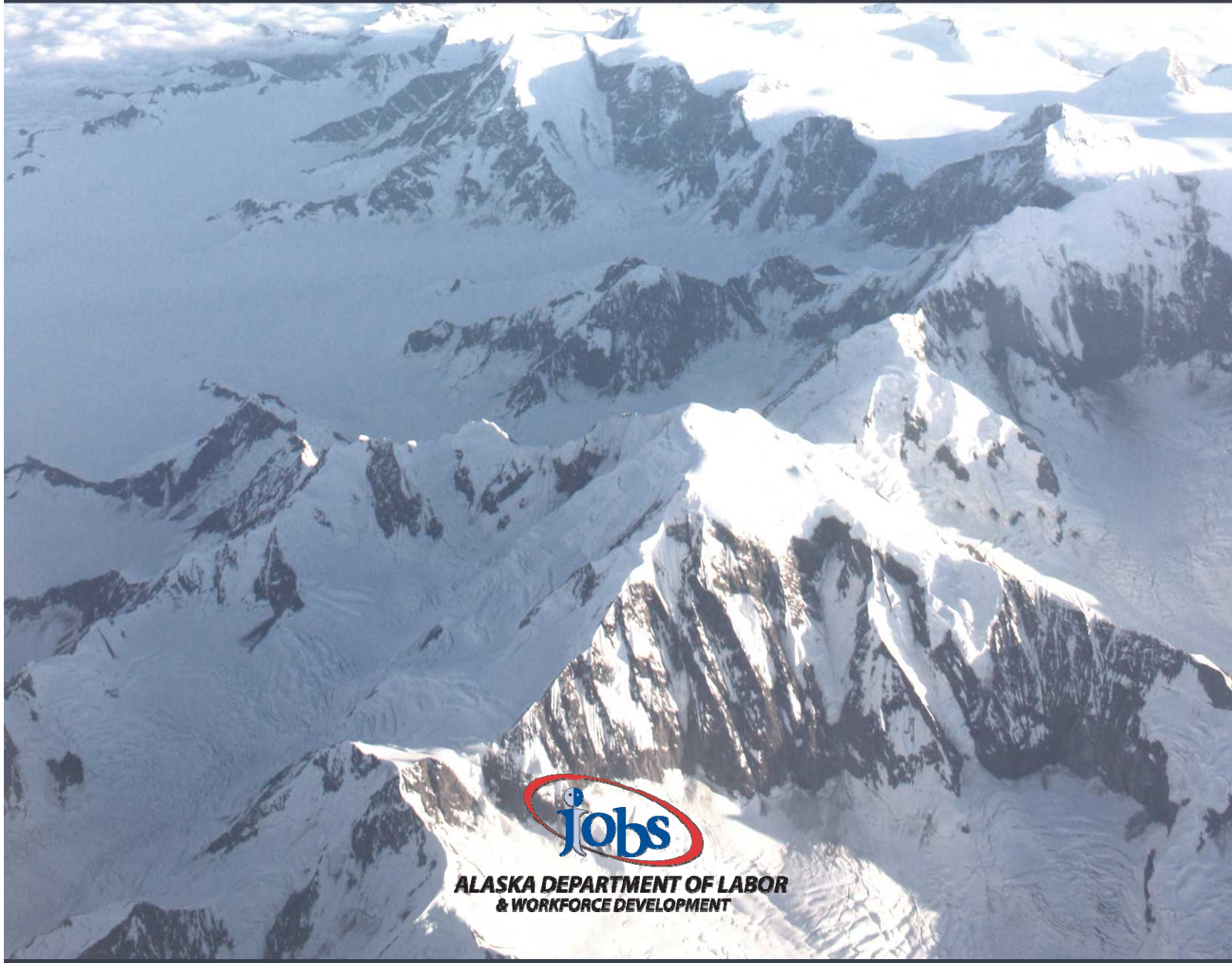


Division of Vocational Rehabilitation

Comprehensive Statewide Needs Assessment

2010



**Alaska Division of Vocational Rehabilitation
Comprehensive Statewide Needs Assessment**

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Alaska Division of Vocational Rehabilitation Comprehensive Statewide Needs Assessment Executive Summary

The Alaska Division of Vocational Rehabilitation (DVR) as part of the Department of Labor and Workforce Development is responsible for the administration and operation of Alaska's public vocational rehabilitation program. The Rehabilitation Act, as amended requires each state vocational rehabilitation agency to conduct a comprehensive statewide needs assessment (CSNA) jointly with the State Rehabilitation Council (SRC) every three years. The results of the CSNA will be used to develop goals, priorities, strategies and actions for both DVR's Strategic and State Plans.

Data Collection Methods

Multiple data sources were used to inform the CSNA, including surveys; a review of local and statewide studies focusing on services and barriers to employment for individuals with disabilities; U.S. Census Bureau data; DVR management information system data; and the SRC's community forums and public testimony.

The data collection portion of the CSNA focused on disability types, barriers to employment, rural Alaska, transition age youth, minorities, employers, gender, age, job centers as part of the workforce investment system and community rehabilitation programs.

Results

In accordance with federal regulations 34 CFR § 361.29, the focus of CSNA was on:

1. *What are the rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of individuals with most significant disabilities, including their need for supported employment services?*

DVR defines an individual with a significant disability as someone who:

- Receives SSDI/SSI benefits from the Social Security Administration or
- Has a severe physical, mental or sensory impairment that seriously limits one or more functional capacities such as mobility, work skills, self-care, interpersonal skills, communication, self-direction, or work tolerance in terms of an employment outcome and requires multiple vocational rehabilitation services over an extended period of time.

DVR defines an individual with a most significant disability as someone who:

- Has a severe physical, mental or sensory impairment that seriously limits three or more functional capacities such as mobility, work skills, self-care, interpersonal skills, communication, self-direction, or work tolerance in terms of an employment outcome and is a person with a significant disability.

DVR is not operating under an order of selection and is able to serve all eligible individuals.

In FFY09 individuals with a most significant disability accounted for 38% (1,380) of the individuals receiving services from DVR and for 39% (214) of those closed rehabilitated.

Combined, individuals with both a significant and most significant disability equaled 94% (3,389) of all those receiving VR services and 92% (475) of those closed with an employment outcome earning greater or equal to the minimum wage.

Individuals with behavioral health and cognitive disabilities were the top two disability groups coded most significantly disabled at 40% and 56% respectively. Thirty-three percent (33%) of the individuals who have been sent a Ticket to Work have a psychiatric disorder and 10% have a developmental disability. At the end of December 2009, there were 447 individuals on the DD registry between the ages 18-64. The average length of time on the registry is 50 months. These two disability groups cross a variety of programs and represent the majority of individuals who are most significantly disabled. Many are also the individuals who are in need of on-going supports.

The lack of long term supported employment funding was one of the top three barriers to employment identified by DVR staff, CRPs and stakeholders and the need for behavioral health services was identified by both DVR staff and CRPs. Job Center staff commented that individuals with behavioral health issues were the most difficult for them to serve. The need for increased long term supported employment services and for increased capacity in the behavioral health system for vocational programs is recognized by entities outside of DVR such as Division of Senior and Disability Services and the Governor's Council on Disability and Special Education.

Identified Need:

- On-going benefits analysis to understand the effect of work on medical and other benefits
- Increase long term supported employment services
- Increase behavioral health services through community health centers
- Increase vocational services in community behavioral health centers
- Reduce the time on the developmental disability registry
- Improve transportation services
- Increase opportunities for employment with state and federal government

2. *What are the vocational rehabilitation services needs of individuals with disabilities who are minorities or who are in unserved or underserved populations?*

DVR looked at population groups by disability types, age specific to transition youth and the elderly, rural Alaska, minorities and gender to assess unserved or underserved. Data comparisons included five year data sets of DVR participants and national data from the US Census Bureau and SSA. The DVR data also included a further reporting of successful closures versus those closed unsuccessfully to ascertain a potential bias in the delivery of services.

According to the data analysis, rural Alaska was the primary group identified as being underserved. DVR's definition of rural/non-rural is based on a community's access to VR counseling services. Rural is defined for the CSNA as a community that is not connected by road to a community where a DVR office is located or is at least 50 statute miles from a DVR office. Serving rural Alaska is challenging for all state agencies. A map of the state of Alaska

super-imposed over a map of the United States stretches from coast to coast. Alaska is also lacking roads in much of the state.

The Alaska Native population at 20% of all Alaskans is the largest minority group in the state with the majority (58%) of Natives living in rural Alaska. Therefore, even though DVR is not under serving Alaska Natives as 21% of all those served by DVR in FFY2009 were Alaska Natives, DVR strongly acknowledges that the needs of Alaska Natives are closely aligned with the needs of rural residents in general.

Alaska has 11 American Indian Vocational Rehabilitation Services (AIVRS) grant programs. In Alaska these programs are known as Tribal Vocational Rehabilitation (TVR) programs. The TVR programs provide rural services and have offices in many locations where DVR does not, but DVR remains obligated and committed to serving Natives and non-Natives alike who are living in rural areas.

Identified Need:

- More CRPs needed in rural Alaska for job placement and job support services
- Increased presence of VR counselors
- DVR and TVR staff share expertise
- More cases need to be shared between DVR and TVR
- VR counselors need a mechanism for sharing effective service strategies
- Strategies to reach and serve individuals who are not Alaska Natives but who live in rural Alaska
- Maximize use of technology for distance delivery of services (web cams, etc.)
- Contingency plans for potential loss of discretionary grants with TVR programs
- Options providing counselors with equipment and resources when traveling

3. *What are the vocational rehabilitation services needs of individuals with disabilities who are served through other components of the statewide workforce investment system?*

DVR counseling offices are currently co-located in six One-Stop Job Centers around the state. Itinerant VR counselors rely on the other Job Centers when traveling to the outlying areas. DVR conducted surveys indicated rural Job Center staff would like more DVR support and more training in dealing with individuals with a behavioral health issue. DVR staff indicated Job Center staff would benefit from additional training on the services DVR provides and a DVR would also to see a more effective referral process developed.

DVR would also like to improve its services to transition age youth. In FFY2009, 22% of those served were youth with the estimated statewide population of this age group was at 16%. Even so, DVR believes services and outcomes for transition age youth could be improved.

Identified Need:

- A long range transition plan for the division
- DVR program information for schools and students needs to be evaluated

- Youth with physical disabilities or with other health impairments (504 students) are potentially underserved
- Almost one-third of students with an IEP are neither working nor in school after graduation
- Increase the rehabilitation rate for youth
- Job center staff, especially in rural areas, want more training on DVR services and medical issues
- Assistive technology in Job Centers requires on-going training and replacement
- All individuals who are receiving Job Training services and who self-identify as having an employment related disability are aware of DVR

4. *What is the need to establish, develop, or improve community rehabilitation programs (CRP) within the state?*

DVR continually assess the need to develop and improve CRPs within the state. It is an on-going challenge. DVR approves CRPs to deliver vocational rehabilitation related services when there is no other agency available to license the service. Traditionally most of the CRPs are small businesses. Currently 50% of the approved CRPs are single person operations. Only 26% of the VR counselors reported an adequate number of CRPS and 43% agreed the CRPS were adequately trained.

Eighty-nine percent (90%) of the CRPs are located in non-rural areas of the state although 77% of the CRPs indicate they are willing to travel to rural Alaska. Having consistent work for a CRP to have a successful business in rural areas is a challenge for DVR. The top two services purchased from CRPs are benefits counseling and on-the-job supports.

In FFY2009, DVR developed and began the implementation of CRP training and the dissemination of CRP services on the internet. DVR is interested in expanding the CRP information available to DVR participants as well as investigating an outcome/milestone payment system for CRPs.

