**VOCATIONAL REHABILITATION SERVICE PROVIDER CAPACITY SURVEY RESULTS**

**Council of State Administrators of  
Vocational Rehabilitation**

**and**

**The Vocational Rehabilitation Technical Assistance Center for Quality Management**

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**EXECUTIVE SUMMARY**

The Performance and Accountability subcommittee of CSAVR, in partnership with the VRTAC-QM, conducted a survey of community rehabilitation programs (CRPs) and other service providers to determine their capacity to serve individuals with disabilities referred by the public VR program. The survey occurred from May to June 2024. There were 1,465 valid responses representing all 50 states, the six Territories and Commonwealths. The full report following this summary includes a summary of all of the narrative comments provided by respondents as well as in-depth information on the results for all questions.

***Current Staffing Levels and Capacity to Serve Customers***

Participants were asked to identify their current staffing levels and their capacity to serve VR customers. The results indicated that 61% of providers were not fully staffed and 37% had no capacity to serve more VR consumers. There were 39% of respondents that indicated they were fully staffed at the time of the survey.

***Barriers Impacting Timely and Quality Services***

Participants were asked to rank the impact of 13 possible barriers to providing timely and quality services. The inability to bill for activities such as documentation time and travel was rated most frequently as a barrier (48.6%), followed by wage inflation making it difficult to compete with other employers (48.2%), and low provider rates (44.45). Challenges recruiting qualified provider staff, lack of referrals from VR, inconsistent procedures from one VR office to the next, and administrative burden were all barriers that approached a 40% rate.

***Building Organizational Capacity to Serve VR Customers***

Respondents were presented with a list of items and asked to rate their level of importance in building their capacity as an organization to serve VR customers. Results indicated that "Effective, ongoing communication between provider, VR, and customer" was rated as the most important item for building organizational capacity (79.16%), followed by "Team approach/positive relationship with VR for service provision" (74.69%). An "Effective, streamlined billing process," "Increased rates for VR services," and "Availability of qualified job candidates" rounded out the top five categories rated as most important for building provider capacity to serve VR customers.

***Service Provider Training***

Participants were asked about the types of training provided to staff. The highest frequency chosen was "Confidentiality requirements for working with VR customers" (11.83%), followed by "Ethics and boundaries for working with VR customers" (11.10%) and "Administrative processes” (11.10%).

Participants were asked whether their organization offered training to staff that enables services to diverse populations, applying techniques that ensures culture, generational, race, ethnicity, and other unique means to ensure that diverse populations are effectively served. They were given a "Yes" or "No" option, with 84% indicating "Yes."

***Organization Utility of a National Training/Resource Hub for Onboarding Staff***

Participants were asked whether their organization would utilize a national training/resource hub for onboarding staff that provides basics for working with VR customers if costs were similar or lower than their current training costs. There were 75% of respondents that answered “Yes” to this question.

***Support for Career Pathways Model***

Participants were asked whether they would support a career pathway model to attract and retain staff, as well as provide for advancement/succession planning within their organization. The majority (61%) indicated they would support this model.

***Organization Support for Higher Pay for Staff Attaining Credentials***

Participants were asked if they thought their organization would support higher pay for staff-attaining credentials. More than 70% of respondents indicated that they would support higher pay for staff attaining credentials.

**Recommendations**

The following recommendations are offered for consideration by SVRAs based on the survey findings:

* The need for improved, regular and consistent communication between service providers and VR programs was a recurring theme in the survey results. Improved communication was cited as a key factor that can improve the quality and timeliness of service delivery to VR consumers. Because of this, SVRAs are encouraged to identify ways that they can increase the frequency and consistency of communication with service providers throughout the State. The establishment of a service provider network across the State (in-person, remote, or hybrid) that brings together CRPs and other service providers and VR on a regular basis to enhance communication, share best-practices and problem-solve is one possibility.
* Increased opportunities to support training and professional development for provider staff should be explored further, including current barriers or limitations to ensuring sufficient training, and how rate structures could better support increased career advancement opportunities for qualified CRP staff. Increased flexibility on the utilization of VR dollars or identification of additional funding streams could be explored to support formalized training and professional development.
* SVRAs and service providers are encouraged to work together to identify ways to reduce administrative burden related to reporting, billing and payment processes. Opportunities for streamlining and simplifying these processes should be investigated and implemented where possible.
* The survey results indicate that a national training or resource hub for CRPs and other providers would be welcome. It may be possible for one of the technical assistance centers (TACs) to act as this training and resource hub in a future iteration of the TACs. The Rehabilitation Services Administration (RSA) is encouraged to consider this possibility in a future funding priority.

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# CSAVR SERVICE PROVIDER CAPACITY SURVEY RESULTS

There were many impacts from the COVID-19 pandemic on the VR program nationally, including a reduction in applications for services, numbers of customers being served, and employment outcomes. Challenges with staff recruitment and retention affected many VR agencies and that challenge continues in many areas of the country today. One of the most significant impacts reported during the pandemic was the decreasing capacity of community rehabilitation programs (CRPs) and other service providers to serve VR customers. This reduction in capacity was a result of several factors, including, but not limited to, the following:

* CRPs and other providers going out of business;
* High turnover with resulting high vacancy rates in those organizations that continued to operate;
* Existing providers reducing service areas and the types of services provided;
* Fewer referrals from VR during the pandemic due to decreased numbers of individuals served; and
* Rates being too low to sustain providers in a changing economy marked by increased costs and inflation.

