largest majority of participants) on eight of ten questions as seen in Table 100.

Table 100: Participant: VR Experience by Race (Percent Positive Responses)

Statement	Black or African American (%)	White (%)
I receive VR services in a convenient place.	92.7%	89.0%
I could use public transportation to get to VR services.	59.1%	49.4%
I could get around easily in VR offices.	87.5%	91.0%

Statement	Black or African American (%)	White (%)
VR staff were available at times that work for me.	85.1%	84.9%
I could choose a location that works for me when I meet with my VR counselor.	86.2%	80.8%
VR provided the accommodations I needed to receive services.	90.2%	86.7%
VR provided me with the technology or equipment I needed to receive services.	79.1%	76.1%
I received the testing or assessments I needed.	90.3%	76.3%
I helped develop my plan or IPE (Individual Plan for Employment).	91.1%	84.2%
I feel like services were provided quickly enough after I applied.	77.4%	65.1%

Note: VR=Vocational Rehabilitation.

Figure 9: Participant VR Experience by Race (Percent Positive Response)

When asked if there were services that they expected or required but did not receive, African Americans were more likely to answer no (79.1 percent) vs. White participants (67.8 percent answered no) as seen in Table 101.

Table 101: Participant: Services Not Received by Race

Statement	Black or African American (%)	White (%)
No	79.1%	67.8%
Yes	20.9%	32.2%

Asked about their experience with their specific VR counselor, African American participants are more likely to be positive than White participants. Table 102 shows the differences between total positive responses and those who strongly agree. In all cases, African Americans are more likely to agree generally, and are about 10 percentage points more likely to strongly agree.

Table 102: Participant: Experience with Counselor by Race (Positive Responses)

Statement	Response	Black or African American (%)	White (%)
My VR counselor helped me understand what kind of careers fit my skills and abilities	Agree	30.6%	34.8%
My VR counselor helped me understand what kind of careers fit my skills and abilities	Strongly agree	52.6%	33.4%
My VR counselor respected my culture, background, and identity.	Agree	30.3%	42.1%
My VR counselor respected my culture, background, and identity.	Strongly agree	61.4%	47.7%
My VR counselor talked to me about my choices when developing my plan for employment.	Agree	35.3%	45.1%
My VR counselor talked to me about my choices when developing my plan for employment.	Strongly agree	52.9%	37.6%
My VR counselor considered my interests, strengths, abilities, and needs when developing plan for employment.	Agree	34.3%	39.6%
My VR counselor considered my interests, strengths, abilities, and needs when developing plan for employment.	Strongly agree	55.3%	38.3%

This mirrors open ended responses, where, in many cases, African Americans were extremely enthusiastic about their counselors. When asked for follow up details about their service experience, many African American respondents said something like, “She is amazing and always went above and beyond to help meet my needs.” Of course, not all individuals were enthusiastic about services. Some cited difficulties working with their counselor, disagreements, or delays.

Participant Focus Groups

To better understand participant experiences with Indiana Vocational Rehabilitation (VR) services, Self-Advocates of Indiana (SAI) conducted six focus groups as part of the Comprehensive Statewide Needs Assessment. Each focus group was facilitated by an individual with an intellectual or developmental disability and aimed to gather firsthand feedback on service effectiveness, challenges, and opportunities for improvement.

Participants reported receiving a range of VR services, which generally fell into three categories:

- Education and training: Participants reported that VR provided valuable assistance with tuition for college, professional development certificates, tutoring, and driver's education.
- Adaptive Equipment: Participants shared that VR provided them with different types of adaptive equipment and supplies, including but not limited to hearing aids, wheelchairs, shower chairs, adaptive vans with hand controls, ramps, talking pens, laptops, desktop monitors, and other accessibility aids.
- Employment Support: Participants reported receiving discovery and career exploration, job coaching, and ongoing support that, in some cases, helped participants maintain employment for over 20 years.

Notably, some individuals reported not receiving any support from VR despite being enrolled in the program, an issue discussed in the "Barriers" section.

Participants highlighted several positive aspects of their VR experiences:

- Provision of Adaptive Equipment: Many participants credited VR with supplying essential tools and equipment that enhanced their employability.
- Tutoring Services: VR-supported tutoring was also noted as a valuable service.
- Job Coaching: The ability to work with the same job coach over multiple years was cited as a key factor in success, as it helped build trust and consistent guidance.

Despite the benefits, focus group participants identified several challenges, including:

- High Turnover of VR Counselor and Job Coaches, which they felt led to disruptions in service, causing delays and requiring participants to repeatedly explain their needs to new VR counselors and job coaches.
- Lack of Continuity in Individual Case Knowledge, or feeling that when their VR counselor or job coach changed, their case history did not seem to transfer, forcing them to "start over" repeatedly.
- Communication Issues, particularly difficulty reaching their VR counselors or job coaches, waiting a long time for an appointment, or scheduling last-minute meetings.

- VR Counselor Engagement, with some experiencing that some VR counselors or job coaches lacked compassion or interest in their work, resulting in participants feeling discouraged or not supported and uncertainty about whether their VR counselor or job coach believed they were capable of securing meaningful employment.

To address these barriers, participants proposed several solutions:

- Enhanced Training and Shadowing for new staff: Participants emphasized the importance of comprehensive training for new staff to ensure understanding of the VR counselor role and available services. They also recommended that new staff be given opportunities to shadow experienced VR counselors or job coaches, especially during case transitions. This approach would allow new staff to observe interactions and understand the specific services and supports each participant requires, facilitating smoother transitions and more personalized support.
- Improved staff-participant Matching: Many participants highlighted the need for careful matching between VR staff and participants. They suggested that VR should take deliberate steps to ensure that VR counselors and participants are well-suited to work together. Additionally, participants recommended that VR prioritize hiring counselors who are committed, empathetic, and genuinely care about individuals with disabilities.
- Comprehensive VR Process Booklet: Participants proposed the creation of a booklet that provides an overview of the VR process and explains the various services available. They emphasized that this resource should include step-by-step guidance on addressing issues or disputes with VR counselors. Recognizing that some individuals become disabled later in life due to accidents, participants noted that the booklet should contain information tailored to those newly navigating the disability landscape and should be distributed to individuals who are newly disabled. IN VR leadership noted that there are several publications on the VR website that likely address this suggestion.

Participants were asked about additional services and community supports they received in addition to VR. Commonly mentioned services included Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), and Work One. Most participants reported finding these services independently rather than through VR referrals.