Identified Need:

- Increase the number of CRPs providing job placement and job supports throughout the state
- Increase knowledge of CRPs through training opportunities
- Information on services provided by CRPs available to DVR participants
- Evaluate payments to CRPs in regards to milestones and/or outcomes
- Assess the specialized skills of CRPs to meet the needs of DVR participants either by occupation or disability
- Vocational programs missing in community behavioral health centers and providers of cognitively disabled services disabled services to develop vocational programs.

Alaska Division of Vocational Rehabilitation Comprehensive Statewide Needs Assessment Report

I. Introduction

The Alaska Division of Vocational Rehabilitation (DVR) as part of the Department of Labor and Workforce Development is responsible for the administration and operation of Alaska's public vocational rehabilitation program.

The Rehabilitation Act, as amended, Public Law 99-506, Section 101(a) requires each state vocational rehabilitation agency to conduct a comprehensive statewide needs assessment (CSNA) jointly with the State Rehabilitation Council (SRC) every three years. In Alaska, the Governor's Committee on the Employment and Rehabilitation of People with Disabilities functions as the SRC.

In federal fiscal years 2008 – 2009, DVR and the SRC designed and completed the CSNA using *The VR Needs Assessment Guide* developed by InfoUse for the Rehabilitation Services Administration. DVR staff was responsible for the data gathering and analysis and the writing of the CSNA report. The results of the CSNA will be used to develop goals, priorities, strategies and actions for both DVR's Strategic and State Plans.

II. Methodology

Key Research Questions

In accordance with federal regulations 34 CFR § 361.29, the focus of the data collection for the CSNA was on:

1. What are the rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of individuals with most significant disabilities, including their need for supported employment services?
2. What are the vocational rehabilitation services needs of individuals with disabilities who are minorities or in unserved or underserved populations?
3. What are the vocational rehabilitation services needs of individuals with disabilities who are served through other components of the statewide workforce investment system?
4. What is the need to establish, develop, or improve community rehabilitation programs (CRPs) within the state?

Data Collection Methods

Multiple data sources were used to inform the CSNA, including on-line and direct mailed surveys; studies conducted by a variety of providers and advocacy groups focusing on services and barriers to employment; U.S. Census Bureau data; DVR participant data; and the SRC's community forums and public testimony. In an attempt to identify trends, five years worth of DVR participant information from FFY2004 – FFY2009 was used in the analysis.

Six separate survey instruments were used in the CSNA. When combined, the individuals surveyed collectively serve as an invaluable source of information and insight regarding the needs and challenges of Alaskans with disabilities.

The individuals surveyed included:

- DVR consumers with open cases (mailed June 2009);
- Consumer satisfaction of individuals closed after receiving services under an Individualized Plan of Employment (mailed monthly during FFY2008);
- Stakeholders/Public (on-line Survey Monkey June 2009);
- DVR staff: counselors and managers (on-line Survey Monkey August 2009);
- Community Rehabilitation Programs (CRPs) (on-line Survey Monkey August 2009);
- Workforce Investment Act (WIA) Job Center staff (on-line Survey Monkey August 2009).

DVR was pleased with the responses from all groups.

II. Survey Summaries

This section has a high level summary of the surveys. The data from the surveys that is topic specific is aggregated with other like data and presented in later sections of the CSNA. Topics identified by DVR for a more in-depth analysis include: population information, disability type, rural, transition age youth, ethnicity, the workforce investment system and CRPs.

DVR Consumers with Open Cases

In June 2009, surveys were mailed to all 2,256 individuals who had an open case. DVR was surprised that 7% were returned as undeliverable which seemed high for open cases but reinforces the transient life style of many of those who receive VR services. The response rate was 23% with 483 surveys returned.

Fifty-nine percent (67%) of the respondents were receiving services under an Individualized Plan for Employment (IPE) as compared to 24% in eligible status and 10% applicant status. This is not surprising as one would expect a high response rate from those individuals who are further along in the VR process. The disability groups of the respondents were in proportion to DVR participants as a whole.

Ninety-three percent (93%) respondents said they were treated with courtesy and respect and were involved in choosing their vocational goal. Eighty-four percent (84%) felt they received enough information to make good choices, available services were explained, and their phones calls were returned. Eighty-one percent (81%) indicated services were provided in a reasonable amount of time. Even so it is interesting that the most frequent comments for improving VR services are in regard to the VR process being too long and the counselors being too busy.

Cases Closed from an Individualized Plan of Employment (IPE)

The SRC sponsors an on-going survey of 100% of DVR participants closed from an IPE. This consumer satisfaction survey offers individuals an opportunity to convey their impression of their VR experience and services received. In FFY2008, 863 surveys were mailed; 11% or 97 were returned undeliverable; and 24% or 186 participants responded. The results are skewed slightly towards non-rural and employed consumers as the non-rural respondents greatly out-number those from the rural areas. Those consumers who were employed after VR services also responded at higher rate than those were unemployed.

Key findings of the findings of the survey are included below and a full copy of the report is available at <http://www.labor.state.ak.us/govscomm/home.htm>.

Key Findings:

- Overall satisfaction with VR services was at 85%. Those respondents who left employed expressed an 88% satisfaction with DVR while those who left unemployed rated their satisfaction at 73%.
- 90% of respondents were willing to refer either friends or family to DVR.
- 85% reported they were aware of the Client Assistance Program (CAP).
- The top three items respondents reported they liked about their experience with DVR were: (1) the relationship with their VR counselor, (2) the help they received, and (3) the DVR program in general.
- 12% of the respondents reported what they disliked the most about their experience with DVR was the time required to move through the VR process.

Stakeholders/Public

DVR posted an on-line survey on the Governor's Council for Disability and Special Education and on the Alaska Brain Injury Network and directly e-mailed the survey to a behavioral health work group, CRPs and Tribal Vocational Rehabilitation (TVR) program directors.

DVR was pleased that 119 individuals responded to this survey. The behavioral health community had the greatest number responding, although 10 of the 11 TVR programs responded giving them an excellent representation. The WIA partners and CRPs were surveyed separately in later surveys which were more specific to their relationships to DVR than this survey. The primary reason identified for collaboration with DVR was shared consumers.

Behavioral Health Services	36% (36)
Educational Institution	20% (20)
Advocacy organization	17% (17)
CRPs	14% (14)
TVR Programs	10% (10)
WIA Partners	3% (3)

DVR Staff: Counselors and Managers

DVR used an on-line survey to ask questions of the VR counselors and the VR managers who are involved with providing direct services to VR participants. There was an 86% response rate with 38 out of 44 staff responding.

Survey of Community Rehabilitation Programs (CRPs)

Twenty-seven (27) or 47% of the 57 DVR approved CRPs responded to the CRP specific web based survey. The primary services provided by CRPs are assessments, job search assistance and on-the-job supports. Ten or 42% of the CRPs have been in business for 10 years or more indicating a small, but very stable group of CRPs. Half (50%) of the CRPs are single person operations. Seventy-seven percent (77%) indicated they work with DVR consumers who live 50 miles or more from a DVR office or who live in remote areas.

Job Center Staff

Job Center staff who work directly with individuals with disabilities either as a vocational counselor or by providing core services in a Job Center resource room were surveyed. This survey supports the key research question of evaluating the VR service needs of individuals with disabilities served through other components of the statewide workforce investment system. DVR was very pleased with the response of 47 Employment Security Division employees completing the on-line survey.

III. Data

The data collection portion of the CSNA began with the identification of the specific informational topics required to answer the research questions. The topics identified are: disability types, barriers to employment, rural Alaska, transition age youth, minorities, employers, gender, age, job centers as part of the workforce investment system, CRPs and state population.

Primary data sources used to inform the topics include:

- U.S. Census Bureau 2008 American Community Survey (2008 ACS);
- Social Security and Ticket to Work web sites;
- Stakeholder input: surveys, forums and public testimony;
- DVR agency data for FFY2005 – 2009; and
- Resources from other related agencies and organizations.

Data was collected and presented when possible for a five year period in order to assess any trends. The data is presented by topic. The synthesis of the information and the resulting goals and strategies for each research question is presented in Section IV – Conclusions and Recommendations.

1. Disability Types

Data on disability types was collected to ensure a disability group is not underserved or unserved and to address the needs of individuals with the most significant disabilities.

Table 2: Disability Characteristics of Civilian Non-Institutionalized Population					
<i>Source: 2008 American Community Survey 1-Year Estimates, Geographic Area: Alaska</i>					
	Population	< 5 years	5 to 17 years	18 to 64 years	> 64 years
Statewide	659,084	8% (51,624)	20% (128,807)	65% (430,938)	7% (47,715)
With a Disability	12% (78,893)	1% (454)	5% (6,506)	12% (52,686)	40% (19,247)
Disability Type					
Ambulatory	6% (38,675)	--	1% (1,373)	6% (27,031)	22% (10,271)
Cognitive	4% (28,154)	--	4% (4,622)	4% (18,329)	11% (5,203)
Hearing	4% (29,166)	<1% (167)	<1% (614)	4% (16,979)	24% (11,406)
Independent Living	3% (21,715)	--	--	3% (14,563)	15% (7,152)
Self-care	2% (13,954)	--	<1% (819)	2% (9,017)	9% (4,118)
Vision	2% (13,809)	<1% (304)	<1% (683)	2% (8,684)	9% (4,138)

Table 2 gives a picture of the estimated number of individuals with disabilities in the state of Alaska. The 2008 ACS data set is the first census bureau data which breaks out hearing and vision rather than combining the two as one under the grouping of sensory. The disability types defined in the 2008 ACS do not align perfectly with the DVR disability types reported in Table 5, but are similar enough to draw conclusions about the relative proportion of the population with a disability as compared to the disability groups served by DVR.

Table 3: DVR Participants by Primary Disability Type*Data Source: DVR Management Information System*

Disability Type	FFY2009	FFY2008	FFY2007	FFY2006	FFY2005
Total Number Served					
Behavioral Health	36% (1,394)	33% (1,245)	33% (1,176)	31% (1,175)	30% (1,222)
Cognitive	17% (665)	19% (678)	18% (657)	18% (708)	18% (724)
Deafness or Hard of Hearing (HOH)	5% (195)	5% (201)	6% (203)	6% (232)	6% (240)
Orthopedic/Physical Conditions	38% (1,478)	38% (1,406)	40% (1,462)	41% (1,601)	42% (1,676)
Blindness or Visual Impairments	4% (152)	3% (127)	3% (113)	4% (139)	4% (151)
Closed Rehabilitated					
Behavioral Health	34% (176)	32% (181)	30% (160)	26% (135)	26% (139)
Cognitive	22% (117)	20% (112)	20% (103)	19% (101)	24% (125)
Deafness or HOH	7% (35)	10% (58)	9% (46)	10% (52)	10% (55)
Orthopedic/Physical Conditions	33% (173)	35% (197)	39% (204)	41% (218)	36% (188)
Blindness or Visual Impairments	4% (23)	3% (18)	3% (14)	4% (22)	3% (18)
Closed Other					
Behavioral Health	39% (410)	37% (328)	37% (345)	35% (418)	35% (370)
Cognitive	17% (180)	19% (170)	16% (148)	18% (209)	15% (163)
Deafness or HOH	4% (39)	4% (34)	4% (37)	4% (43)	4% (45)
Orthopedic/Physical Conditions	36% (380)	39% (351)	41% (386)	40% (476)	43% (457)
Blindness or Visual Impairments	3% (36)	1% (12)	3% (28)	3% (34)	3% (31)

Table 3 shows the disability types served by DVR from FFY 2005 – 2009. During this time period, the percentages for cognitive, deafness and blindness disabilities have remained consistent while the percentage for behavioral health increased at about the same percentage as the decrease in orthopedic/physical conditions. The trends of those closed both rehabilitated and other than rehabilitated follow similar patterns.