Multiple VR agencies have reported that the reduction in provider capacity during the pandemic has significantly affected the timeliness of services to customers, the quality of services received, and the availability of services in many areas of their States. These impacts are still occurring in many areas of the nation and VR agencies indicate that ongoing capacity issues with service providers present a significant barrier to providing timely and high-quality services to individuals with disabilities. In order to better understand the scope of the capacity issues with service providers, the Council of State Administrators of Vocational Rehabilitation (CSAVR) partnered with the Vocational Rehabilitation Technical Assistance Center for Quality Management (VRTAC-QM) to conduct a survey designed to gain the perspective of service providers across the country. Specifically, the survey focused on their current capacity to serve individuals with disabilities referred by the VR program and what factors impact their ability to provide effective and timely services.

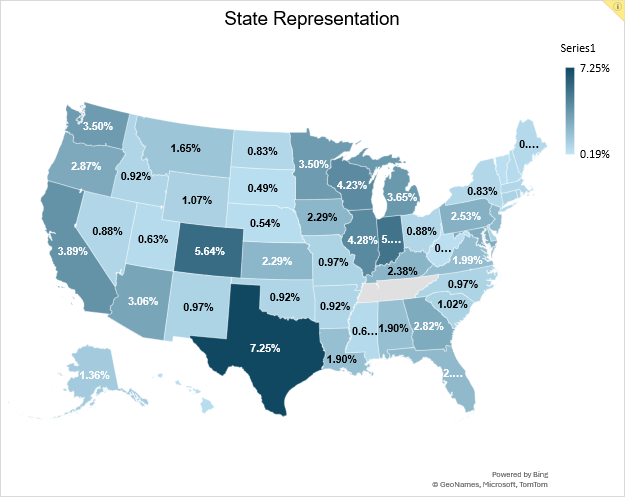
The survey was developed initially by the Performance and Accountability subcommittee of CSAVR and was then revised by the VRTAC-QM. CSAVR sent the survey out to their listserv, requesting members to forward the survey link to the providers in their State. In addition, the Rehabilitation Services Administration (RSA) sent the survey link out to their listserv to maximize the response rate. The survey response time was set at five weeks, with a reminder email sent out after 2.5 weeks. There were 1,465 valid and complete responses to the survey with entries from every U.S. State and territory. A brief summary of the results is presented in the Executive Summary. A full and complete analysis and reporting of all questions, results, and comments was completed by Dr. Erica Taylor of the VRTAC-QM and is contained in the full report following the Executive Summary.

## Organizational and Respondent Demographics and Background

***Respondent State Representation***

The survey responses indicated that participants represented 56 States/territories. The highest frequency of participants resided in Texas (7.25%), followed by Colorado (5.64%), and Indiana (5.30%). The least amount of representation was from the United States Virgin Islands (.29%) and Guam (.29%). **Figure 1** includes the percentage breakdown of each State that survey participants represented.

**Figure 1**



## Agency Services Provided

In terms of agency services provided, there was a diverse spread of representation among the agencies who participated in this survey. Participants were asked, "What services do you provide (check all that apply)?" Participants were given the option to choose all applicable responses. The results indicated that the highest frequency of responses for services that the agency provides was "Employment services" (16.30%). Also, several participants selected that their agency provides "Supported employment" (14.88%). Refer to **Graph 1** for less frequent responses and the percentage breakdown.

**Graph 1:** **Services Provided Results**

## *Populations of Individuals Served*

When reviewing the survey data, the results showed a wide range of populations of individuals served among the participating agencies. Participants were asked, "Please identify the populations of individuals that you primarily serve (check all that apply)." Participants were given the option to choose all applicable responses. The highest frequency of responses for primary populations served was "All populations" (20.29%). In addition, several participants indicated that they "primarily served individuals with intellectual or developmental disabilities" (18.04%). Also, some respondents mentioned that their agency offered "services to students with a disability - pre-employment transition services" (12.54%). Refer to **Graph 2** for less frequent responses and the percentage breakdown.

**Graph 2: Populations Served Results**

When referring to the categories "Other," "Primarily serving 'Other' disability populations," and "Supporting VR agencies in unique ways, such as outsourcing VR applicants/intakes," there were a variety of responses. Due to the unique and low-frequency nature of these responses, the information is listed in **Tables 1-3** for summary purposes.

**Table 1: Unique Responses for "Other" Category**

| Direct Reponses |
| --- |
| 1:1 Person-centered planning and support |
| Benefits counseling/WIPA benefits counseling |
| Brain injury |
| Disabled veterans |
| Driving training/Driver rehabilitation services |
| DTA and DTS services |
| Employment services for low-income families |
| Eye exams and eyewear |
| Accepting referrals |
| Industry specific training and placement programs |
| MAPs (new DIDD employment community program) |
| Mobility products |
| "Partnership Plus" through "Ticket to Work" |
| People who are eligible for SSI/SSDI, or on Medicare/Medicaid based on disability |
| Personal, Vocational, Social Adjustment (PVSA) |
| Removing barriers to work (e.g., criminal backgrounds) |
| Self-employment |
| Small business owners with disabilities |
| Students (regardless of disability)/College-based comprehensive transition certificate program called "Achieve"/Youth (ages 16-24) who are eligible for competitive employment) |
| Substance abuse, homelessness, prison re-entry |
| Transition grant through ACL and Apprenticeship Program through state funding |
| Tutoring |
| Veteran services |
| Marketing in the community |
| BIN services, informational services/application assistance to apply for VR services for free |
| Neurodiverse experience |
| Assistive technology assessments/workstation assessments |
| Provide Technical Assistance to VR agencies and other providers servicing the deaf/blind population |