Findings from the focus groups indicate that while Indiana VR provides critical services, challenges such as staff turnover, communication issues, and accessibility barriers exist. Participants offered concrete recommendations to address these issues, emphasizing the need for better training, continuity of care, and more proactive VR counselor engagement. Implementing these changes could improve participant experiences and VR service effectiveness.

Non-Participants with Disabilities Feedback

PCG conducted a survey of individuals with disabilities who had not recently received services from IN VR. Due to the distribution method and the largely unknown nature of the population, survey responses represent only the views of the individuals who actually responded to the survey. Therefore, they cannot be abstracted to the larger population of unserved individuals. However, we did gather the experiences of over one hundred individuals and their experiences are likely to be similar to others with disabilities.

As this survey was primarily distributed through educational organizations and the Centers for Independent Living, respondents trended much younger than the general population of IN VR participants as seen in Table 103. Therefore, responses tend to reflect this younger population.

Table 103 Non-Participant: Respondent Age

Row Labels	Count (n)	Percent
Under 18	69	47.3%
18 to 24	36	24.7%
25-29	5	3.4%
30-39	9	6.2%
40-49	11	7.5%
50-59	3	2.1%
60 or older	11	7.5%
I'd prefer not to say	2	1.4%

4.3.1.7 Non-Participant Barriers to Employment

PCG asked non-participants the same series of questions about barriers to employment asked of IN VR participants beginning with a question on basic needs as seen in Table 104. Non-participants identified extremely similar needs to those of participants, such as transportation (39.7 percent) and housing (14.7 percent). Mental health and medical care needs were comparable to IN VR participants.

Table 104 Non-Participant: Basic Needs

Challenge	Count (n)	Percent
Transportation	54	39.7%
Housing	20	14.7%
Having enough food	19	14.0%
Mental health care	19	14.0%
Medical care	18	13.2%
Childcare	3	2.2%
Some other basic need	20	14.7%
None of these	56	41.2%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Non-participant respondents were generally less likely than IN VR participants to report legal needs of any sort (see Table 105). Three-quarters of respondents (78.8 percent) reported no legal barriers compared to 63.0 percent of participants. Much of this difference may be due to different disability-related discrimination experiences linked to IN VR's focus on individuals with the most significant disabilities.

Table 105 Non-Participant: Legal Needs

Challenge	Count (n)	Percent
Discrimination related to my disability	21	15.3%
Criminal offenses	4	2.9%
Immigration status	0	<1.0%
Some other legal need	10	7.3%
None of these	108	78.8%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Non-participant job-related barriers were somewhat different from IN VR participant job-related barriers as seen in Table 106. Non-participants were less likely to experience these barriers (42.9 percent). They tended to focus more on internal factors—such as lack of work experience—than the attitudes or conditions they faced in the labor market. Respondents to this survey tended to be younger than IN VR participants generally.

Table 106 Non-Participant: Job-related Barriers

Challenge	Count (n)	Percent
Limited work experience	44	31.4%
Poor job market or a lack of opportunities	36	25.7%
Limited relevant job skills	28	20.0%
Employer attitudes toward people with disabilities	26	18.6%
Difficulty with online applications	23	16.4%
Lack of opportunities to explore careers	18	12.9%
Job options don't match my education or experience	18	12.9%
Some other job-related need	14	10.0%
None of these	60	42.9%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

As seen in Table 107, the vast majority of non-participants were either going to school or participating in some form of skills training (67.1 percent). This is almost twice the number who were working in full or part time jobs (36.3 percent). This may be due to our survey distribution method focused on educational providers and the Centers for

Independent Living, and survey respondents who tended to be much younger than the general population.

Table 107 Non-Participant: Employment Status

Time Spent	Count (n)	Percent
Working full time	23	15.8%
Working part time	30	20.5%
Going to school or in training	98	67.1%
Retired	7	4.8%
Looking for work	28	19.2%
Something else	9	6.2%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Among those who were employed, a majority of non-participants stated they felt that their jobs presented them with opportunities to learn (61.5 percent) and used their skills and talents well (53.8 percent) as seen in Table 108.

Table 108 Non-Participant: Views of Current Job

Describes Current Job	Count (n)	Percent
My job provides chances to learn new things	32	61.5%
My job uses my skills and talents well	28	53.8%
My job pays what I need to get by	24	46.2%
I work as many hours each week as I would like	14	26.9%
My job provides chances to get promoted	10	19.2%
None of these	9	17.3%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.3.1.8 Non-Participant Transition Aged Youth

Whether or not an individual is receiving IN VR services should have little bearing on their ability to receive required Pre-ETS services. As such, PCG provided non-participants with the same opportunities to answer questions about their receipt of Pre-ETS. These questions were asked only of individuals under the age of 25, and of individuals aged 25 to 29 who reported receiving services while in school (of which 80.5 percent said *yes*).

Non-participants were more likely to report receiving Pre-ETS services across all categories than were IN VR participants. This difference was usually small. Only instruction in self-advocacy, which Table 109 demonstrates, was provided to 75.8 percent of non-participants responding, was notably different. These findings suggest Pre-ETS services are widely available in Indiana.

Table 109 Non-Participant: Pre-ETS Services

Question	Count (n)	No, but I need this (%)	No, I do not need this (%)	Yes (%)	Unsure (%)
Have you received help to explore what kind of careers you might want to pursue?	102	4.9%	2.0%	87.3%	5.9%
Have you learned more about careers by visiting workplaces or trying out different types of jobs?	99	23.2%	13.7%	66.7%	8.8%
Have you gotten information on education after high school ends?	100	10.8%	13.7%	66.7%	8.8%
Have you received training on the skills you need to succeed at work?	100	14.0%	3.0%	78.0%	5.0%
Have you received training in self-advocacy?	99	14.1%	2.0%	75.8%	8.1%

4.3.1.9 Non-Participant Employment Services

Often individuals may receive services from employment service providers and other organizations that assist with employment. Of respondents who have received services from an employment service provider, more than half of respondents (51.4 percent) reported receiving services from an employment coach (see Table 110).

Table 110 Non-Participant: Services from Employment Service Providers

Service Received	Count (n)	Percent
Employment Coach	72	51.4%
Job Coach	24	17.1%
Advocate	11	7.9%
An employment center	3	2.1%
Someone else who provided services or supports	22	15.7%
None of these	36	25.7%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

When asked about the effectiveness of working with the employment service provider (see Table 111), about half of non-participant respondents (49.0 percent) reported that they felt these services helped them to get or keep a job. This is somewhat less helpful than those working with IN VR (68.4 percent of whom found their employment service provider useful).