It is interesting to note that individuals with a cognitive disability and those who are deaf/HOH are typically closed successfully rehabilitated at a higher percentage than the percent of their disability types. Those who have a disability of blindness or with an orthopedic/physical disability are very close in the percent rehabilitated equaling the percent of the disability type. The behavioral health disability group consistently has the greatest difference between the percent closed rehabilitated and the percent of the disability type.

Table 4: Disability Types Served

The top three rated items in each column of Table 4 are highlighted to facilitate identifying commonality across survey groups.

Data Source: 2009 DVR Surveys - WIA Partner, DVR Staff, CRPs and Stakeholders

Disability Type	WIA Partner Survey		DVR	CRP	Stakeholders
	Served	Training Needed	Top 3	Top 3	Top 3
Blind or Visual Impairment	68% (25)	41% (15)	14% (5)	39% (7)	10% (11)
Deafness or Hearing Loss	82% (32)	36% (14)	11% (4)	22% (4)	12% (13)
Orthopedic/Physical Conditions	70% (26)	35% (13)	65% (24)	28% (5)	20% (22)
Autism	17% (5)	87% (26)	5% (2)	44% (8)	27% (29)
Fetal Alcohol Spectrum Disorder (FASD)	58% (22)	58% (22)	3% (1)	33% (6)	34% (37)
Brain Injury	66% (25)	53% (20)	14% (5)	50% (9)	35% (38)
Substance Abuse	83% (35)	43% (18)	68% (25)	33% (6)	43% (46)
Learning Disabilities	83% (38)	39% (18)	38% (14)	50% (9)	44% (48)
Developmental Disabilities	70% (28)	38% (15)	19% (7)	56% (10)	48% (52)
Behavioral Health Disorders	72% (31)	49% (21)	76% (28)	72% (13)	62% (67)

Table 4 combines the disability types served as reported in the surveys. Autism and FASD have generated a great deal of interest based upon public testimony taken by the SRC. Because of this, an attempt was made in the surveys to collect more detailed information, thus the questions about these items on the surveys. Most often disabilities associated with these items are grouped under the broad disability category of cognitive.

Behavioral health disorders, learning disabilities, substance abuse and developmental disabilities all scored in the top three of disability types served across multiple surveys. Typically these disability groups require the more intensive types of services such as on-the-job supports provided by CRPs and advocacy groups. DVR serves more individuals with an orthopedic disability than do CRPs as individuals with this type of disability do not usually require the intensive services provided by CRPs.

Individuals with a Most Significantly Disability Served by DVR

DVR defines an individual with a significant disability as someone who:

- Receives SSDI/SSI benefits from the Social Security Administration or
- Has a severe physical, mental or sensory impairment that seriously limits one or more functional capacities such as mobility, work skills, self-care, interpersonal skills, communication, self-direction, or work tolerance in terms of an employment outcome and requires multiple vocational rehabilitation services over an extended period of time.

DVR defines an individual with a most significant disability as someone who:

- Has a severe physical, mental or sensory impairment that seriously limits three or more functional capacities such as mobility, work skills, self-care, interpersonal skills, communication, self-direction, or work tolerance in terms of an employment outcome and is a person with a significant disability.

DVR is not operating under an order of selection and is able to serve all eligible individuals.

Table 5 demonstrates the high numbers of individuals with behavioral health and cognitive disabilities who also are identified as having a most significant disability.

The closure rates also reinforce the increased difficulty in successfully closing individuals with a most significant disability.

	MSD	SD	Disabled
Number Served	38% (1,380)	56% (2,009)	6% (212)
By Disability Type			
Behavioral Health	40% (510)	56% (718)	5% (59)
Cognitive	56% (350)	39% (241)	5% (32)
Deafness or Hard of Hearing (HOH)	30% (55)	66% (122)	5% (9)
Orthopedic/Physical Conditions	27% (368)	65% (886)	8% (107)
Blindness or Visual Impairments	67% (97)	29% (42)	3% (5)
Closed Other	42% (471)	53% (597)	5% (58)
Closed Rehabilitated	34% (214)	58% (361)	8% (49)
Average Hourly Wage	\$11.49	\$14.23	\$16.16
Average Hours Worked per Week	24.8	35.3	34.4

Social Security Administration (SSA) Programs - SSDI and SSI

SSDI provides cash benefits to individuals who are unable to work because of severe disabilities and to disabled spouses of workers who are at least 50 years old and to children who have been disabled since before they were 22 years old. SSI pays benefits to both adults and children with severe disabilities who have limited means. Per 34 CFR §361.42, any individual who is receiving SSDI/SSI is considered to have a significant disability.

According to SSA, in December 2008 SSDI beneficiaries aged 18-64 represented 4.1% of the U.S. population of the same age group. Alaska had the lowest percent of individuals on SSDI with an estimated 2.6% of Alaska's population receiving disability benefits. Of those receiving benefits, an estimated 10,964 are disabled workers. SSA also reports that 7,357 Alaskans between the ages of 18-64 are receiving SSI and of these, 4,016 are also receiving SSDI.

In FFY2009, 25% of DVR participants were receiving SSI/SSDI. This percentage has remained consistent for the past five years.

Ticket to Work (TTW)

TTW is a work incentive program implemented by SSA to provide disabled beneficiaries greater flexibility and expanded choice in obtaining the rehabilitation, employment and other support services that they need to go to work and attain their employment goals. Only individuals who are receiving SSI/SSDI disability benefits and who are between the ages of 18 and 64 are eligible to receive a ticket.

As of December 2009, the Social Security Ticket Tracker reports 18,491 Alaskans have been mailed a Ticket.

Ticket information is available by the diagnosis and the location of the ticket holder and is valuable in helping DVR estimate the number of those who have a most significantly disability and the type of their disability. Table 6 shows the number of tickets currently distributed by disability type.

Table 6: Ticket Distribution by Disability	
Source: http://www.yourtickettowork.com/	
Tickets Currently Distributed	18,317
Disability Type	Distribution
Blind/Visually Impaired	2% (383)
Deaf and/or loss of voice	1% (222)
Developmental Disabilities	10% (1,886)
Psychiatric Disorders	33% (6,058)
Traumatic Brain Injury/Stroke	< 1% (68)
All Other Physical Conditions	53% (9,700)

Developmental Disability (DD)

The Department of Health and Social Services (H&SS) is required by law to maintain a list denoting individuals whom experience a developmental disability and to track those individuals for whom there is not adequate funding to meet their needs. As of June 30, 2009 there were 447 Alaskans ages 18-64 were on the DD registry. This figure represents 46% of the individuals on the registry.

The term “developmental disability” means an individual with a severe, chronic disability that:

- Is attributable to a mental or physical impairment or combination of impairments;
- Is manifested before the individual attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more areas of major life activity: and
- Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic assistance, supports, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Most of these individuals would be considered to have most significantly disability and all would be considered to have a significant disability. Supported employment services were identified as a need by individuals on the DD registry. H&SS is committed to eliminating the DD registry but is constrained by the capacity and infrastructure support in the communities to provide the desired services and by the legislative appropriation. The average length of time on the registry is 50 months.

Traumatic Brain Injury (TBI)

The Alaska Brain Injury Network (ABIN) *10 Year TBI Plan* reports 800 TBI cases occur every year in Alaska resulting in hospitalization or death. After adjustments for population, Alaska has one of the highest TBI rates in the nation. TBI related disabilities may be physical and/or cognitive and may impact the individual’s ability to work or live independently. Most often DVR participants with TBI as the cause of their disability are significantly disabled.

In FFY09, 111 of the individuals receiving services from DVR had TBI as the cause of their disability. Sixty-eight percent (68%) were coded as individuals with a most significant disability and the remaining 32% as individuals with a significant disability.

2. Barriers to Employment

Barriers to employment crosses all the research questions of the CSNA, affecting those with the most significant disabilities as well as minorities, underserved and those served by the statewide workforce investment system. The lack of CRP services could also be a barrier. In SFY09, the Alaska WIA programs reported 175 of their participants had a disability which they considered to be a barrier to employment.

The surveys asked DVR staff and CRPs to identify whether a service was not accessible or not available. For clarification, not accessible in the context of these surveys was not in relationship to the Americans with Disability Act, but rather does a person have access to a service. Take for example the results for DVR staff and behavioral health, not one person said they were not available, but 21% said the services were not accessible and 37% considered this a barrier. Not accessible in this case would be interpreted to mean there are community mental centers in the state, but due to many reasons such as capacity, the services are not accessible to our participants.

Long term funding for supported employment was identified in all three surveys as a barrier with behavioral health services, and a lack of job opportunities identified as barriers by two of the surveys. Transportation was identified by 27% of DVR staff and 14% of VR participants (see Table 7) as a barrier to employment. The need for transportation and behavioral health services is a consistent theme heard by the SCR in public forums. This theme is echoed in studies such as the *Statewide Independent Living Council of Alaska Needs Assessment and Service Delivery options for Bristol Bay* and in the Community Town Hall Project conducted by the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse.

Forty-five percent (45%) or 217 individuals surveyed who had an open case with DVR indicated the possible loss of some type of benefit would likely make it hard for them to accept a job and would be a barrier to employment.

As shown in Table 7, social security and Medicaid were the benefits individuals were most concerned about losing. Food stamps and housing assistance were also of significant concerns.

Table 7 also shows the leading issue viewed as a barrier by twenty-two percent (22%) was their own health or physical limitations.

Loss of Benefits	
Social security benefits	31% (67)
Medicaid	25% (54)
Food stamps	19% (41)
Housing assistance	16% (34)
TANF benefits	6% (13)
Child care assistance	3% (7)
Services/Issues	
Health or physical limitations	22% (48)
Lack of training	18% (39)
Work experience	16% (35)
Lack of education	15% (33)
Transportation	14% (30)
Assistive technology	7% (15)
Housing	7% (15)
Child care	2% (4)

Table 8: Availability of Services and Supports to meet Employment Needs

The top three items in each column are highlighted for ease of identifying common issues.

Source: 2009 DVR Surveys - DVR Staff, Stakeholders and CRPs

Services	Not Accessible		Not Available		Barriers		
	DVR Staff	CRP	DVR Staff	CRP	DVR Staff	CRP	Stake Holders
ASL interpreter	6% (2)	7% (1)	9% (3)	20% (3)	5% (2)	---	---
Assistive technology	9% (3)	6% (1)	3% (1)	12% (2)	---	4% (1)	7% (8)
Basic education	3% (1)	13% (2)	8% (2)	13% (2)	5% (2)	11% (3)	---
Behavioral health	21% (7)	19% (3)	---	19% (3)	37% (14)	19% (5)	13% (16)
Benefits analysis	9% (3)	7% (1)	---	27% (4)	5% (2)	4% (1)	12% (14)
Business development	3% (1)	7% (1)	6% (2)	29% (4)	3% (1)	---	---
Career counseling	6% (1)	---	---	6% (1)	5% (2)	---	6% (7)
Child care	15% (5)	8% (1)	6% (2)	15% (2)	3% (1)	4% (1)	---
CRPs	6% (2)	6% (1)	15% (5)	18% (3)	21% (8)	4% (1)	---
Culturally relevant	3% (1)	---	15% (5)	33% (4)	---	4% (1)	---
ESL	6% (2)	8% (1)	6% (2)	25% (3)	---	---	---
Language interpreter	9% (3)	10% (1)	28% (9)	50% (5)	---	---	6% (7)
Housing	21% (7)	36% (5)	24% (8)	29% (4)	18% (7)	7% (2)	20% (24)
IL Skills Training	9% (3)	---	6% (2)	29% (5)	16% (6)	7% (2)	18% (22)
Job Opportunities	6% (2)	13% (2)	12% (4)	31% (5)	5% (2)	22% (6)	34% (41)
Job retention services	15% (5)	6% (1)	12% (4)	13% (2)	5% (2)	4% (1)	17% (20)
Job Search Assistance	6% (2)	6% (1)	3% (1)	6% (1)	13% (5)	4% (1)	23% (27)
Legal services	24% (8)	21% (3)	12% (4)	21% (3)	3% (1)	---	---
Long term supported employment funding	25% (8)	20% (3)	22% (7)	47% (7)	26% (10)	19% (5)	39% (46)
Medical services	15% (5)	13% (2)	---	13% (2)	21% (8)	4% (1)	6% (7)
Occupational training	12% (4)	---	---	21% (3)	8% (3)	4% (1)	21% (25)
On-the-job supports	6% (2)	6% (1)	15% (5)	6% (1)	11% (4)	4% (1)	18% (21)
Personal care attendants	6% (2)	---	6% (2)	13% (2)	---	---	---
Self-employment other than DVR	15% (5)	31% (4)	29% (10)	31% (4)	5% (2)	---	---
Transportation	27% (9)	11% (2)	3% (1)	11% (2)	26% (10)	15% (4)	22% (26)
Youth to adult services	15% (5)	7% (1)	12% (4)	20% (3)	13% (5)	4% (1)	23% (27)
Youth to employment	12% (4)	7% (1)	12% (4)	20% (3)	8% (3)	4% (1)	29% (34)

Table 8 combines the information collected from the 3 surveys with barrier related questions. By combining the data from the surveys and highlighting the top three items identified by each survey group, commonality of the services and supports across the groups can be determined.