**Table 2: Unique Responses for "Primarily serving 'Other' disability populations" Category**

| Direct Reponses |
| --- |
| People with Autism/TBI/ADHD |
| Adults with developmental disabilities |
| Aging and elder populations |
| Assessing individuals with a variety of cognitive issues |
| People with brain injuries, TBI, SCI |
| Children's mental health, seniors, and veterans |
| People with co-occurring disorders |
| People with Criminal histories |
| DD, ID, IDD waiver population |
| Deaf and Blind population |
| People with Down syndrome |
| People seeking general eyecare |
| People living with HIV/AIDS |
| Minority populations |
| Native American populations |
| Neurodivergent populations |
| Individuals with minor limitations with vision or hearing |
| Pre-ETS population |
| Recovering alcoholics and drug users |
| Rural populations |
| People with serious and persistent mental illness |
| Students with learning disabilities |

**Table 3: Unique Responses for "Supporting VR agencies in unique ways, such as outsourcing VR applicants/intakes" Category**

|  |
| --- |
| Direct Reponses |
| Assisting with VR transfers |
| Benefits coaching |
| Campus bookstores |
| Training in general/DB101 Training |
| Free classes to transitional programs through the schools/ Free services for life |
| Referrals in general/Web referrals/Referrals to Bureau of Education and Services for the Blind (BESB) |
| In-person services for customers in rural communities /paid work-based training in rural areas |
| Individual Placement and Support (IPS) |
| Job readiness assessment |
| Collaboratively coordinated local and statewide events with VR to promote VR with businesses, Chambers of Commerce, community leaders, transition fairs, community events, and schools |
| System navigation |
| Independent living services to VR clients when they need to prepare for employment or gain skills to help them maintain and retain their employment |

## Respondent Role in Agency Organization

In terms of respondent's role in the agency organization, the majority of the responses indicated that they worked at an "Executive Level" (53.26%). Participants were asked, "What is your role within your organization?" Participants were given five options to respond. The response options included "Executive Level," "Employment Unit Manager," "Employment Specialist," "Other Provider of Direct services," and "Other Not Listed." Some participants responded that their role within their agency was an "Employment Unit Manager" (20.39%) and "Other Not Listed" (13.38%). Refer to **Graph 3** for less frequent responses and the percentage breakdown.

**Graph 3: Role in Agency Results**

When referring to the category "Other not listed," there were a variety of responses given by participants. Due to the low frequency of each response individually, the information is listed in **Table 4** for summary purposes.

**Table 4: Responses for "Other Note Listed" Category**

| Direct Reponses |
| --- |
| Administration Level |
| Adult Case Manager |
| Program Coordinator |
| Assistive Technology Specialist/Owner |
| Associate Director/ Department Director/ Program Director |
| Audiologist |
| Executive and Employment Specialist |
| Business Manager/Program Manager |
| Business Owner |
| Career Assessment Counselor |
| Career Coach and Employment Consultant |
| Certified Vocational Evaluator |
| Co-owner and Clinical Psychologist |
| Community Employment Coordinator |
| Consultant |
| Employment Manager |
| Job Placement Service Provider |
| Intake Recruitment Coordinator |
| Vocational Counselor |
| Executive Level and Direct Service Provider (Sole Proprietor) |
| Hearing Care Provider |
| Home-Base Provider/Owner |
| Self-Employed (one-person agency) |
| Job Developer |
| Billing Contact |
| Training Services Supervisor |
| Work Incentives Practitioner-Certified (Benefits Counselor) |
| All the above |

## Innovative Practices

The qualitative data regarding demographical information included respondents describing whether they had an innovative practice related to service provision that they would like to share. There were a wide range of innovative practices documented among provider agencies, which emphasized their commitment to improving services for individuals with disabilities. The responses fell into six thematic categories: Training and Skills Development, Holistic and Person-Centered Approaches, Technological Integration and Virtual Services, Financial and Employment Independence, Community and Employer Collaboration, and Specialized and Niche Services. The themes associated with each category, frequency, percent, and examples of direct responses shared by participants are outlined in **Table 5.** The highest frequency of responses were innovative practices regarding "Specialized and Niche Services" (27.87%). Also, some participants shared that their agency utilizes innovative practices regarding "Training and Skills Development" (24.59%). The lowest frequency of responses fell in the "Financial and Employment Independence" category for innovative provider agency practices related to service provision.