Table 111 Non-Participant: Employment Service Providers

Response	Found these services useful
Yes	49.0%
Unsure	43.0%
No	8.0%

When asked about their experience working with the employment service provider, 18.2% of non-participant respondents reported it takes a long time to get a job as seen in Table 112. Many of these challenges can be addressed through enhanced education, focusing either on employers or employment service providers.

Table 112 Non-Participant: Experience When Working with the Service Provider

Experience	Count (n)	Percent
Takes a long time to get a job	18	18.2%
No connections to the sorts of employers I am interested in working with	9	9.1%
Not enough providers who know how to work with people like me	8	8.1%
Not enough staff	7	7.1%
Turnover, too many staff changes	5	5.1%
Poor communication or lack of contact with my job coach	4	4.0%
Not enough staff with the skills needed to support different needs	3	3.0%
Other	12	12.1%
None of these	60	60.6%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

4.3.1.10 Non-Participant Support Services

In addition to working with employment service providers, the non-participant survey gathered information about other groups that provide the supports individuals need to go to work. Table 113 shows the percentage of non-participant respondents who received services from IN VR partners. Local schools (51.1 percent), case management providers (11.5 percent), and Indiana Medicaid/Medicare (11.5 percent) were the most reported IN VR partners. This suggests that those not receiving VR services are finding other sources of funding or engaging in services free to individuals.

Table 113 Non-Participant: IN VR Partner Services

Partner	Count (n)	Percent
Local School	67	51.1%
Case management providers	15	11.5%
Indiana Medicaid/Medicare	15	11.5%
Community mental health center	13	9.9%
Public transportation	8	6.1%
Independent Living Centers	7	5.3%
College or university disability services	7	5.3%
WorkOne	4	3.1%
Local ARC of Indiana office	3	2.3%
Area agency on aging	2	1.5%
Staffing or temp hiring agency	2	1.5%
Medi-Cab services	2	1.5%
Someone else	16	12.2%
Unsure	29	22.1%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Non-participant respondents who said they worked with a community partner/group were asked how well services were coordinated for them. More than 75 percent

reported that the coordination of services went very or somewhat well as seen in Table 114. This suggests that, at least among the groups with which non-participants work most frequently, coordination of services is routine.

Table 114 Non-Participant: Community Partners/Groups Coordination of Services

Response	Count (n)	Percent
Very well	53	52.0%
Somewhat well	26	25.5%
Unsure	14	13.7%
Not very well	7	6.9%
Not well at all	2	2.0%

When asked about their experiences working with community partners/groups, non-participant respondents highlighted several positive aspects. They praised case management workers for effectively providing information to participants and families. Consistent communication was maintained throughout the process, and these community partners/groups were described as both communicative and supportive. Additionally, individuals reported that these groups played a vital role in helping them to learn about various job opportunities and build connections within the community. One respondent specifically praised their communication practices, stating “they were all very supportive and encouraging, which empowered me to seek a position that would challenge me and let me demonstrate my skills and talents.”

When asked about areas for improvement with community partners/groups, respondents identified several suggestions. These included enhancing communication between community partners/groups, improving the efficiency and speed of service delivery, providing additional training or education for working with individuals with diverse disabilities, and increasing community engagement through public awareness campaigns and volunteer programs. They also noted concerns such as insufficient case management follow-up, limited job opportunities, and uncertainty regarding benefits from year-to-year. Addressing the need to change attitudes of individuals with disabilities in the State of Indiana, one respondent specifically remarked:

> *“[People in] Indiana needs to change its attitude from assuming people with disabilities don’t want to work and realize that people want to work and live independently if we can get the support we need. Our disabilities do limit us in a world created for people without disabilities in Indiana.”*

The survey asked individuals if they had used support services to be successful in their work. Table 115 shows that of support services received, individuals most frequently received *Family and/or caregiver support* (37.8 percent), *Community resources* (24.4 percent), and *Help with transportation* (17.8 percent).

Table 115 Non-Participant: Support Services Received

Service Received	Count (n)	Percent
Family and/or caregiver support	51	37.8%
Community resources	33	24.4%
Help with transportation	24	17.8%
Independent living skills training	20	14.8%
Group and peer support	16	11.9%
Unsure	16	11.9%
Help with housing	8	5.9%
Connections to medical care	8	5.9%
Social security benefits counseling	6	4.4%
Moving from a group home facility to independent living	2	1.5%
Something else	13	9.6%
None of these	38	28.1%

Note: Multiple responses were allowed; percentage values that indicate a selected option will likely not total 100%.

Respondents were given the opportunity to share additional feedback for IN VR support services. Respondents acknowledged that the support services were highly beneficial but highlighted areas for improvement. They emphasized the need for enhanced staff training, a more professional approach to work, better customer service and support, greater accountability for work quality, and increased efforts to educate families and caregivers about available community support services.

When asked what they would change about their job search, respondents highlighted several areas for improvement. They emphasized the need for better understanding of what qualifies as a disability and how to provide reasonable accommodations for individuals with unique challenges. They also called for clearer and more flexible communication options, greater assistance in finding jobs aligned with their interests, and the ability to submit paper applications instead of being limited to online forms.

Additionally, respondents expressed a desire for guidance on securing employment while maintaining necessary medical and other basic living supports, as well as more education for employers and the public to shift attitudes towards hiring and working with individuals with disabilities.

Finally, respondents were asked if there was anything else they wanted IN VR to know about their needs. Respondents emphasized the importance of providing more information about job opportunities for students with disabilities within the community. Respondents also highlighted the need for additional services, such as access to hearing aids, driving exams, and job shadow opportunities. Furthermore, they stressed the need for greater support in finding employment opportunities that align with their interests.

5 Summary of CSNA Required Analysis

In this section we summarize the key findings for population groups that we are required to highlight in 361.29 Section 101(a)(15) of the Rehabilitation Act of 1973, as amended. We compiled data from our surveys, interviews, focus groups, and case management data to assess the rehabilitation needs of individuals with disabilities residing in Indiana.

5.1 *Individuals With the Most Significant Disabilities, Including Their Need for Supported Employment Services*

Individuals with most significant disabilities (MSD) represent a super-majority of individuals served by IN VR. They comprise almost four-in-five (78.8 percent) of all active cases within the past three years according to IN VR case management data. This is, in part, driven by Order of Selection combined with IN VR's relatively high penetration of population served, representing about 75.5 percent of the potential, of-age service population. This suggests that IN VR services are well-suited toward individuals with MSD.