3. Transition Age Youth

Alaska DVR has been and remains committed to serving youth with disabilities as they transition from high school to the adult world of employment. Recent research as reported in the National Longitudinal Transition Study-2 recognizes post-adolescents as having unique struggles distinct from those who have reached full adulthood. DVR considers individuals ages 16 – 24 to fall into this category and to be a potentially underserved segment of the population. DVR has therefore chosen to analyze this group as part of the CSNA.

Multiple data sources were used in this report to describe youth with disabilities including the 2008 American Community Survey (ACS), the Alaska Department of Education and Early Development (DEED), and DVR’s management information system.

Table 9: Youth as a Percentage of: All Alaskans; Alaskans with any Disability; Alaska Special Education Students; Applicants for DVR Services and WIA Programs					
<i>Data Sources: 2008 American Community Survey Population Estimates; DEED Annual Performance Report FFY2007, Alaska Division of Business Partnerships, 2008 WIA Program; and DVR Management Information System</i>					
Alaskans Age 15 -24	Alaskans Ages 5-17 with any Disability	Alaskans Ages 18-64 with any Disability	Alaska Special Education Students (with an IEP, ages 16 and above)	Youth at Application - Served by DVR	WIA Youth Programs – of those with a disability, the disability is a barrier to employment
16% (111,865)	5% (6,506)	12% (52,686)	19% (3,413)	21% (312)	51% (70)

Table 9 presents a variety of data sources with the purpose of comparing the estimated overall population of youth with a disability to the number of youth served by DVR. The data shows the percentage of youth coming into DVR as participants is greater than the percent of the statewide population of the same age group as well as the estimates for Alaskans with a disability and the number of special education students. The WIA data demonstrates the need for the continued working of joint cases between WIA and DVR.

The table also demonstrates the difficulty of breaking census data down into distinct population groups by disability. Census data can be used to determine the percent of the population that is youth but cannot be used as accurately to estimate the number of 15-24 year-olds with a disability. This information can be extrapolated from overall census data, but as the number of people with a disability increases with age, the number for youth with a disability would more than likely be inflated. Therefore, based upon the census data, 5-12% of the population in Alaska ages 15-24 would have a disability.

Based upon data in Table 9 from the variety of sources, DVR appears to be bringing into the program an appropriate number of youth.

Table 10: Youth Served by DVR
Source: DVR Management Information System

	FFY09	FFY08	FFY07	FFY06	FFY05
Youth served as a % of all DVR participants	22% (842)	22% (825)	23% (848)	22% (859)	22% (839)
Closed employed as a % of all closed employed	19% (99)	21% (118)	21% (113)	21% (110)	23% (120)
Rehab rate (closed rehab/all closed from IPE)	66%	58%	56%	64%	53%
Average length of time case is open	2.1 yrs	2.5 yrs	2.4 yrs	2.6 yrs	3.0 yrs
Wages at closure	\$10.71	\$11.67	\$11.19	\$10.32	\$11.03
Occupation					
Managerial	1% (1)	3% (3)	2% (2)	2% (2)	3% (3)
Forestry, Fishing and Related	2% (2)	NA	1% (1)	3% (3)	2% (2)
Construction	10% (10)	25% (30)	19% (21)	16% (18)	15% (18)
Clerical	12% (12)	9% (11)	9% (10)	9% (10)	10% (12)
Professional & Paraprofessional	12% (12)	11% (13)	8% (9)	7% (8)	21% (25)
Sales	15% (15)	14% (17)	15% (17)	22% (24)	18% (21)
Service Occupations	47% (47)	37% (44)	45% (51)	41% (45)	33% (39)
Primary Disability at Application					
Cognitive	44% (141)	49% (151)	49% (153)	48% (166)	43% (139)
Behavioral Health	31% (101)	25% (77)	27% (84)	27% (95)	29% (92)
Orthopedic/Other Physical	14% (46)	16% (49)	15% (46)	15% (51)	15% (48)
Deafness and HOH	7% (21)	7% (23)	6% (19)	7% (24)	11% (35)
Blindness and Visual Impairments	4% (13)	2% (7)	3% (9)	3% (9)	2% (6)

Table 10 provides information about youth served by DVR. The percent closed employed as a percentage of all closed employed decreased in FFY2009 from the prior three years. The average wages have remained well above the minimum wage of \$7.15 (this change in July 2009 to \$7.25). Also of interest from FFY2008 to FFY2009 is the decrease in the reported number of construction jobs and the increase of service occupations. This may help to explain the decrease in wages during the same time and may all be due in part to overall downturn in the economy which Alaska started to see in FFY2009.

It is worth noting that the disability group for youth with the highest percentage is cognitive at 44% compared to 17% of DVR participants as a whole (from Table 3). There is also a disparity between youth and the whole of DVR's participants for the orthopedic/physical disability with a rate of 14% and 38% respectively. This could probably be attributed to orthopedic disabilities often associated with work related injuries whereby youth are not yet in the work force.

Table 11: Reason for Closed Other Than Rehabilitated – Youth FFY2009

Source: DVR Management Information System

	All Statuses	Applicant	Eligible	Plan
Unable to locate	43% (97)	6% (13)	21% (47)	16% (37)
Declined to participate	35% (78)	4% (8)	15% (33)	16% (37)
All other reason	9% (20)	4% (8)	2% (5)	3% (7)
Failure to cooperate	6% (13)	2% (4)	3% (7)	1% (2)
Institutionalized	3% (7)	< 1% (1)	3% (5)	< 1% (1)
Transferred to another agency	1% (3)			1% (3)
No impediment to employment	1% (2)	1% (2)		
Transportation not available	1% (2)		1% (2)	
No disabling condition	< 1% (1)	< 1% (1)		
Extended services not available	< 1% (1)	< 1% (1)		
Does not require VR services	< 1% (1)	< 1% (1)		
Total		17% (39)	44% (99)	38% (87)

Table 11 provides detailed information regarding the status and reason of those cases closed other than rehabilitated. The hope in looking at this information at this level is to provide insight as to when and why DVR loses youth and therefore identify strategies to mitigate the unsuccessful closures.

The Department of Education and Early Development (DEED) tracks information on students who have had an Individualized Education Plan (IEP). For FFY2007, they report a 6% dropout rate for youth with an IEP compared to 5% for those students without an IEP. More importantly, the graduation rate was 40% for those with an IEP compared to 65% for those who did not have an IEP.

DVR reports during FFY2007, 27% of youth who came to DVR without a high diploma exited DVR with a diploma, GED, certificate of completion or some type of post secondary education.

A post-graduation survey conducted by DEED of those who had IEPs and who are no longer in school showed:

- 31% are in neither school nor work
- 39% are working
- 20% are both in school and are working

The disability type of those post-graduation who are in either school or work are:

- 77% - specific learning disability
- 72% - other health impairments
- 54% - emotional disturbance
- 49% - mental retardation
- 45% - speech impairment
- 33% - autism
- 13% - multiple disabilities

Table 12: Counts of Alaska Special Education Students by Disability Group*Data Source: Alaska Department of Education and Early Development*

	FFY2008	FFY2007	FFY2006	FFY2005
Specific Learning Disabilities	42% (7452)	42% (7411)	43% (7564)	44% (7897)
Speech/Language Impaired	19% (3295)	19% (3305)	20% (3506)	23% (4117)
Developmentally Delayed	13% (2282)	13% (2338)	13% (2334)	13% (2311)
Other Health Impairments	10% (1890)	11% (1754)	9% (1674)	6% (997)
Emotional Disturbance	4% (754)	4% (733)	4% (726)	4% (751)
Mental Retardation	4% (640)	4% (691)	4% (708)	4% (749)
Multiple Disabilities	2% (402)	2% (410)	2% (409)	2% (423)
Autism	3% (607)	3% (538)	3% (477)	2% (417)
Hearing Impaired	1% (163)	1% (159)	1% (167)	1% (182)
Orthopedic Impairments	1% (1890)	<1% (80)	<1% (77)	<1% (73)
Traumatic Brain Injury	<1% (48)	<1% (66)	<1% (69)	<1% (65)
Visual Impairments	<1% (49)	<1% (42)	<1% (39)	<1% (44)
Deaf-Blindness	<1% (6)	<1% (9)	<1% (10)	<1% (13)

The special education count of students shown in Table 12 includes all students rather than just transition aged students. The information is useful for DVR to understand the type and number of students experiencing a particular disability in order to develop a picture of the disability populations to help plan for future clientele.

Public testimony taken by the SCR has expressed concern over the number of fetal alcohol syndrome disorder (FASD) children in the schools although FASD is not identified and tracked by DEED. FASD can cause a variety of disabilities such as specific learning disabilities or developmentally delayed. These concerns may be supported by the data in Table 12 as students with learning disabilities and developmental delays rank in the top three disabilities.

Section 504 Data

The Office for Civil Rights (OCR) of the U.S. Department of Education reports limited data by state on students who are covered under Section 504 but are not receiving services under IDEA. These students have a physical or mental impairment that substantially limits one or more major activities but do not have learning issues that make them eligible for IDEA; they are not included in the IDEA data described above (U.S. Department of Education Office for Civil Rights, 2005; 2007). Unfortunately, data on the total number of "Section 504 only" students are not disaggregated by age or transition status or by specific disability. Nevertheless, these data can help to give a rough indication of the size of the Section 504 population, a group that is potentially eligible for VR services during transition.

The most recent OCR data is for 2006 and reports Alaska had 854 Section 504 students.