**Table 5: Provider Agency Innovative Practices Related to Service Provision Results**

| Response Category | Themes | Frequency | Percent | Direct Response Examples |
| --- | --- | --- | --- | --- |
| Training and Skills Development | * Self-created Informal Discovery training * Individual and group training on nervous system regulation * Occupational Skills Training model, IPS * Mentor apprentice model for training in radio and television * Training in local radio and television stations * Career Coaching certification training program for staff * Job Coach Training focused on skill development * Extensive collection of ES training on a Padlet * Various programs and services for pre-employment skill building | 15 | 24.59% | "Individual and group training on nervous system regulation underpinning all areas of function and participation in life."  "We use a mentor apprentice model for training, and which our students are trained in local radio and television stations throughout the country. Each student is Mentored by a working professional broadcaster."  "Driver’s training, job readiness, advocacy and independent living skills"  "A Job Coach Training that focuses on skill development, performing task analysis, natural-support development, employer collaboration, supporting customer to meet employer performance expectations to sustain employment independently."  "We have an extensive collection of ES training as well as support knowledge for our clients on a Padlet (always available)."  "We utilize CARF Standards/Practice to assist with training our staff." |
| Holistic and Person-Centered Approaches | * Integration of individual into the workplace with co-workers * Holistic approach involving entire support system * Customized Employment * Work Readiness program with a hands-on approach * Career mapping services | 13 | 21.31% | "We believe in a holistic approach to employment support, including the assessment of overall self-sufficiency, connecting clients with health and housing resources, providing financial supportive services, and addressing complex barriers to long-term success in the workplace."  "Our person-centered services also tackle the extensive paperwork required to meet funding requirements, ensuring that we satisfy all conditions to secure payment efficiently. By addressing all client needs through robust community partnerships and active participation in roundtable discussions, we stay informed about the initiatives of other providers and continually adapt our practices for maximum effectiveness."  "We provide an assessment of needs for accommodations for cultural diversity." |
| Technological Integration and Virtual Services | * Virtual animation program with industry certifications (PQC Cloud) * Beta testing software for increasing collaboration with VR * Use of technology such as Avail for job coaching * Virtual learning space tailored for diverse client needs * Integration of automation tools like HubSpot CRM * Using artificial technology for career exploration and tasks * Assistive technology services including Digital Literacy Assessment | 7 | 11.48% | "CARF and 100% technology enabled/dependent."  "Uses of technology, such as Avail, for job coaching and on-the-job training; certified instructor for hearing loss workshop under a nationally licensed program."  "We pride ourselves on bringing cutting-edge technology and education to job seekers. VR career exploration in trades, hospitality, retail, manufacturing, and medical occupations; educating job seekers on how to use artificial technology for a plethora of tasks and resources." |
| Financial and Employment Independence | * Reducing financial dependency and increasing self-determination * Helping clients with micro businesses or side-gigs * Encouraging sole proprietorships for individuals with severe disabilities | 3 | 4.92% | "Reducing financial dependency on family/care givers and state systems and increasing self-determination by supporting diverse ways of thinking and strategic life outlooks."  "I have had success helping clients who need/want to earn income doing something as a micro business or side-gig instead of traditional wage employment."  "Beginning to encourage persons with severe disabilities to become a sole proprietor to contract with businesses, this way they can work at their own pace and specialize in one specific skill." |
| Community and Employer Collaboration | * Encouraging collaboration between VR and vendors * Collaboration with universities for practical training * Braided services to achieve better outcomes * Collaboration with local Career and Technical Education Centers * Employer collaboration and support for job seekers | 6 | 9.84% | "We have a product, named Cornerstone, that will help streamline communication from vendors to VR staff and clients."  "We believe in braided services to achieve better outcomes. We deliver DDD and VR services so there is a seamless transition."  "Our agency's innovative practice is to encourage more collaboration between VR and Vendors regarding to increasing Vendor capacity within their workplace."  "We've established partnerships with universities to engage interns, providing them with practical, hands-on training that extends beyond traditional academic theories. This exposure to vocational rehabilitation and its possibilities enriches their learning experience and enhances service delivery."  "Currently starting to partner with a few of the local Career and Technical Education Centers (CTEC). We will be offering competitive employment and mentoring to High Schoolers and the CTEC will be offering them educational credit. In one area we have a college who will offer the course as a dual credit to students." |
| Specialized and Niche Services | * Services for individuals experiencing grief and loss, including pet loss * Forensic employment services for behavioral health consumers * Resource Facilitation for individuals with brain injuries * Blind Diabetes Independent care program * Extensive psychological and neuropsychological evaluations * Housing assistance for blind clients * Consulting and various specialized services | 17 | 27.87% | "Works with adults experiencing grief and loss due to death, including service dog/pet loss. Services also provided to those adjusting to living with a disability."  "Complete psychological and Neuropsychological Evaluations."  "We provide forensic employment services to behavioral health consumers who are returning citizens from the criminal justice system. We have presented at conferences but wish to remain anonymous."  "Blind Diabetes Independent care program. Poor Diabetes Care and management is the number one cause of blindness in adults. Preventable in 90% of cases."  "We are proud to be the providers of a traveling, competitively paid, work-based experience that serves high school students with disabilities in our service area, both rural and urban."  "We provide vehicle modifications. I answered the survey accordingly. Our organization works with multiple states." |

Respondents also included the challenges and recommendations that they had for promoting innovative practices within provider agencies when answering this question. Some of the challenges shared are included in **Table 6**.

**Table 6: Challenges Results**

| Direct Responses |
| --- |
| 1. "VR Counselors do not respond to basic communication. I've asked for help from the management of DVR, and they are slow to respond." |
| 1. "I think one major obstacle all VR providers like myself face is the pay structure in job development. It only provides payment during the first month and when the client is placed, then retained. Many clients take months to place, especially when considering their unique needs and accommodations. Changing the pay structure to an hourly basis as described in a previous question on this survey would allow me to take on more job development clients. This is because I could then reasonably predict when payment is issued, allowing me to more predictably hire staff, thus increase capacity much quicker." |

The recommendations provided as a response to this question are included in **Table 7.**