Similarly, in qualitative and survey feedback IN VR staff and providers were unlikely to specifically mention individuals with MSD generally as an underserved group. In survey responses, only 10.4 percent of responding staff identified individuals with MSD as an underserved group. Staff and providers were both considerably more likely to identify individuals with specific forms of disability as underserved, such as those with mental health conditions or those experiencing circumstances like homelessness or members of racial minority groups. Likewise, IN VR staff did not mention supported employment needs as an underutilized or unavailable service category.

Considering their prevalence in the population, most IN VR participant survey results represent the views of those with MSD. The participant survey showed high levels of service satisfaction. In open-ended survey responses, fewer than one-in-three participant survey respondents (31.3 percent) reported services that they required but did not receive, including supported employment services. Instead, open-ended comments touched upon waiting times for services, and unmet technology or adaptive equipment needs. However, focus groups participants tended to be most positive about technology and adaptive equipment they had worked with IN VR to access.

This may be because those who are MSD have the most positive employment outcomes of any significance of disability category, with about 32.2 percent closing successfully with employment. However, these individuals are less likely to close with wages or hours that support independence, as their average hourly wage is $13.06 and they work an average of 23.9 hours per week. This MSD average hourly wage and hours are both lower than other service priority categories.

It should be noted that BRS developed and implemented an additional payment structure for employment service providers to incentivize increased wages and hours. This program was implemented on August 1, 2023. Subsequently, the impact of this program are not realized in this data set. IN VR is monitoring the impact of these incentives on participant outcomes.

5.2 *Individuals With Disabilities Who are Minorities or Who Have Been Unserved or Underserved by IN VR*

Below we analyze individuals who are minorities and groups who have been unserved or not served well enough. Across the results of our analysis, BRS has a number of programs and initiatives to strengthen and support the needs of all disability populations. Analysis indicates that there is an opportunity to build upon, and further disseminate, differentiated supports. We explore this in more detail in the Recommendations section of this report.

Individuals Who are Minorities

Minority and ethnic groups were represented in the IN VR population at rates that are similar to the Indiana state population as a whole. When surveyed, Black or African American participants were among the most positive about the quality of services they received; only 20.9 percent reported there were services they required but did not receive, the lowest of any racial group. This group of participants were extremely positive about many aspects of their services and VR staff relationships.

While service rates and experiences are high, Black and African American participants closed successfully only 20.2 percent of the time compared to 26.5 percent for all cases. Additionally, African Americans who closed successfully tended to close with lower average wages and fewer hours worked each week**.** These are indications of lower-quality outcomes, despite being considered successful within this analysis. IN VR is already taking steps to focus on high quality employment outcomes for all participants, as highlighted above, including strategies for increased opportunities for postsecondary training and career pathways and special projects such as Supported Employment plus (SE+) designed to shift individuals from subminimum wage employment to competitive, integrated employment.

Groups Underserved or Not Served Well Enough

IN VR staff and providers identified similar trends in participant needs in both surveys and focus groups when asked about groups that were unserved or not served well enough. Overall, IN VR staff and CRPs both reported the following individuals as unserved or underserved:

- Those with mental health-related disabilities
- Those who are homeless or experience barriers to housing
- Those with criminal records

Individuals with mental health-related disabilities are the largest group served by IN VR when considering both primary and secondary disabilities. Due to the co-occurrence of mental health needs among individuals with intellectual disabilities, this number potentially understates the prevalence of this need. Both IN VR staff (58.2 percent) and CRPs (44.7 percent) identified mental health care as a frequent barrier to individuals achieving their employment goals. Individuals with mental health-related disabilities along with the lack of accessible care in Indiana reported by professionals in focus groups and interviews were primary themes across all focus groups. The prevalence of mental health needs in the IN VR population suggests there is less concern about awareness or ability to access IN VR services and more concern about the ability of individuals to receive specific quality services focused on their mental health needs.

In focus groups, both IN VR staff and CRPs expressed that training is needed to help individuals with serious mental health and behavioral needs. This category of service was the one least likely to be considered ‘always adequate’ by both IN VR staff and CRPs, but was frequently mentioned as needed by most or all of the individuals seeking services. While IN VR does not directly provide many of the mental health services required by individuals seeking employment, IN VR could strengthen partnerships with other service providers and state agencies that do provide these services in order to help individuals connect with them.

Individuals experiencing other barriers, like homelessness or criminal convictions, were also a major focus in both IN VR staff and CRP surveys and focus groups. These barriers to employment often co-occur with mental health needs. In interviews, those who provide transition services from incarceration to the community indicated that the quality of their relationships with IN VR staff was inconsistent and sometimes difficult to navigate. They cited limited numbers of IN VR staff and the importance of—and difficulty with—connecting individuals to the large variety of systems intended to benefit them. They requested additional, straightforward information and materials on VR services and how best to access them.

5.3 *Individuals With Disabilities Served Through Other Components of the Statewide Workforce Investment System*

Among IN VR participants, many individuals (20 percent) reported that they did not partner with any other community support or provider organizations. Some individuals may not recognize that they work with multiple providers or agencies, thinking of them as ‘VR’ or of VR as part of ‘Disability Services’ more broadly. Clarifying this is both challenging and of limited utility for IN VR participants. Participants reported high levels of satisfaction with IN VR coordination with outside service providers (66.3 percent reporting services were coordinated somewhat or very well), and a similar rate of service providers agreed.

In interviews with other state agencies focused on workforce development, who frequently work with individuals with and without disabilities, providers mentioned

difficulty coordinating services with IN VR while Order of Selection priorities were in effect. Many service providers who work with populations who may or may not qualify for VR services are less likely to work with individuals with MSD. As such, their most frequent IN VR experience may be having the individuals they work with put on VR service wait lists. It should be noted that these delays are unlikely to be caused by Order of Selection findings of eligibility; over the period we analyzed, IN VR determined 86.8% of cases to be immediately eligible for services as MSD. However, previously waitlisted individuals might now be able to access provider services. Reaching out to this population may encourage them to return and convert unsuccessful to successful outcomes.

Survey results from those not participating in IN VR services display similar barriers to employment as individuals receiving services. These included concern about transportation, limited work experience, benefits changes, and discrimination. This suggests the improvements that would most benefit current participants would also benefit those who are not yet working with IN VR.