4. Minorities

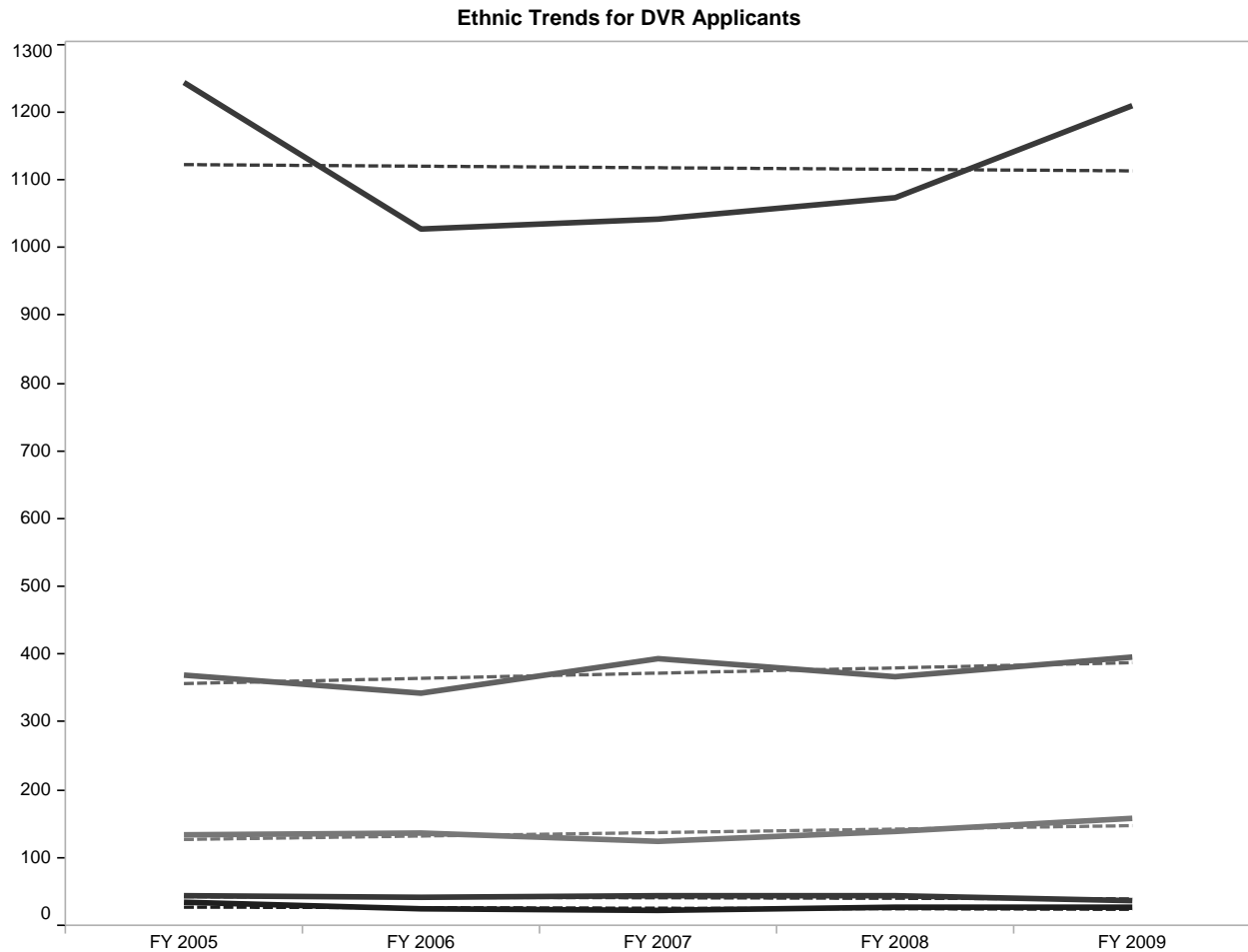
Alaska Natives make up nearly 20% of all Alaskans – a higher percentage of indigenous people than in any other state per a July 2009 report by the Institute of Social and Economic Research (ISER). The population of Alaska Natives more than doubled from 1970 to 2000 and by 2020 is projected to be nearly triple what it was in 1970.

The census data in Table 13 estimates the Alaska Native population less than the ISER data although it does show a disproportionate percentage of Alaska Natives with a disability.

	Total	With a Disability
Total Population	659,084	12% (78,893)
Alaska Native / American Indian	13% (85,541)	14% (11,806)
Asian	5% (31,085)	8% (2,590)
Black/African American	3% (22,151)	9% (1,982)
Hawaiian / Pacific Islander	< 1%	--
White	69% (454,505)	12% (54,706)
Other/Two or More Races	9% (62,079)	12% (7,267)
Hispanic/ Latino (of any race)	6% (38,930)	9% (3,455)

	FY2009	FY2008	FY2007	FY2006	FY2005
Total Ethnicity Reported					
AK Native/American Indian	21% (920)	21% (866)	21% (862)	20% (855)	19% (825)
Asian	2% (97)	3% (107)	2% (95)	2% (92)	2% (99)
Black	7% (330)	7% (291)	7% (295)	7% (306)	7% (299)
Hawaiian / Pacific Islander	1% (57)	1% (52)	1% (51)	1% (59)	1% (58)
White	63% (2801)	64% (2628)	64% (2632)	66% (2852)	67% (2996)
Hispanic/ Latino (of any race)	5% (207)	4% (183)	4% (169)	4% (157)	4% (171)
Closed Rehabilitated					
AK Native/American Indian	19% (110)	18% (113)	15% (85)	19% (108)	15% (86)
Asian	3% (17)	3% (21)	3% (16)	2% (14)	3% (19)
Black	6% (35)	7% (45)	6% (36)	8% (44)	7% (41)
Hawaiian / Pacific Islander	1% (8)	1% (7)	1% (6)	1% (7)	1% (6)
White	66% (386)	65% (405)	71% (413)	67% (381)	70% (397)
Hispanic/ Latino (of any race)	5% (28)	6% (35)	4% (23)	2% (14)	4% (22)
Closed Other					
AK Native/American Indian	24% (293)	23% (234)	25% (271)	21% (279)	19% (224)
Asian	2% (22)	2% (25)	1% (15)	2% (27)	2% (26)
Black	9% (104)	7% (74)	9% (105)	7% (90)	7% (88)
Hawaiian / Pacific Islander	<1% (11)	1% (14)	2% (19)	2% (22)	1% (16)
White	60% (726)	62% (644)	59% (667)	66% (880)	66% (782)
Hispanic/ Latino (of any race)	5% (57)	5% (47)	4% (44)	3% (42)	4% (41)

Table 14 data shows a consistent level of VR services across population group over the past five years. A comparison of tables 13 and 14 shows that for FFY2008 (the year of the ACS data), DVR did not significantly under serve any group. The Asian and white population groups were slightly underserved in proportion to the population as a whole while the Alaska Native, African Americans and Pacific Islanders were proportionally over served.



The dashes in Exhibit 1 are trend lines and show an overall decrease in Caucasians applying for VR services with an increase in Alaskan Natives.

- White
- American Indian or Alaskan Native
- Black
- Asian
- Native Hawaiian or Other Pacific Islander

Exhibit 1: Ethnic Trends of DVR Applicants; *Source: DVR Management Information System*

Exhibit 1 shows the trend of increasing Alaska Native and black applicants over the past five years with a decrease in white applicants. The increase in Alaska Natives and the large percentage of Alaska Natives served from Table 14 could be directly related to the strong

linkage between DVR and the American Indian Vocational Rehabilitation Services (AIVRS) Grant Program recipients. Per ISER, Alaska Natives also have health and social problems which many experts link to the modern American diet and way of life. These problems along with the lack of a cash economy in rural Alaska often translate to a higher rate of unemployment and disability. For example, the rate of diabetes among Alaska Natives doubled in the fifteen years from 1985-2000.

Federal performance standard 2.1 addresses the equal access to VR services for all individuals, including those from a minority background. To achieve a successful performance on Federal Standard 2.1, an agency must meet or exceed the performance standard of 0.80 (ratio). The ratio compares the service rates for both minorities and non-minorities. The service rate is a percent of VR cases closed from an IPE compared to all closures. DVR has met this standard for the past five years as shown in Table 15.

Table 15: Federal Standard 2.1 – Ratio of Minority Service Rate to Non-Minority Service Rate					
<i>Source: DVR Case Management System</i>					
	FFY09	FFY08	FFY07	FFY06	FFY05
Ratio	0.876	0.987	0.815	0.949	0.954

5. Gender

Table 16: Disability Characteristics of Civilian Non-Institutionalized Population				
<i>Source: 2008 American Community Survey 1-Year Estimates, Geographic Area: Alaska</i>				
			Unemployment Rate – Aug. 2009	
	Statewide Population	With a Disability	With a Disability	No Disability
Male	51% (334,591)	53% (42,202)	20%	10%
Female	49% (324,493)	47% (36,691)	16%	9%

The higher percentage of males with a disability as shown in Table 16 corresponds, although slightly higher, with the population estimates. This is reasonable based as men are more likely to be employed in the more dangerous and long term taxing jobs such as logging, construction and fishing.

Table 17: DVR Participants by Gender					
<i>Data Source: DVR Management Information System</i>					
	FFY2009	FFY2008	FFY2007	FFY2006	FFY2005
Received Services					
Male	57% (2,191)	57% (2,083)	55% (2,005)	53% (2,055)	52% (2,033)
Female	43% (1,683)	43% (1,592)	45% (1,662)	47% (1,837)	48% (1,889)
Closed Rehabilitated					
Male	58% (614)	58% (540)	54% (543)	55% (662)	53% (564)
Female	42% (452)	42% (384)	46% (457)	45% (551)	47% (502)
Closed Other					
Male	54% (285)	60% (337)	54% (284)	51% (269)	50% (264)
Female	46% (239)	40% (229)	46% (243)	49% (259)	50% (261)

Table 17 demonstrates the percentage of males served by DVR has increased steadily over the past five years. DVR also serves a slightly higher proportion of males than females as compared to the population.

6. Age

Table 18: Disability Characteristics of Civilian Non-Institutionalized Population					
<i>Source: 2008 American Community Survey 1-Year Estimates, Geographic Area: Alaska</i>					
	Population	< 5 years	5 to 17 years	18 to 64 years	> 64 years
Statewide	659,084	8% (51,624)	20% (128,807)	65% (430,938)	7% (47,715)
With a Disability	12% (78,893)	1% (454)	5% (6,506)	12% (52,686)	40% (19,247)

Table 19: DVR Participants by Age Group					
<i>Data Source: DVR Management Information System</i>					
Age Groups	FFY2009	FFY2008	FFY2007	FFY2006	FFY2005
Youth <18	3% (96)	3% (94)	2% (90)	2% (85)	2% (83)
Ages 18 – 64	96% (3,631)	96% (3,498)	97% (3,525)	97% (3,765)	97% (3,762)
Ages > 64	1% (44)	1% (37)	1% (33)	1% (34)	1% (22)

Table 19 shows a breakdown of DVR participants by age group in order to assess if an age group is underserved or unserved by comparing the DVR data against the 2008 ACS data in Table 18. Note the steady increase albeit small number overall of the >64 age group. This group would be expected to be a small percentage of DVR participants as most in that age group are retired and not seeking employment services. Even so, DVR was interested in looking at this group as anecdotal information from VR counselors indicated they were seeing an increase in this age group as more individuals are unable to meet their living expenses on their retirement income.

7. Rural

DVR has long recognized as do most other state agencies, the difficulty of providing equitable services to all areas of the state given Alaska's vastness and the difficulty in getting to many areas of the state. Therefore, in prior state plans DVR has identified rural Alaska as an underserved area. All areas of the state are assigned to a DVR regional office; therefore there are no unserved areas within the state

Alaska does not have counties, but instead has incorporated boroughs in much of the state with a large portion of the state remaining unincorporated. For the purpose of estimating the rural and non-rural populations of the state for the CSNA comparisons, DVR used both borough and census designated place (CDP) boundaries as identified by the US Census data and the Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit.

DVR's definition of non-rural/rural is based on the access of individuals to VR counseling services. Residents of communities with VR counseling offices have access to the best service DVR can offer, VR counselors, even though some of these offices are in small communities with limited community rehabilitation programs and other support services.

DVR has therefore defined rural as a community or CDP that is not connected by road to a community with a DVR office or is connected by road to a community with a DVR office but is at least 50 statute miles outside of the community. Connected by road does not include the Alaska Marine Highway System.

Communities served by VR counselors on an itinerant basis are also considered rural for the purpose of the CSNA. This is even though VR counselors travel on a regular basis to most communities with a population of 1,000 or more. Many of these communities are hub communities drawing individuals from surrounding villages.

Using the rural/non-rural definition described above, the percent of individuals participating in DVR, in the TTW program and living in the areas of the state were calculated and presented in Table 19.