**Table 7: Recommendations Results**

| Direct Responses |
| --- |
| 1. "No, but I would like more DVR referrals." |
| 1. "It is important that the participant be seen on a regular basis." |
| 1. "I wholeheartedly believe that with stronger collaboration and teamwork between IDD providers and VR Counselors, we can significantly improve the success rate of individuals who experience IDD. Last spring, in one week, my business partner and I met with 12 community employers and what we didn't expect was that 100% of the employers wanted to hire someone with an IDD and could get support from our company. However, it was an absolute uphill battle, and while we found some success, I think our relationships were damaged in the process. I just doesn't feel like VR sees CRP providers as a part of the team, and I'm sure vice versa. We are all on one team, and the more we incorporate our shared vision, the stronger and more successful we will be." |
| 1. "Have a provider liaison to provide quality management oversight (i.e., monitoring) and training to providers." |
| 1. "Staff Incentive Program; Working as a team." |
| 1. "Allow providers to compete for VE funds and eliminate the monopoly that state VE enjoys and abuses." |
| 1. "You should follow up with the VR agency. They need to be audited by the RSA. They should speak to customers, providers, and schools. Do not let the VR agency cherry pick the people they speak to, and you'll get the truth." |
| 1. "We would love to talk more about how inclusive higher education can lead to better employment outcomes and how we might work together to increase the career trajectory and economic mobility of students with ID and autism in these programs." |
| 1. "Please see the Obama Administration's federally mandated trainings around Disability Inclusion, which were mandated trainings for all federal employees during the period when President Obama was in office." |
| 1. "I don't have a current practice, but I have an idea for connecting job coaches with providers, as that is where I seem to get stuck. I want to serve more customers, but I don't have coaches. But I can't hire coaches without more customers. It's a catch 22." |
| 1. "Consider embarking on a journey of discovery by conducting a thorough survey among counselors and providers across various regions, ensuring that the feedback is constructive and tailored to the unique needs of each community. While it is commendable that the state is surveying state partners, it is crucial that the state also capture identifying data for individual offices to address specific needs effectively. Therefore, identifying challenges is pivotal for effective service delivery, and that the outcome increases efficacy by acknowledging the distinct qualities of each area, office, and region. As providers, advocacy is inherent in our role, aimed at enhancing the impact of vocational rehabilitation (VR) without causing inconvenience. Through understanding, we acquire the wisdom needed to progress, embracing the opportunity to learn from each other's experiences. Together, we foster a culture of growth, recognizing that our collective knowledge propels us towards greater accomplishments." |
| 1. "We would like to assist students in meeting their needs in all areas of inclusion. We would like to meet them where they are in their needs. We also would like to provide weekend workshops and camps for students that will allow them the ability to grow in their knowledge and in transitioning to a post-secondary option or career field by providing necessary training to be successful. Examples: Job Coaching, Tours, and more." |
| 1. "We like the resources and materials provided through Texas Workforce Commission, VCU, UNTWISE, and Tennessee Transitions. We also like the Montana Career Guide." |
| 1. "I would suggest that VR re-write their Pre-ETS policy all together. It doesn't make much sense and doesn't allow for school year services to be provided that really help students." |

## Organizational Staffing and Service Capacity

***Current Staffing Level***

The current staffing levels varied among provider agency responses. Participants were asked, "What statement best describes your organization’s current staffing level and capacity to provide timely and quality services to VR customers?" Participants were given the option to choose "We are fully staffed and are at full capacity," "We are fully staffed and have the capacity to serve more VR customers," "We have staff vacancies and do not have the capacity to serve more VR customers at this time," "We have staff vacancies but have the capacity to serve more VR customers," and "Other (please describe)." The results indicated that the highest frequency of responses for current staffing levels among provider agencies was "We are fully staffed and have the capacity to serve more VR customers" (38.87%). Some participants also shared "We have staff vacancies but have the capacity to serve more VR customers" (24.04%). Refer to **Graph 4** for less frequent responses and the percentage breakdown.

**Graph 4: Current Staffing Level Results**

The "Other" category consisted of the least number of responses; however, there were a variety of unique responses given by participants. Due to the low frequency of each response individually, the information is listed in **Table 8** for summary purposes. In addition, there were some responses given in the "Other" category that occurred repeatedly, such as "Cannot hire new employees due to lack of adequate funding" (N=16), " Self-Employed (work alone)" (N=9), "Our ability to take on more VR customers is based on location" (N=7), "The need for additional staffing is dependent on VR referrals" (N=6), and "We have staff vacancies and are currently serving VR customers. We have a waitlist and are not able to provide additional services at this time, but this fluctuates day to day" (N=6). Overall, these results demonstrate variation in the staffing level and capacities that do not fit the previously specified options, with participants sharing that they face challenges related to funding, VR processes, and hiring. While some agencies are expanding and hiring, others are at or close to capacity and, therefore, unable to provide service to more customers. Several agencies are also dealing with hiring difficulties, as well as the impact of VR policies on their ability to provide needed services.