Survey results from businesses expressed a desire to help meet the needs they are well suited to meet. Services employers were most interested in included helping young people gain more work experience (83.4 percent very or somewhat interested) and helping them retain employees with disabilities (82.4 percent). These employers generally desired more information about short-term employment options, including internships and apprenticeships, as seen in Table 116 below.

Table 116: Employer Interest in IN VR Services

Service	Very Interested (%)	Somewhat Interested (%)	Not Very Interested (%)	Need more Information (%)
Help a person with disabilities participate in an apprenticeship	44.4%	5.6%	5.6%	44.4%
Help a person with disabilities participate in short-term employment	55.6%	5.6%	5.6%	33.3%
Help a person with disabilities participate in an educational fellowship	44.4%	11.1%	11.1%	33.3%
Help a person with disabilities participate in an internship	55.6%	16.7%	5.6%	22.2%

To better serve those not yet working with IN VR, VR services should continue to focus on the core issues that affect most of their existing service population. We see no indication that large new categories of service are required, or that there are needs completely dissimilar to those that IN VR is currently working to address. Although improvements are always possible, IN VR's service offerings are well-targeted towards their current participant population.

Work-experience and skills gains are of interest to (and seen as a barrier to employment) all populations surveyed, including those not yet working with IN VR. This includes employers who expressed interest in learning more about educational and work-based learning experiences that would help young people gain the skills necessary begin building their careers. This is already a focus of IN VR's ongoing efforts, as well as a goal of RSA's Measurable Skill Gains criteria.

5.4 *Youth With Disabilities, and Students With Disabilities, Including Their Need for Pre-Employment Transition Services or Other Transition Services*

PCG assessed the needs of individuals with disabilities for transition services and pre-employment transition services (Pre-ETS), and the extent to which such services provided under this Act are coordinated under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) in order to meet the needs of individuals with disabilities. RSA requires that IN VR reserve 15 percent of their federal funds to provide students with disabilities ages 14 to 22 with Pre-Employment Transition Services (Pre-ETS).

Compared to the ACS estimates, individuals between ages 14 to 22 are represented at over twice the rate individuals in this age range with disabilities appear in the general population. Among individuals ages 22 to 24, the rate is more than three times higher (13.6 percent of the population served, compared to 4.4 percent of the service age population). The large number of individuals ages 14 to 24 may reflect this priority, suggesting that IN VR has implemented effective processes to assist in expanding outreach to youth. IN VR services are targeted toward, and most useful for, individuals just beginning their careers.

IN VR case management data shows that the youngest IN VR participants are most likely to be those with the most significant disabilities. About nine-in-ten individuals aged 21 and younger (90.4 percent) and nearly as many 22 to 24 year olds (89.9 percent) have most significant disabilities and thus are expected to have the greatest need for services.

When they are familiar with these services, VR staff and CRPs are also generally positive about Pre-ETS. A majority of staff believe every Pre-ETS service was either always or sometimes adequate with the exception of work-based learning experiences (47.4 percent indicated these are sometimes or always adequate). However, while positive, this support was not universal. In most cases, less than ten percent of staff stated Pre-ETS were always adequate; only counseling on post-secondary education (15.3 percent) and pre-employment transition coordination (16.9 percent) were considered always adequate by more than ten percent of VR staff. About a third of staff reported they were uncertain about the quality of every Pre-ETS service.

Providers of Pre-ETS services were, unsurprisingly, more positive. About two-thirds to three quarters of providers who work with transition-aged students reported all service categories to be always or sometimes adequate, with a majority of those being always adequate. The exception was work-based learning experiences.

Those who qualify for Pre-ETS services, or have recently qualified for Pre-ETS services, generally stated that they had received those services. The services they reported as most likely to have required but not received were post-secondary education information (34.1 percent) and instruction in self-advocacy (22.9 percent). But a majority of individuals reported receiving each of the required services.

In interviews, representatives from the IN Department of Education and Youth Workforce Development were enthusiastic about Pre-ETS services in Indiana. They mentioned that urban services–particularly services provided in Marion county–were especially high quality. They believed more rural students had more difficulty accessing services, a common belief among service providers in Indiana. CSNA results do not provide any particular evidence for this claim. They also reported that many students have difficulty accessing services from IN VR until they were in their junior or senior years, and sometimes did not seek service hand-offs until they neared the end or had completed their educational careers.

IN VR services are focused on people in the earliest stages of employment, and there is a strong desire among all stakeholders to build on that expertise. However, getting involved with individuals earlier in their education will build a stronger foundation, particularly for those who will need extra help achieving employment. IN VR is also not necessarily viewed as an important partner for people looking to achieve higher levels of educational attainment. While IN VR staff are largely positive, they find room for improvement in Pre-ETS, and engaging a wider variety of students earlier may help achieve that.

IN VR is taking an active role in promoting themselves as a partner for all students and youth with disabilities, no matter their needs or goals. This includes creative, innovative approaches to informing students and youth about IN VR services through multi-media channels designed to appeal directly to the potential participant instead of the educator, counselor, or parent. While this innovative approach is to be applauded and continued, materials for other partners remain important.

5.5 *The Need to Establish, Develop, or Improve Community Rehabilitation Programs Within Indiana*

The CSNA must include an assessment of the need to establish, develop, or improve community rehabilitation programs in Indiana. According to the data results we collected during this CSNA process, including the views of existing providers, there are several needs that IN VR could address to improve the quality of services for individuals with disabilities in the state of Indiana**.** These include:

- Increased access to high-quality training focused on providing services to individuals with mental health needs.
- Exploring opportunities for CRPs to better maintain staff and build experience within the provider workforce.
- Create additional connections and outreach with existing service providers working in mental health, services for unhoused individuals, and groups providing post-secondary education opportunities.

- Transportation services are among the most frequent barriers to employment identified by all groups, and CRPs may need support in adapting to models that provide for—or reduce reliance on—physical proximity.
- Benefits counseling, and fear of losing access to benefits were also major barriers. CRPs may benefit from additional education on benefits structures and the long-term advantages of employment over benefits, so they may better act as advocates for maximizing employment earnings of participants.
- Building provider capacity to serve more individuals and to provide services more timely, supporting participants to achieve employment more rapidly and increasing successful closures.

Addressing the goals listed above is complex. While these goals could potentially be accomplished by establishing or on-boarding new service providers specializing in each of these categories, recent research published by CSAVR[4] suggests that this may not be possible. Staffing levels have been stagnant or falling nationally, and trends suggest this will continue. Establishing new providers seems unlikely to fully meet these goals as the individuals needed to fill administrative positions and provide direct services may not be available.