Comparing the percent of DVR participants to the population distribution shows DVR is disproportionately serving non-rural Alaska. The TTW information (see the Disability Types section for more information on the Ticket program) was included in Table 19 to give a different type of comparison as to the coverage of DVR services rather than by population distribution alone. Realizing that not everyone with a disability is receiving SSI/SSDI and has a ticket, the TTW distribution does show that more individuals with disabilities may be located in non-rural areas. This may be a result of the availability of services in the non-rural areas.

Table 20: - DVR Participants by Rural/Non-Rural Locations			
<i>Source: DVR Management Information System; http://www.yourtickettowork.com/; and the Department of Labor, Research and Analysis Section</i>			
	DVR Participants	Ticket to Work (TTW)	Population Distribution
Rural	8% (308)	16% (2,852)	26% (184,058)
Non-Rural	92% (3,602)	84% (15,465)	74% (495,662)

Table 21: - DVR Participants by Rural/Non-Rural Locations					
<i>Source: DVR Management Information System</i>					
	FFY2009	FFY2008	FFY2007	FFY2006	FFY2005
Total Served					
Rural	8% (308)	9% (350)	10% (379)	10% (371)	9% (356)
Non-Rural	92% (3,602)	91% (3,341)	90% (3,297)	90% (3,526)	91% (3,670)
Closed Rehab					
Rural	8% (44)	9% (49)	8% (43)	9% (49)	7% (36)
Non-Rural	92% (480)	91% (519)	92% (484)	91% (479)	93% (489)
Closed Other					
Rural	9% (99)	10% (90)	9% (94)	8% (95)	8% (81)
Non-Rural	91% (967)	90% (834)	91% (906)	92% (1118)	92% (985)

Based on the information in Table 21, DVR has, over the past 5 years, remained consistent in the percentage of individuals from the rural areas served. While this number is disproportional to the estimated numbers living in rural Alaska as previously mentioned, the information does show that the rate for those closed both rehabilitated and non-rehabilitated or closed other were proportional to the number served. This would indicate that DVR has no greater or lesser success with those living in rural Alaska than those living in non-rural areas of the state..

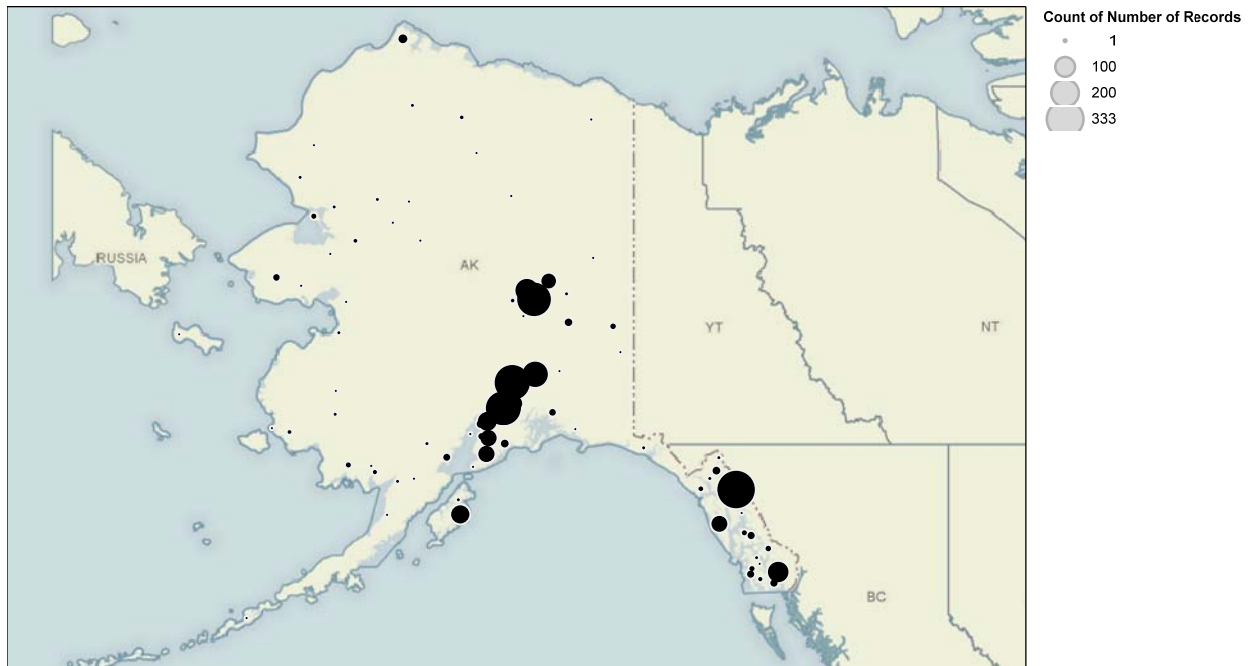


Exhibit 3: Distribution of all individuals served by DVR in FFY2009 by zip code
Source: DVR Management Information System

Exhibit 3 shows that DVR has a presence through rural Alaska, with a strong client base along the primary road corridors from south central Alaska (Anchorage/Wasilla/Palmer) to the interior (Fairbanks). Southeast Alaska is represented with three offices in Juneau, Sitka and Ketchikan. It also shows the widespread albeit smaller client base throughout the western part of the state which is all categorized as rural.

American Indian Vocational Rehabilitation Services (AIVRS) Grant Program

Alaska has 12 AIVRS grant programs or Tribal Vocational Rehabilitation (TVR) programs. The map below shows the TVR and DVR offices. While DVR is a statewide program with the corresponding responsibilities, the TVR programs play an essential role in providing VR services that are culturally sensitive in areas where DVR counselors provide services on an itinerant basis or through collaboration with the TVR programs.

DVR and TVR Office Locations

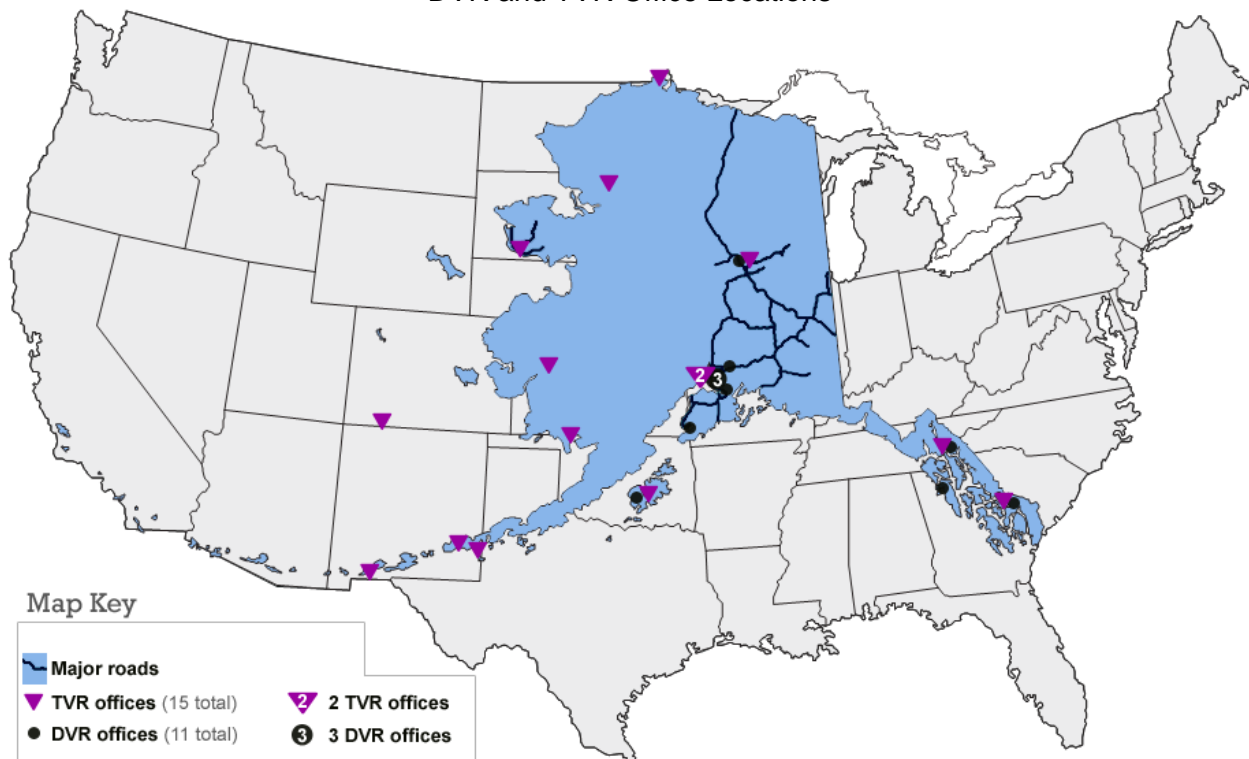


Exhibit 2: DVR and TVR Office Locations

Source: Alaska DVR and Alaska Department of Transportation and Public Facilities

Exhibit 2 also helps to demonstrate the challenge of providing services to the rural areas of the state given the vastness of the state. The problem is further exacerbated as Alaska has a very limited road system.

Table 22: Summary of American Indian Vocational Rehabilitation Services (AIVRS) Grant Program	
<i>Source: FFY08 Annual Reporting for American Indian Vocational Rehabilitation Services (AIVRS) Grant Program</i>	
Funding	\$4,852,319
Received services under an IPE	483
Total enrolled in a two-year post-secondary education program	29
Total enrolled in a four-year post-secondary education program	12
Exited employed	140
Exited self-employment	15
Received supported employment services	1
Employed with earnings	129
Weekly income (average)	\$602
Weekly earnings at entry to program (average)	\$3
Services Provided	# Providing Services
Assessment for determining eligibility and VR needs	10
Counseling and guidance	10
Referral and other services to secure needed services	10
Job-related services	10
Vocational and other training services	10
Book, tools and other training materials	10
Diagnosis and treatment of physical and mental impairments	10
Maintenance	10
Transportation	10
Post-employment services	10
On-the-job or other related personal assistance services	9
Occupational licenses, tools, equipment, and initial stocks and supplies	9
Rehabilitation technology	9
Transition services for students with disabilities	9
Technical assistance for services to support self-employment.	8
Supported employment services	7
Services to the family of an individual with a disability	7
Services traditionally used by Indian tribes, including native healing	6
Interpreter and reader services	5
Rehabilitation teaching and orientation and mobility services	5
Other service(s) determined necessary for achievement of an employment outcome	4

Table 22 summarizes the work of the TVR programs. The prevalence of a combined cash-economy and subsistence life style that exists in much of rural Alaska served by TVR is evidenced in the \$3 average weekly wages prior to entering the TVR program.

8. Employers

Alaska DVR is committed to working with individuals with disabilities to obtain and maintain employment in jobs that fit the interests, strengths and abilities of the individual and provide the maximum wages and benefits. Developing relationships with employers, understanding what employers might need from DVR and the types of employment that is available are important aspects of assisting individuals find employment.