**Table 8: Direct Responses Included in the "Other" Category for Staffing Level Results**

| Type of "Other" Response | Direct Response Examples |
| --- | --- |
| Expanding or Hiring More Staff | "After several months with staff vacancies, we are now fully staffed and would evaluate the capacity to serve new customers based on the need."  "We have staff and are looking to grow the team." |
| Capacity to Serve More Customers | "We are able and ready to take on clients."  "We are fully staffed and always adding new Job Coaches to our team. We are growing and will continue to serve as many clients as possible."  "We are fully staffed and can always take on more clients. However, we are not receiving referrals from VR. They have not given to us. We give to them."  "We have one vacancy and can serve more customers at this time." |
| Capacity to Serve More Customers with Limitations | "I don't need additional staff but would like additional staff. With additional staff, I could serve more VR customers."  "Our ability to take on more VR customers is based on location."  "We are currently fully staffed with two job developers and have limited additional capacity to serve more VR customers." |
| At or Near Full Capacity | "At capacity for monolingual Spanish speaking clients otherwise open for more VR customers."  "Due to the nature of our company, it is not a question of being fully staffed or having vacancies. Each of our staff members is near capacity and it's been that way more often than not in recent years. We haven't been turning away referrals except those which require extensive transportation, support, and will in turn require excessive resources and prohibit taking on multiple other referrals. Some of our staff do request a delay before started new referrals (i.e., awaiting for successful closures to clear first)."  "I am an individual CRP, and I am at or near capacity often."  "I provide services as a part time job. I am the only person in my organization, sole proprietor. I work full time during the day at a school district. I take as many customers as I can successfully handle and I'm at full capacity at this time."  "I'm undergoing cancer treatment and have put my VR clients on hold for a few months. However, I am filled to capacity as well." |
| Unable to Serve More Customers | "Currently have a full schedule and unable to serve additional clients."  "We are full staffed but have no capacity or clients."  "We have staff vacancies and are currently serving VR customers. We have a waitlist and are not able to provide additional services at this time, but this fluctuates day to day." |
| Hiring Challenges due to funding and Vacancies | "Cannot hire new employees due to lack of adequate funding."  "I have to reduce staff or cut their hours because of lack of referrals for our contract."  "Staff vacancies exist but recruitment of qualified individuals who want to join staff has been difficult."  "The agency has become completely dysfunctional and has significant amount of turnover. We cannot staff services because the agency's counselors leave so quickly."  "Use a floater counselor to cover vacant caseloads while trying to fill positions."  "We are almost fully staffed but lost all our trained VR staff during COVID and do not have trained staff at this time."  "We are fully staffed, but both staff are seeking other jobs." |
| Issues with VR Processes and Policies | "If there were consistent referrals, we would have staff. Tough to keep someone busy with a referral here and there."  "It seems like there are too many differences from office to office."  "We get very limited referrals." |
| Transition and Rebuilding Stages | "We are fully staffed, but staff is new and needs training in order to increase VR customers."  "We are in the initial implementation phases of re-opening VR services. We have one new hire currently in training."  "We have hired new staff and should be ready to accept more within the next 30 days." |
| Self-Employed and Work Alone | "Self-Employed (work alone)." |
| Closed Practice | "Closed practice." |
| Unable to Serve Any Customers | "Due to inability to hire staff we have been unable to provide VR services for over two years." |
| Independent Provider | "I am an independent provider and do take VCR referrals."  "I run the organization independently occasionally hiring job coaches."  "I work as an independent consultant (not as part of an agency). I am also a university professor, so my availability for VR work is dependent on my class schedule." |
| Work Independently and Able to Serve More Customers | "I am on my own, but still have the capacity to serve more customers." |
| Fully Staffed and Over Capacity With Current VR Customers | "We are fully staffed and over capacity." |

## Barriers Impacting Timely and Quality Services

Participants were asked to rank the impact that each item description had on their ability to provide timely and/or quality services to individuals referred by the VR agency. The item descriptions included the following:

| Descriptions |
| --- |
| 1. Challenges or inability to recruit qualified provider staff |
| 1. Turnover: High provider staff turnover |
| 1. Wage inflation is making it difficult to compete with other employers |
| 1. Lack of referrals from VR |
| 1. Individuals referred by VR are not job ready |
| 1. Training: Challenges ensuring that staff receive sufficient training |
| 1. Employee Flexibility: Limitations or barriers to offering the flexible hours, remote work, hybrid work, etc. that other industries can offer |
| 1. Administrative Burden: The level of administrative burden in working with VR is too high or processes are too complex |
| 1. Low provider rates paid by VR |
| 1. Billing/Reimbursement: Some activities are not billable (e.g., documentation time, travel) |
| 1. Inconsistent requirements and/or procedures from one VR office to the next |
| 1. Lack of follow-through from individuals referred by VR |
| 1. Whether there were any other barriers or challenges to provision of timely services that participants wanted to share |

Participants were given the option to answer on a scale of 0-5, where 0 indicated "Not at all impacted," 1 indicated Slightly impacted," 2 indicated "More than slightly impacted," 3 indicated "Somewhat impacted," 4 indicated "Impacted," and 5 indicated "Very impacted." Specified questions also offered participants the space to give response examples to supplement their answers. Refer to **Graphs 5-17** for specific response breakdowns for each item description regarding its impact on the participant’s ability to provide timely and/or quality services to individuals referred by the VR agency.

***Challenges or inability to recruit qualified provider staff***

The highest frequency of responses indicated that participants were "Very impacted" by the "Challenges or inability to recruit qualified provider staff" category when ranking (20.11%). Also, some participants shared that they were "Impacted" (18.95%) by challenges or inability to recruit qualified provider staff, and others stated that they were "Somewhat impacted" (17.89%) by challenges or inability to recruit qualified provider staff. Refer to **Graph 5** for less frequent responses and the percentage breakdown.

**Graph 5**

***Turnover: High provider staff turnover***

The highest frequency of responses indicated that participants were "Not at all Impacted" by the "Turnover: High provider staff turnover" category when ranking (20.93%). This finding is also supported by the qualitative data that was given by some participants in the "Direct Responses Included in the 'Other' Category for Staffing Level" results previously described in the "Hiring Challenges due to funding and Vacancies" category. Some participants specified that they were "Slightly impacted" by high staff turnover (19.64%) and others indicated that they were "More than slightly impacted" by high staff turnover (18.16%). Refer to **Graph 6** for less frequent responses and the percentage breakdown.