Rather, IN VR should focus on the development and improvement of providers and programs within Indiana**.** IN VR already engages in innovative training practices, including innovative funding mechanisms for those trainings. This helps provider staff enhance their skills and become more capable of serving a wider variety of individuals. There are several avenues BRS can take to further support the improvement of CRPs, including:

- Focus training and technical assistance on those areas of identified need.
- Provide additional communication and outreach on the trainings available to CRPs for identified areas of need, such as mental health disabilities. These trainings may also benefit IN VR's own staff or other providers working with populations with disabilities.
- Focus outreach and technical assistance on community programs that specialize in unmet needs. For example, BRS could work more closely with organizations that primarily provide services for unhoused individuals to increase the number of referrals they are able to accept.
- Foster collaboration between CRPs and community organizations that focus on unmet needs, such as transportation and mental health services.

These action steps may also help rehabilitation programs in Indiana retain staff. The ability to learn and develop new skills is a major motivator for many employees. By offering opportunities to increase their skills, IN VR may make staying in otherwise challenging positions more appealing.

[4] Provider Capacity Survey – CSAVR – 2024 – Accessed November 20, 2024

VR could use technology to support providers in other ways, including:

- Expanding opportunities for virtual/remote service delivery, where appropriate and aligned with participant needs.
- Consider regional rates that reflect criteria such as an area's cost of living, labor market conditions, a plethora/dearth of providers, quality of transportation options, and need for a service/plenty of providers for that service.
- Training and communication on implementing best practices and supporting the most at-need populations.

Additionally, IN VR provides a host of services ranked highly by staff and providers, and their staff are generally well thought of by program participants. Meanwhile, there are potentially thousands of unserved individuals in the state of Indiana, and some current participants report experiencing wait times or waitlists with provider services. Ensuring that existing, high-quality providers have the ability to hire and retain staff or expand their service areas, will allow more individuals to receive services and be served more timely. Access to meaningful training will support CRPs in providing quality delivery of services and improve employment outcomes.

Community Rehabilitation Providers (CRP) Capacity

PCG reviewed, combined, and analyzed feedback from interviews, focus groups, and surveys to assess CRP capacity. In general, stakeholders report positive engagement and partnership between IN VR and CRPs. Table 117 depicts participant respondents perceptions about the coordination of community partners and IN VR. About two-thirds (66.3 percent) of participants reported that IN VR and their support service provider coordinated their services either very well or somewhat well**.**

Table 117 Participant: Partner/IN VR Coordination

Partner/IN VR Coordination	Percent
Very well	41.8%
Somewhat well	24.5%
Not very well	10.0%
Not well at all	13.7%
Unsure	10.1%

Note: Count answered is 230, which is greater than or equal to the lowest number of responses to questions.

In qualitative responses to our data gathering, CRPs and other stakeholders identified several opportunities for improved and expanded services, focusing on areas they felt would increase the quality of services provided to IN VR participants. They also

stressed the quality of their relationship with IN VR. All partners interviewed felt they had strong relationships with IN VR, though this did not prevent them from identifying potential areas for improvement.

In focus groups and interviews several partner providers said that many individuals they work with are unsure about IN VR services, what could be done, and who qualifies for those services. They requested more access to pre-published information in a variety of formats, such as one-page handouts or program descriptions that could be provided electronically. CRPs requested these be designed and targeted towards the specific audiences they work with, including students, individuals who are currently incarcerated, and individuals who may not think that working is the right choice for them.

When asked about populations that require additional attention, some interviewees and focus group participants said that individuals with mental health related disabilities, individuals in rural parts of the state, and individuals who are pursuing education beyond high school were less likely to be well served by IN VR and their current slate of providers. Perhaps unsurprisingly, service providers felt that IN VR should better compensate them for services. IN VR is currently evaluating the effect of performance incentive payments implemented in 2023 to determine if adjustments are needed to better incentive quality outcomes.

6 Recommendations

This needs assessment highlights strengths and opportunities for the IN VR program.

Across the system, stakeholders report insufficient supports for individuals with mental health conditions. Respondents report that administrative requirements hinder service delivery, while businesses seek opportunities to grow the sort of labor force they need to expand. While these are great challenges, organizations across the country are tackling these challenges in innovative ways. IN VR has the opportunity to leverage these successful best practices to foster systemic change. In fact, IN VR already engages in a number of initiatives that may reduce the barriers identified through this assessment. IN VR has the opportunity to build on these existing initiatives to further grow and improve services and outcomes.

IN VR has the opportunity to make decisions to align and refine the IN VR system to be most impactful using available resources. PCG proposes the following recommendations to increase the efficacy of IN VR services and funds while improving and increasing successful outcomes for IN VR participants:

1. Improve services for targeted populations, including individuals with mental health conditions
2. Review processes to maximize efficiency
3. Improve the transition process for students entering IN VR Services
4. Expand access to postsecondary education and training
5. Help employers create opportunities

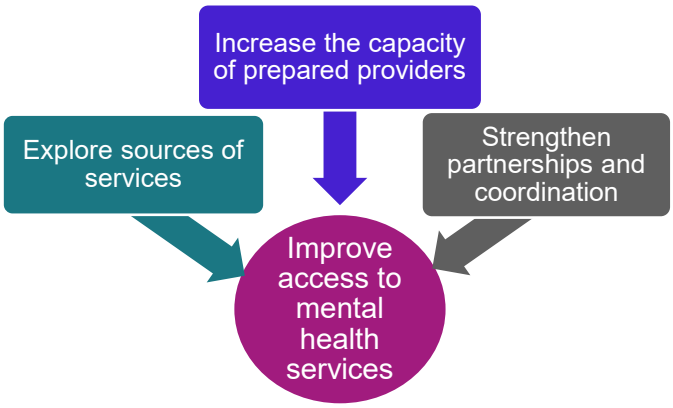
6. Consider opportunities for the establishment, development, or improvement of CRPs to reduce waiting times for services, increase capacity for services, and improve the number and quality of employment outcomes.

PCG has included our CSNA recommendations in this section. Our recommendations touch upon many of the themes discussed in the preceding sections of this report.