	Total Population	With a Disability	No Disability
Age 16 and Over	499,479	72,942	426,537
Employment Status			
Employed	68% (339,646)	39% (28,447)	72% (307,107)
Not in Labor Force	27% (134,859)	55% (40,118)	22% (93,838)
Employed Age 16 and Over	337,576	28,628	308,948
Employer			
Private	65% (219,424)	65% (18,493)	65% (200,816)
Self-employed	10% (33,757)	12% (3,436)	10% (30,894)
Local government	9% (30,382)	8% (2,290)	10% (30,895)
State government	9% (30,382)	7% (2,004)	9% (27,805)
Federal government	6% (20,255)	8% (2,290)	6% (18,537)
Unpaid family workers	.4% (1,350)	.8% (229)	.3% (927)
Occupation			
Management and professional	34% (114,776)	29% (8,302)	35% (108,132)
Service	16% (54,012)	18% (5,153)	16% (49,432)
Sales and office	25% (84,394)	23% (6,584)	26% (80,326)
Farming, fishing, and forestry	1% (3,376)	< 1% (286)	< 1% (3,089)
Construction, extraction and maintenance	13% (43,885)	14% (4,008)	12% (37,074)
Production and transportation	11% (37,133)	15% (4,294)	1% (30,895)
Industry			
Agriculture, forestry, fishing and mining	5% (16,879)	4% (1,145)	5% (15,447)
Construction	9% (30,382)	11% (3,149)	9% (27,805)
Manufacturing	4% (13,503)	6% (1,718)	4% (12,358)
Wholesale trade	3% (10,127)	3% (859)	2% (6,179)
Retail trade	12% (40,509)	12% (3,435)	12% (37,074)
Transportation and utilities	8% (27,006)	6% (1,718)	8% (24,716)
Information	2% (6,752)	2% (573)	2% (6,179)
Finance and insurance, and real estate	5% (16,879)	2% (573)	5% (15,447)
Professional, scientific, and management	8% (27,006)	7% (2,004)	8% (24,716)

Table 23: Employment Information			
<i>Source: 2008 American Community Survey 1-Year Estimates (S1811); Geographic Area: Alaska</i>			
	Total Population	With a Disability	No Disability
Educational services, and health care and social assistance	21% (70,891)	24% (6,871)	21% (64,879)
Arts, entertainment, and food services	8% (27,006)	7% (2,004)	8% (24,716)
Other services	4% (13,503)	6% (1,718)	4% (12,358)
Public administration	11% (37,133)	1% (2,863)	11% (33,984)
Educational Attainment			
Age 25 and Over	405,833	67,575	338,258
Less than high school graduate	8% (32,467)	20% (13,515)	6% (20,295)
High school graduate, GED, or alternative	27% (109,575)	30% (20,273)	26% (87,947)
Some college or associate's degree	37% (150,158)	38% (25,679)	37% (125,155)
Bachelor's degree or higher	28% (113,633)	13% (8,785)	31% (104,860)
Earnings in past 12 months			
Age 16 and over with earnings	394,672	9% (36,639)	91% (358,033)
Median earnings	\$31,305	73% (\$22,756)	102% (\$31,837)

Table 23 provides statewide employment information for both individuals with and without a disability. All types of government account for 24% of the employment in Alaska. These are stable jobs with benefits. It is interesting to note that a higher percentage of people with a disability than those with no disability are employed by the federal government. In FFY2009, 15% of DVR participants were employed by local, state or federal government.

DVR job placement specialists regularly make use of Alaska Statute AS 39.25.150(21) which provides for the provisional hiring of individuals with severe disabilities into state employment and of the Schedule A hiring authority which is found in 5CFR 213.3102(u). Schedule A is a non-competitive hiring authority available for federal agencies to hire and/or promote individuals with disabilities.

Areas where the numbers for individuals with disabilities differ greatly from those with no disability are in employment, educational attainment and earnings. Significant statistics are:

- 39% of people with a disability are employed compared to 72% with no disability;
- 20% of people with a disability did not graduate from high school compared to 6% with no disability;
- 13% of people with a disability have a Bachelor's degree compared to 31% with no disability;
- 9% of the people with a disability reported earnings in the past twelve months compared to 91% with no disability and
- The median earnings of a person without a disability were 1.4 times that of a person with a disability.

Table 24: Employers and Occupations for FFY2009					
<i>Source: DVR Management Information System</i>					
Employer Type	FFY 2009	FFY 2008	FFY 2007	FFY2006	FFY2005
Private	79% (413)	78% (444)	78% (413)	77% (407)	77% (402)
Local Government (includes school districts)	9% (45)	8% (46)	7% (37)	8% (44)	11% (59)
State government	4% (23)	6% (34)	5% (28)	6% (31)	6% (30)
Federal government	2% (8)	1% (6)	1% (7)	2% (9)	1% (5)
Self-employed	5% (29)	6% (33)	7% (37)	7% (36)	5% (26)
Unpaid family worker	1% (4)	--	--	<1% (1)	1% (3)
Homemaker	< 1% (1)	1% (3)	<1% (1)	--	--
Occupations					
Managerial	4% (19)	2% (12)	2% (11)	2% (12)	3% (17)
Forestry, Fishing and Related	2% (9)	< 1% (2)	2% (9)	2% (12)	2% (12)
Construction	17% (91)	19% (109)	18% (94)	17% (91)	16% (83)
Clerical	18% (92)	17% (99)	17% (88)	22% (114)	18% (92)
Professional & Paraprofessional	19% (98)	19% (107)	22% (114)	19% (107)	19% (98)
Sales	8% (40)	10% (56)	11% (58)	12% (65)	11% (59)
Service Occupations	32% (169)	31% (178)	28% (146)	27% (142)	26% (135)

Table 24 breaks down the employment settings and occupations for those closed rehabilitated in FFY2009. In SFY2009, 490 of the 524 individuals who exited the VR program as employed were hired by 330 different employers. Of these employers, 277 hired only one individual. The top three employers were the U.S. Army, Carrs/Safeway and the State of Alaska.

Comments from DVR staff regarding employer needs include:

- Work needs to be done to make the State a model employer for hiring people with disabilities;
- Attitudinal barriers regarding individuals with disabilities are identified as the single largest barrier when hiring people with disabilities;
- Employers are concerned about providing accommodations; and
- On-demand, intermittent support for DVR consumers after a case has been closed is sometimes critical to the individual's long-term success and job retention.

9. Community Rehabilitation Programs (CRPs)

Alaska DVR approves CRPs to deliver vocational rehabilitation related services. As of the writing of the CSNA, sixty-nine (69) CRPs have been approved to provide some or all of the services listed in Table 25.

Service	Unique Count of Individuals	% of All Individuals Served	% of CRP Expenditures	% Total Case Service Expenditures
Job Search Assistance	374	10.3%	28.6%	7.3%
Preliminary Assessment	218	6.0%	14.8%	4.1%
On-the-Job Supports	171	4.7%	15.8%	4.1%
Benefits Counseling	224	6.2%	6.1%	1.6%
Situational Assessment	113	3.1%	8.9%	2.4%
Vocational Evaluation	88	2.4%	5.6%	1.6%
Assistive Technology Services	52	1.4%	3.7%	1.2%
On-the-Job Evaluation	51	1.4%	3.7%	1.3%
Discovery	57	1.6%	4.0%	1.0%
Disability related training	21	.6%	6.9%	2.6%
Business Development Services	18	.5%	1.0%	.4%
Job Readiness Training	19	.5%	1.0%	.3%

In August 2009 when DVR surveyed the CRPs, there were 57 approved CRPs with 27 or 47% responding to the survey. Ten or 42% of the CRPs have been in business for 10 years or more indicating a small, but very stable group of CRPs. Of the CRPs, 50% are single person operations, 77% work with DVR consumers who live in rural areas, and 10% are located in rural Alaska. The top three services purchased from CRPs are job search assistance, preliminary assessment and on-the-job supports.

Results from the CRP survey in regards to CRP and DVR counselor interaction:

- 78% of the CRPs were able to initiate services with the DVR consumer either at referral or within a week of the referral
- 77% were provided adequate information at referral to effectively initiate services
- 39% rated the frequency of communication with DVR staff as excellent
- 53% rated the quality of communication with DVR staff as excellent
- Comments included the desire for CRPs to have access to intake notes and/or the IPE

The top three issues identified as impacting the CRPs ability to provide services in ranked order:

- 42% - slowing economy
- 35% - lack of financial resources; lack of resources for supported employment; and lack of referrals
- 24% - rising fixed costs; increase in consumers with multiple disabilities; and delayed DVR authorizations for services

Seventy-two percent (72%) of the CRPs attended a DVR-sponsored training within the last year.

Focus groups were held with the CRPs in conjunction with the trainings. Issues identified by CRPs include:

- Initial CRP training given by DVR is mandatory for new CRPs;
- Build in better methods for CRPs to keep up on DVR changes including staff and business practices;
- CRPs have access to IPEs, intakes and other information critical to the individual's success;
- CRPs and VR counselor meet before handoff meeting;
- More frequent meetings; and
- Regular feedback from DVR on how the CRP is doing.

Procurement of Services

Table 26: Services Routinely Procured by DVR Counselors <i>Source: 2009 DVR Counselor Survey</i>		
Services	DVR Staff	CRP
Vocational evaluation	94% (32)	6% (2)
Preliminary assessment	60% (20)	43% (15)
Job readiness training	53% (18)	65% (22)
Job search assistance	53% (18)	85% (28)
On-the-Job evaluation	47% (16)	62% (21)
Situational assessment	50% (16)	72% (23)
Job placement	49% (16)	85% (28)
Discovery	32% (11)	47% (16)
Business development services	27% (9)	73% (24)
On-the-Job supports	27% (9)	94% (32)
Assistive technology services	18% (6)	88% (30)
Benefits counseling	3% (1)	97% (33)

DVR has in-house evaluation and assessment services, but still requires the services of CRPs. It is obvious from Table 26 where the expertise and VR counselor preference in some services such as vocational evaluation and benefits counseling lie.

Table 27: DVR Counselor – Adequacy of CRPs <i>Source: 2009 DVR Staff Survey</i>		
Statement	Agree	Disagree
There are enough CRPs to meet the service needs of my consumers.	26% (9)	74% (25)
The range of services provided by available CRPs meet the needs of my consumers.	63% (21)	37% (13)
The quality of services provided by available CRPs meet the needs of my consumers.	60% (21)	40% (13)
CRP staff have adequate education and professional training.	43% (14)	57% (20)

Table 28: DVR Counselor's – Factors Influencing DVR Staff to use CRP rather than DVR Staff

Source: 2009 DVR Staff Survey

Immediacy of need	91% (31)
Services must be delivered outside of regular work hours	47% (16)
Consumer choice	32% (11)
Other	24% (8)
Employer networks	24% (8)
Transportation difficulties	18% (6)
CRP marketing strategies	9% (3)
Preference for a particular assessment tool	3% (1)

As part of the evaluation of CRPs, DVR is interested in the VR counselors' perspective on the adequacy of CRPs and the reasons why CRPs are used rather than in-house provided services. Tables 27 and 28 help provide this information. Counselors disagree strongly that there are not enough CRPs, but rate the types and quality of services available high.

10. Job Centers

Job center staff were surveyed as part of research question #3: determining the services for Individuals with disabilities served through other components of the statewide workforce investment system as identified by those individuals and personnel assisting those individuals through the components of the system.

From the DVR staff surveys regarding Job Centers:

- 100% indicated there was a Job Center in the area they serve.
- 62% rated their experience with the Job Center as excellent or good.
- Top three items rated as satisfactory:
 - 77% accessibility of the facilities,
 - 71% access to job training services, and
 - 70% were satisfied with the access to core services.
- Top three items needing improvement:
 - 69% funding for WIA services,
 - 54% effective referral process, and
 - 46% knowledge of DVR.

From the Job Center staff surveys:

The top 3 resources Job Center staff used when uncertain as to how to accommodate a job seeker with a disability:

- 61% VR staff,
- 50% disability navigator and
- 41% the individual.

Fifty-six percent (56%) said there were gaps in services for individuals with disabilities in Job Centers. The primary gaps identified were:

- The elimination of the disability navigator positions,
- Rural areas need more services including increased DVR staff representation, and
- More training on dealing with individuals who have a mental health issue.

In rating their relationship with DVR staff 72% rated it as excellent or good while 28% rated their relationship as fair or poor. The primary reason given for the poor relationship was the lack of a DVR presence in rural Job Centers. The primary reason for an excellent relationship is communication between staff on co-enrolled individuals either through scheduled meetings or on an as-needed basis.