**Graph 6**

***Wage inflation is making it difficult to compete with other employer***s

The highest frequency of responses showed that participants were "Very Impacted" by the "Wage inflation is making it difficult to compete with other employers" category when ranking (29.66%). In addition, some participants reported that they were "Impacted" (18.56%) by "Wage inflation making it difficult to compete with other employers," and others said that they were "Somewhat Impacted" by "Wage inflation making it difficult to compete with other employers" (16.65%). Refer to **Graph 7** for less frequent responses and the percentage breakdown.

**Graph 7**

***Lack of referrals from VR***

The highest frequency of responses indicated that participants were "Very impacted" by the "Lack of referrals from VR" category when ranking (25.05%). This finding is also supported by the qualitative data that was given by some participants in the "Direct Responses Included in the 'Other' Category for Staffing Level" results previously described in the "Issues with VR Processes and Policies" category. Also, some participants indicated that they were "Somewhat impacted" (16.51%) by the lack of referrals from VR, and others shared that they were "Not at all impacted" (16.32%) by the lack of referrals from VR. Refer to **Graph 8** for less frequent responses and the percentage breakdown.

**Graph 8**

***Individuals referred by VR are not job ready***

The highest frequency of responses indicated that participants were "Somewhat impacted" by the "Individuals referred by VR are not job ready" category when ranking (22.26%). Also, some participants indicated that they were "More than slightly impacted" (21.73%) by the individuals who were referred by VR not being job ready, and others shared that they were "Slightly impacted" (17.93%) by the individuals who were referred by VR not being job-ready. Refer to **Graph 9** for less frequent responses and the percentage breakdown.

**Graph 9**

## Training: Challenges Ensuring That Staff Receive Sufficient Training

The highest frequency of responses indicated that participants were "Slightly impacted" by the "Training: Challenges ensuring that staff receive sufficient training" category when ranking (25.76%). Also, some participants indicated that they were "More than slightly impacted" (20.39%) by challenges ensuring that staff receive sufficient training and, others shared that they were "Not at all impacted" (19.07%) by challenges ensuring that staff receive sufficient training. Refer to **Graph 10** for less frequent responses and the percentage breakdown.

**Graph 10**

***Employee Flexibility: Limitations or barriers to offering the flexible hours, remote work, hybrid work, etc. that other industries can offer***

The highest frequency of responses indicated that participants were "Slightly impacted" by the "Employee Flexibility: Limitations or barriers to offering the flexible hours, remote work, hybrid work, etc., that other industries can offer" category when ranking (23.01%). Also, some participants shared that they were "Not at all impacted" (20.21%) by the limitations or barriers to offering employee flexibility, and others reported that they were "More than slightly impacted" (17.93%) by the limitations or barriers to offering employee flexibility. Refer to **Graph 11** for less frequent responses and the percentage breakdown.

**Graph 11**

***Administrative Burden: The level of administrative burden in working with VR is too high or processes are too complex***

The highest frequency of responses indicated that participants were "Very impacted" by the "Administrative Burden: The level of administrative burden in working with VR is too high or processes are too complex" category when ranking (21.09%). Also, some participants shared that they were "Somewhat impacted" (17.18%) by the administrative burden, and others reported that they were "Impacted" (16. 98%) by the administrative burden. Refer to **Graph 12** for less frequent responses and the percentage breakdown.

**Graph 12**

***Qualitative Results for Administrative Burden: The level of administrative burden in working with VR is too high or processes are too complex***

The administrative burden category also gave participants the opportunity to share specific examples that displayed their level of administrative burden in working in VR. Of the responses given that fell under the "Very impacted" category, there were many examples included (N=221). The main themes of these examples were billing and payment issues, documentation issues, travel time and expenses, service and billing inconsistencies, communication and coordination challenges, job readiness and training, general administrative issues, service provider challenges, and consumer engagement and attendance. The highest frequency of responses were regarding travel time and expenses, documentation, and service and billing inconsistencies. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Travel is a very high-cost item we are faced with and the fact that it is not reimbursed is a huge detriment to our overall business. Same with documentation. We are under strict guidelines on the log process, but we cannot bill for documentation."* |
| *"Too many burdensome requirements, paperwork gets sent back when filled out "wrong," forms are confusing, programs are too prescriptive and not flexible enough to meet customer’s needs. Providers spend more time meeting billing and documentation requirements than with customers providing services. TWC commissioned a rate study that says providers are underpaid for the amount of work required and TWC is not adjusting rates with the urgency required to maintain provider health."* |
| *"We are not reimbursed for travel time and report writing is not billable. Plus, contract evaluators have not had an increase in pay/reimbursement for over 11-12 years. Other professionals have received increases."* |

Of the responses given that fell under the "Impacted" category, there were some examples included (N=123). The main themes of these examples were payment and reimbursement issues, communication and coordination challenges, reporting and documentation issues, system and process inefficiencies, training and onboarding challenges, specific program challenges, technology and tools issues, turnover and staffing issues, and service delivery challenges. The highest frequency of responses were regarding payment and reimbursement issues, communication and coordination challenges, and reporting and documentation issues. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Not paid for time in between appointments doing required data entry and paperwork creates a lot of extra work for which providers are not paid."* |
| *"Receiving referrals and authorizations takes longer than it should, communication with some of the VRs is poor, and having to spend time making multiple calls and sending multiple emails to the same person over the same issue increases the administrative burden."* |
| *"PDF Forms do not allow for detailed documentation, to print, have a true signature, and scan back into the portal. Different counselors seems to have different understandings of what is required, causing denials and confusion on paperwork and payment for services."* |