6.1 *Improve Services for Targeted Populations, including individuals with Mental Health Conditions*

CSNA results show that there are certain categories of services that do not meet existing service needs for IN VR's population, specifically, mental health services. While IN VR does not directly provide many of the mental health services required by individuals seeking employment, IN VR does have an opportunity to conduct activities that increase access to mental health services for their participants. Below, we outline several recommendations aimed at improving access to mental health services. These bulleted recommendations are also depicted in Figure 10.

Figure 10: Improve Access to Mental Health Services



- **Continue to strengthen partnerships and coordination with aligned organizations.** There are a number of other services providers and state agencies that have goals that are aligned with VR: to support the success of the individuals they serve, including individuals with disabilities. When we consider mental health services, employment is a critical part of recovery and improved mental health. Mental health organizations experience complementary benefit from the enhanced services that VR can provide. IN VR already has partnerships with mental health advocates such as National Alliance for Mental Illness (NAMI) and has entered into an interagency agreement with the Division of Mental Health and Addiction (DMHA). Several Community Mental Health Centers also serve as VR employment providers. Expansion of these partnerships should be explored. Identifying aligning organizations who provide for targeted populations like the unhoused could create new avenues for identifying and addressing needs, while creating opportunities for current VR participants to be connected to wider networks.

- **Build on existing practices to increase the capacity of current providers.** Mental health conditions are both a large proportion of the primary as well as secondary diagnosis for IN VR participants. As such, there are likely diverse needs across participants that require diverse employment services to meet those needs. PCG recommends addressing the increase in number and quality of providers in two distinct ways. 1. VR can explore how to build on successful practices with implementation of Individual Placement and Support (IPS) across CMHCs, with the goal of replicating successful practices and/or increase the number of CMHCs who adopt IPS. 2. Providers and VR staff feel that the VR system is not equipped to effectively support individuals with mental health diagnoses. IN VR participants with intellectual and developmental disabilities experience co-occurring mental health conditions at a higher rate than the general population. Given that these are the largest populations served by IN VR, supporting mental health training for practitioners across the system could be pivotal to improving the quality of services and outcomes. IN VR already offers a wide variety of trainings for working with individuals with mental health needs to its staff. Additionally, IN VR could provide connections to provider organizations seeking to improve their capacity with this population. Organizations such as NAMI or DMHA may serve as potential resources to offer these trainings and supports.

- **Explore additional sources of mental health services.** Mental health services fell into the category of services least likely to be reported as always adequate by IN VR staff and CRPs. However, it was frequently mentioned as needed by most or all of the individuals seeking services. These services are in high demand and are among the most widely reported unmet needs in Indiana. Identifying additional sources of mental health care, such as out-of-state providers and telehealth service providers, could help Indiana meet this need. This would require assuring reciprocity of licensing requirements across state lines. PCG further recommends assessing successful practices from peer states.

The CSNA results indicated that there are opportunities to enhance and improve outcomes for other target populations, including Black and African American individuals, and individuals who are unhoused or housing insecure. IN VR has the opportunity to target enhancements that address these specifically identified gaps.

- **Build on existing IN VR success with positive participant and VR Counselor relationships.** The participant survey showed that minority individuals, particularly those who are Black or African American, report more positive relationships with VR counselors, and a generally more positive view of IN VR services. Expanding successful IN VR practices to provider organizations could further help participants maintain contact and active enrollment with providers.

- **Gather and share success stories that are representative of individuals from all backgrounds and experiences who have engaged with VR services.** VR has a regular practice of sharing successes and is encouraged to continue to ensure that a wide range of participants who experience a variety of different barriers, are included in successes shared with stakeholders and the general public. This strategy may also help support and expand meaningful partnerships.

- **Strengthen partnerships with organizations that serve targeted populations to improve outreach and service quality**. The CSNA frequently identified the unhoused as an underserved population. Providers who specialize in and focus on these populations continue to be potential sources of referrals for IN VR participants with needs such as housing assistance. Likewise, IN VR should ensure these providers are connected with other parts of IN VR's stakeholder network, as necessary.

6.2 *Review Processes to Maximize Efficiency*

Reducing administrative burdens will help IN VR and provider staff maximize the time they spend delivering services and supports to participants. IN VR has an opportunity to streamline processes and leverage technology to reduce time spent on administrative tasks in an effort to maximize the impact of available resources and services. PCG recommends that IN VR take steps to review policies and office practices to standardize requirements and reduce administrative burden on both IN VR and provider staff**.** This can be achieved through the following activities:

- **Continue to assess opportunities to streamline administrative practices and policies**. VR has an established history of continuous quality improvement by continually re-assessing policies and practices and adopting and disseminating those that are most effective. There is also an opportunity to assess and remove outdated or irrelevant practices that no longer align with agency goals. For example, IN VR has worked in partnership with employment service providers to assess documentation and achieve consensus on ways to reduce the amount and type of documentation required.

- **Increase consistency of policy interpretation across offices** to clarify and simplify service delivery for everyone. PCG recommends increasing the consistency of policy interpretation between offices through routine policy reviews, creating materials designed to help implement new or modified policies effectively and consistently, and retraining staff and/or providers on any new or modified policies.

6.3 *Improve the Transition Process for Students Entering IN VR Services*

There are meaningful differences in outcomes between the different participant age groups. Closures without employment should be examined, and services understood so that IN VR properly understands the needs and current successes of transition-aged youth. PCG recommends improving IN VR processes to positively impact outcomes for transition-aged youth. These steps include:

- **Provide training and resources to secondary settings** to increase education and outreach, provide information to, and connect students to appropriate workforce programs sooner. The goal is to enroll students into Pre-ETS services prior to their senior year and meet the 2024 Pre-ETS Needs Assessment recommendation to improve coordination between WIOA/Pre-ETS partners. Universal training on coordination between transition partners could further this goal and help more students begin working with IN VR prior to the end of their high school careers. IN VR should also offer these trainings to any individual involved in the transition process, including special education teachers, or individuals in non-traditional settings like corrections or adult education. There may be opportunity for VR Youth Counselors to support implementation and provide technical assistance and training in their geographically assigned areas.