The primary training Job Center staff has received in the last year is on assistive technology and the Americans with Disability Act. The most identified training needs were on autism, fetal alcohol spectrum disorder and brain injuries. Their knowledge of VR services was consistent from a rating of excellent to fair indicating as many Job Center knew about DVR as those who didn't. More than 50% of the staff indicated their knowledge of all other topics ranging from benefits to job accommodations was fair.

Equal numbers said either the number of people with disabilities in the job centers had increased or remained the same over the past three years. No one responded that they had seen a decrease in job center use by individuals with a disability.

11. Population

Based upon data from the Alaska Department of Labor and Workforce Development, Research and Analysis (R&A) section, the state has seen slightly more people moving to Alaska in FFY2009, reversing a trend in which the state generally lost people over the past decade. R&A believes this has to do with the Alaskan economy seeming to be relatively stable as compared to some states in the Lower 48. There has been an out migration from sections of the state, specifically Southeast and Western Alaska. The potential development of a natural gas pipeline could have great impact on the state's population as well as employment opportunities.

IV. Conclusions and Recommendations

1. *What are the rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of individuals with most significant disabilities, including their need for supported employment services?*

DVR defines an individual with a significant disability as someone who:

- Receives SSDI/SSI benefits from the Social Security Administration or
- Has a severe physical, mental or sensory impairment that seriously limits one or more functional capacities such as mobility, work skills, self-care, interpersonal skills, communication, self-direction, or work tolerance in terms of an employment outcome and requires multiple vocational rehabilitation services over an extended period of time.

DVR defines an individual with a most significant disability as someone who:

- Has a severe physical, mental or sensory impairment that seriously limits three or more functional capacities such as mobility, work skills, self-care, interpersonal skills, communication, self-direction, or work tolerance in terms of an employment outcome and is a person with a significant disability.

DVR is not operating under an order of selection and is able to serve all eligible individuals.

In FFY09 individuals with a most significant disability accounted for 38% (1,380) of the individuals receiving services from DVR and for 39% (214) of those closed rehabilitated. Combined, individuals with both a significant and most significant disability equaled 94% (3,389) of all those receiving VR services and 92% (475) of those closed with an employment outcome earning greater or equal to the minimum wage.

Individuals with behavioral health and cognitive disabilities were the top two disability groups coded most significantly disabled at 40% and 56% respectively. Thirty-three percent (33%) of the individuals who have been sent a Ticket to Work have a psychiatric disorder and 10% have a developmental disability. At the end of December 2009, there were 447 individuals on the DD registry between the ages 18-64. The average length of time on the registry is 50 months. These two disability groups cross a variety of programs and represent the majority of individuals who are most significantly disabled. Many are also the individuals who are in need of on-going supports.

The lack of long term supported employment funding was one of the top three barriers to employment identified by DVR staff, CRPs and stakeholders and the need for behavioral health services was identified by both DVR staff and CRPs. Job Center staff commented that individuals with behavioral health issues were the most difficult for them to serve. The need for increased long term supported employment services and for increased capacity in the behavioral health system for vocational programs is recognized by entities outside of DVR such as Division of Senior and Disability Services and the Governor's Council on Disability and Special Education.

Identified Need:

- On-going benefits analysis to understand the effect of work on medical and other benefits
- Increase long term supported employment services
- Increase behavioral health services through community health centers
- Increase vocational services in community behavioral health centers
- Reduce the time on the developmental disability registry
- Improve transportation services
- Increase opportunities for employment with state and federal government

Recommendation: *Partner with other service providers to maximize resources and coordinate services for individuals who are in need of long term supported employment services as well as employment services from community behavioral health providers*

Strategies

- Ensure MOAs with appropriate state agencies are current and effective
- Work with SILC and CILs to increase the opportunities for the most severely disabled Alaskans to become employed
- Work with the Governor’s Council on Disabilities and Special Education, the Alaska Mental Health Board, Community Behavioral Health programs, and the Trust to build the capacity to meet the employment needs and increase vocational programs within the behavioral health service delivery system
- Together with mental health centers identify barriers to providing vocational services
- Strengthen relationships with community behavioral health providers
- Encourage the development of employment networks to provide the long term support services for both supported employment and Social Security beneficiaries
- Be actively involved with initiatives proposed by other entities that could affect DVR and the VR service delivery
- Maintain a strong commitment to provide benefits analysis and counseling on an as needed basis throughout the VR process for those individuals on SSI/SSDI
- Use of SSA work incentives as part of benefits counseling

2. What are the vocational rehabilitation services needs of individuals with disabilities who are minorities or who are in unserved or underserved populations?

DVR looked at population groups by disability types, age specific to transition youth and the elderly, rural Alaska, minorities and gender to assess unserved or underserved. Data comparisons included five year data sets of DVR participants and national data from the US Census Bureau and SSA. The DVR data also included a further reporting of successful closures versus those closed unsuccessfully to ascertain a potential bias in the delivery of services.

According to the data analysis, rural Alaska was the primary group identified as being underserved. DVR’s definition of rural/non-rural is based on a community’s access to VR counseling services. Rural is defined for the CSNA as a community that is not connected by road to a community where a DVR office is located or is at least 50 statute miles from a DVR

office. Serving rural Alaska is challenging for all state agencies. A map of the state of Alaska super-imposed over a map of the United States stretches from coast to coast. Alaska is also lacking roads in much of the state.

The Alaska Native population at 20% of all Alaskans is the largest minority group in the state with the majority (58%) of Natives living in rural Alaska. Therefore, even though DVR is not under serving Alaska Natives as 21% of all those served by DVR in FFY2009 were Alaska Natives, DVR strongly acknowledges that the needs of Alaska Natives are closely aligned with the needs of rural residents in general.

Alaska has 11 American Indian Vocational Rehabilitation Services (AIVRS) grant programs. In Alaska these programs are known as Tribal Vocational Rehabilitation (TVR) programs. The TVR programs provide rural services and have offices in many locations where DVR does not, but DVR remains obligated and committed to serving Natives and non-Natives alike who are living in rural areas.

Identified Need:

- More CRPs needed in rural Alaska for job placement and job support services
- Increased presence of VR counselors
- DVR and TVR staff share expertise
- More cases need to be shared between DVR and TVR
- VR counselors need a mechanism for sharing effective service strategies
- Strategies to reach and serve individuals who are not Alaska Natives but who live in rural Alaska
- Maximize use of technology for distance delivery of services (web cams, etc.)
- Contingency plans for potential loss of discretionary grants with TVR programs
- Options providing counselors with equipment and resources when traveling

Recommendation: *Improve VR services in rural Alaska*

Strategies

- Create a work group of DVR counselors who serve rural areas to share effective service delivery strategies
- DVR and TVR staff share technical expertise
- Invite TVR staff to attend DVR sponsored trainings
- Maximize number of shared cases with TVR
- Assign counselors to serve primary or hub-communities and provide adequate travel funds
- DVR staff participate in rural employment camps
- Develop more CRPs in rural Alaska
- Identify strategies for serving individuals who are not Alaska Natives but whom live in rural Alaska
- Investigate use of technology for distance delivery of services (web cams, etc.)
- Develop contingency plan for potential loss of discretionary grants with TVR programs
- Evaluate options providing counselors with equipment and resources when traveling to effectively provide a high level of service to individuals with a disability

3. What are the vocational rehabilitation services needs of individuals with disabilities who are served through other components of the statewide workforce investment system?

DVR counseling offices are currently co-located in six One-Stop Job Centers around the state. Itinerant VR counselors rely on the other Job Centers when traveling to the outlying areas. DVR conducted surveys indicated rural Job Center staff would like more DVR support and more training in dealing with individuals with a behavioral health issue. DVR staff indicated Job Center staff would benefit from additional training on the services DVR provides and a DVR would also to see a more effective referral process developed.

DVR would also like to improve its services to transition age youth. In FFY2009, 22% of those served were youth with the estimated statewide population of this age group was at 16%. Even so, DVR believes services and outcomes for transition age youth could be improved.

Identified Need:

- A long range transition plan for the division
- DVR program information for schools and students needs to be evaluated
- Youth with physical disabilities or with other health impairments (504 students) are potentially underserved
- Almost one-third of students with an IEP are neither working nor in school after graduation
- Increase the rehabilitation rate for youth
- Job center staff, especially in rural areas, want more training on DVR services and medical issues
- Assistive technology in Job Centers requires on-going training and replacement
- All individuals who are receiving Job Training services and who self-identify as having an employment related disability are aware of DVR

Recommendation: *Improve VR services for youth with disabilities as they transition from school to adult life*

Strategies:

- Develop long range plan for transition services
- Determine most effective strategies/methods/time frame for informing schools about DVR services
- Develop outreach strategy for youth with other health impairments (504 students)
- Explore use of Twitter and Facebook to connect DVR services with youth
- VR staff have a positive presence at the annual Directors of Special Education conference
- Have a VR presence on workgroups both local and statewide associated with youth related initiatives
- Develop strategies to collaborate with businesses to assist youth with disabilities to obtain employment
- Increase the rehabilitation rate for youth

Recommendation: *Improve services in job centers for Alaskans with disabilities*

Strategies

- Provide training on DVR services to rural job center staff
- Explore options for job center staff to be trained on various types of disabilities
- Explore options for supporting AT devices in job centers
- Support the reinstatement of the statewide Training Academy
- VR leadership team and VR managers continue to identify functional job center issues that require on-going work at all levels of the division
- VR continues to support initiatives in the job-centers such as the Disability Program Navigators and Start-up Alaska Self-employment
- Support strong partnerships to address cross-agency differences in policy and federal program requirements
- DVR staff provide long distance support to job center staff where DVR counselors travel on an itinerant basis
- Partner with the Division of Business Partnership to maximize the number of joint cases
- Ensure DVR contacts all individuals receiving Job Training services who self-identify as having an employment related disability
- Support the Employment Security Division to become an employment network
- Define role of DVR in job centers

4. *What is the need to establish, develop, or improve community rehabilitation programs (CRP) within the state?*

DVR continually assess the need to develop and improve CRPs within the state. It is an on-going challenge. DVR approves CRPs to deliver vocational rehabilitation related services when there is no other agency available to license the service. Traditionally most of the CRPs are small businesses. Currently 50% of the approved CRPs are single person operations. Only 26% of the VR counselors reported an adequate number of CRPS and 43% agreed the CRPS were adequately trained.

Eighty-nine percent (90%) of the CRPs are located in non-rural areas of the state although 77% of the CRPs indicate they are willing to travel to rural Alaska. Having consistent work for a CRP to have a successful business in rural areas is a challenge for DVR. The top two services purchased from CRPs are benefits counseling and on-the-job supports.

In FFY2009, DVR developed and began the implementation of CRP training and the dissemination of CRP services on the internet. DVR is interested in expanding the CRP information available to DVR participants as well as investigating an outcome/milestone payment system for CRPs.

Identified Need:

- Increase the number of CRPs providing job placement and job supports throughout the state
- Increase knowledge of CRPs through training opportunities
- Information on services provided by CRPs available to DVR participants

- Evaluate payments to CRPs in regards to milestones and/or outcomes
- Assess the specialized skills of CRPs to meet the needs of DVR participants either by occupation or disability
- Vocational programs missing in community behavioral health centers and providers of cognitively disabled services disabled services to develop vocational programs.

Recommendation: *Enhance the CRP service delivery system through evaluation, training and development of new CRPs*

Strategies

- Develop a work plan for the recruitment and training of CRPs
- Provide additional CRP information for DVR participants on the internet
- Develop more CRPs to serve rural areas with consideration given to local resources such as natural helpers, elders and teachers
- Develop orientation and training materials for VR staff about the use of CRPs
- Assess the specialized skills of CRPs to meet the needs of DVR participants either by occupation or disability
- Evaluate outcome/milestone or other payment systems for CRPs
- Develop documentation for staff maintenance of CRP information
- Encourage community behavioral health centers and providers of cognitively disabled services to develop vocational programs

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