- **Expand engagement with diploma-track students.** In surveys, both providers and transition staff identified services for individuals seeking or possessing higher levels of education as less well served than individuals seeking immediate employment. This issue is likely to grow as mental health related disabilities become more widely recognized and individuals with these conditions become more open to VR services. PCG recommends transition staff increase efforts to inform school-based transition counselors, potential participants, and families about post-secondary education opportunities, including short-term training opportunities to obtain credentials for in-demand industries. While improved educational information can help, transition counselors and educators should work to create opportunities to have these conversations with sources of information that students and their families already trust, such as themselves and their relationships to students, as well as through families and peers. IN VR counselors should encourage these conversations earlier, as students are entering high school, regardless of their goals after high school. Additionally, IN VR might consider building stronger connections with post-secondary institutions, or help provide a conduit for information and resources about disability services offered through post-secondary institutions such as Ivy Tech and other IN colleges and universities. Information could be provided directly to school-based transition staff to be available even when IN VR staff cannot make a direct connection. This would provide not only better resources to students, but may also be an effective backstop for connecting students entering post-secondary education with resources.

6.4 *Expand Access to Postsecondary Education and Training*

Providing more information about the wide array of training programs and career pathways, and the role VR and other resources can play in assisting individuals with disabilities to access training, may increase the number of VR participants enrolled in and earning postsecondary credentials.

- **Expand partnerships with postsecondary institutions to improve opportunities for collaboration in supporting eligible individuals with disabilities to obtain postsecondary training and make a smooth transition into the workforce.** This includes strengthening collaborations with universities, community colleges, vocational training, and trade programs to improve access to career planning resources, necessary accommodations, and possible financial assistance. This will help IN VR boost rates of Measurable Skills Gains and Credential Attainment in their service population and likely improve overall employment outcomes.

- **Expand VR Counselor awareness and knowledge of short-term postsecondary credential attainment, apprenticeships, and other training pathways.** IN VR is encouraged to increase collaboration with Adult Education, technical schools, and other alternative education pathways. VR participants may not be aware of the full array of available post-secondary training opportunities. VR Counselors, in partnership with other workforce programs and training institutions, can better support participants to pursue a range of training opportunities, including apprenticeships and work-based learning, industry-specific training, short-term vocational training, credential attainment, and more traditional two or four-year degrees or advanced degrees.

6.5 *Help Employers Create Opportunities*

The 2024 IN WIOA State Plan highlights a number of goals focused on addressing the needs of employers to help them better match their job requirements to the needs and abilities of people with disabilities. Results of the employer survey show that many employers in Indiana are eager to learn more about—and pursue opportunities to provide—work experiences, while individuals with disabilities seek opportunities to build their skills. PCG recommends that IN VR work with employers to create entry-level and work-based learning positions as stepping stones to further opportunities in the workforce**.**

- **Increase access to work-based learning opportunities for students and other individuals transitioning to the workforce.** Early career experiences can be key to helping individuals build their resumes. By partnering with employers to create these opportunities at a variety of settings and work environments, more students can access work-based learning, addressing a key WIOA need. Considerations could include development and distribution of targeted employer

resources to help businesses understand and implement work-based learning opportunities. The WIOA State Plan calls for developing and promoting an employer-focused work-based learning experience toolbox. Employers reported they wanted more information about short-term employment and work based learning opportunities, including internships and apprenticeships. IN VR should make this information readily available in the form of accurate, easy to read materials highlighting the benefits for businesses. IN VR should also provide contact and outreach information for VR staff who can help businesses with the process of creating these opportunities. Once employers learn the process they can build sustainable programs that will continue to provide opportunities for young people to gain more work experience.

- **Evaluate strategies to gather ongoing employer feedback on their workforce needs.** The WIOA State Plan identifies increased employer outreach and participation as a goal for IN WIOA stakeholders. IN VR can help by creating a routine review of important employer-related metrics, preferably annually. For example, conducting an annual employer survey can help maintain employer engagement and remind businesses about IN VR's services. State and federal statistics around job growth and in-demand job categories, wages, and overall employment rates among different populations with disabilities should be shared with IN VR staff on an at-least annual basis. Much of this information is freely available from the federal Bureau of Labor Statistics or the American Community survey.

6.6 *Consider opportunities for establishment, development or improvement of CRPs*

All groups of respondents indicated a need for improved capacity of service providers and a desire for more timely service delivery. IN VR services would likely strongly benefit from implementation of establishment, development or improvement of CRPs to reduce waiting times for services, increase capacity for services, and improve the number and quality of employment outcomes. As outlined in previous sections, it is recommended that BRS focus strategies on **strengthening capacity of current providers.** Support with expanding staffing, improving staff retention, and the provision of quality training to provider staff are recommended strategies for overall improvements in capacity and outcomes.

7 Conclusion

The CSNA process is meant to assess participant needs to advise future policy and decision making so IN VR can best serve their participants and meet their rehabilitation needs. PCG collected and analyzed quantitative and qualitative data to assess the required areas of need. Our results and analyses described successes and strengths that IN VR, along with other partners, have worked to achieve. They also identified opportunities to improve access, service delivery, and outcomes for Hoosiers with disabilities. These key opportunities include increasing access to mental health care,

improving access to housing services and services for unhoused people, identifying barriers to success, streamlining and improving efficiencies, targeting student outreach, and improving opportunities for post-secondary education and work based learning. Furthermore the need to improve capacity of current service providers was prevalent throughout, leading to a recommendation of establishment projects to improve services and outcomes of providers. IN VR is well-positioned to continue to strengthen its current partnerships to support optimal outcomes for Hoosiers with disabilities seeking employment.

8 Acronyms

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

Table 118: Acronyms

Acronym	Description
ACS	American Community Survey
BLS	Bureau of Labor Statistics
BRS	Bureau of Rehabilitation Services
CFR	Code of Federal Regulations
CIE	Competitive, Integrated Employment
CIL	Centers for Independent Living
CSAVR	Council of State Administrators of Vocational Rehabilitation
CSNA	Comprehensive Statewide Needs Assessment
CRP	Community Rehabilitation Partner
DDRS	Indiana Division of Disability and Rehabilitative Services
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IN	Indiana
IN VR	Indiana Vocational Rehabilitation
IPE	Individualized Plan for Employment

Acronym	Description
IPS	Individual Placement and Support
LQBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer (and more)
MSD	Most Significant Disability
NRHA	National Rural Health Association
NSD	Non-Severe Disability
OOS	Order of Selection
PCG	Public Consulting Group
Pre-ETS	Pre-Employment Transition Services
PY	Program Year (July 1—June 30)
RSA	Rehabilitation Services Administration
SAI	Self Advocates of Indiana
SD	Significant Disability
SMS	Short Message Service
SOC	Standard Occupational Classification
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
US	United States
VR	Vocational Rehabilitation
WBLE	Work-Based Learning Experience
WIOA	Workforce Innovation and Opportunity Act
WIPA	Work Incentives Planning and Assistance