Of the responses given that fell under the "Somewhat impacted" category, there were many examples included (N=96). The main themes of these examples were billing and payment issues, communication and coordination issues, documentation requirements, training and onboarding challenges, system and process inefficiencies, authorization challenges, and service delivery issues. The highest frequency of responses were regarding billing and payment issues, communication and coordination issues, and documentation requirements. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Administrative duties to include billing, communication with counselor, meet and greet sessions that are not billable."* |
| *"Reporting requirements are heavily burdensome related to the amount of time spent. The reporting formats provide multiple areas of repetition and/or complex details that increase error rates."* |
| *"At least part of our issue is that the VR documentation is a bit time consuming, and we need to ensure our staff are trained properly. Also, we need to restructure our Employment Services department so that we can better serve our VR customers and manage the VR referrals."* |

Of the responses given that fell under the "More than slightly impacted" category, there were some examples included (N=67). The main themes of these examples were billing and payment issues, communication and coordination issues, documentation requirement, training and onboarding challenges, system and process inefficiencies, authorization challenges, and service delivery issues. The highest frequency of responses were regarding billing and payment issues, communication and coordination issues, and documentation requirements, which was the same for the previous category mentioned. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Invoices not getting submitted by VR case managers for timely reimbursement. VR case managers and clients struggle to coordinate schedules for delivery of goods."* |
| *"Some agencies may be reluctant to join on because of the various amounts of paperwork and staffing involved. Can be a complicated system for an agency unfamiliar with VR processes. VR Turnover also impacts CRPs. There are sometimes delays due to VR staff not knowing processes."* |
| *"The documentation changes that took place this year definitely has slowed us down and created confusion. I think we are finally at a point that all staff grasp the new processes for discovery profile and MPS, but it definitely was a barrier."* |

Of the responses given that fell under the "Slightly impacted" category, there were some examples included (N=24). The main themes of these examples were billing and payment issues, communication and coordination issues, documentation requirements, training and onboarding challenges, system and process inefficiencies, authorization challenges, and service delivery issues. The highest frequency of responses were regarding billing and payment issues, communication and coordination issues, and documentation requirements, which was the same for the two previously mentioned categories. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"VR services can take a lot of time. Only being able to bill once for ongoing services or services that are non-billable takes away from funding to provide more staff to provide services."* |
| *"Some of the required forms need significant revision. The forms need to parallel with the service. Multifunctional forms are great for saving on the number of forms, but one size does not fit all."* |
| *"Setting meet and greets/ following up with all clients and their teams when problems arise."* |

Of the responses given that fell under the "Not at all impacted" category, there were only a few examples included (N=3). The main themes of these examples were billing and payment issues, communication, coordination issues, documentation requirements, training and onboarding challenges, system and process inefficiencies, authorization challenges, and service delivery issues. The highest frequency of responses were billing and payment issues, communication, coordination issues, and documentation requirements. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Unpaid time for administrative paperwork, planning, documentation, driving, collaboration, vacation, research, training and client cancellations/schedule conflicts."* |
| *"It is easy for us to contact VR Counselors and get helps."* |

***Low provider rates paid by VR***

The highest frequency of responses indicated that participants were "Very impacted" by the "Low provider rates paid by VR" category when ranking (28.52%). Also, some participants shared that they were "Somewhat impacted" (18.45%) by the "Low provider rates paid by VR," and others reported that they were "Impacted" (15.92%) by the "Low provider rates paid by VR." Refer to **Graph 13** for less frequent responses and the percentage breakdown.

**Graph 13**

***Billing/Reimbursement: Some activities are not billable (e.g., documentation time, travel)***

The highest frequency of responses indicated that participants were "Very impacted" by the "Billing/Reimbursement: Some activities are not billable (e.g., documentation time, travel" category when ranking, which was the highest response percent of all the questions asked for this section of the survey (30.56%). Also, some participants shared that they were "Impacted" (18.08%) by some activities not being billable and others reported that they were "Somewhat impacted" (16.91%) by some activities not being billable. Refer to **Graph 14** for less frequent responses and the percentage breakdown.

**Graph 14**

***Qualitative Results for Billing/Reimbursement: Some activities are not billable (e.g., documentation time, travel)***

The billing/reimbursement category also gave participants the opportunity to share specific examples regarding level of billing/reimbursement issues that they experience in terms of activities not being billable, documentation time, travel, etc. Of the responses given under the "Very impacted" category, there were many examples (N=222). The themes present in these examples were documentation and paperwork, travel and reimbursement, billing and reimbursement, communication and coordination challenges, inconsistent and lack of clarity in billing policies, low reimbursement rates, non-billable activities, client no-shows and cancellations, service denials and technicalities, staff training and retention, and client-related challenges. The highest frequency of responses were regarding travel and reimbursement, billing and reimbursement, and documentation and paperwork. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Documentation, letters of recommendation, device ordering time are significant. Reimbursement for hearing evaluations alone is lower than our self-pay and our insurance contracts. We are asked to spend hours with a patient for testing, device selection, and fitting to be paid a bare minimum."* |
| *"Not being able to bill for travel time in a rural area where mileage can be 20-30 miles each way is a problem."* |
| *"Milestone billing for Fee for Services only pay for up to 9 hours of services but clients need over 20 hours of services. Some need accommodation and need 40 hours of support."* |

Of the responses given that fell under the "Impacted" category, there were some examples included (N=122). The main themes present in these examples were documentation, billing, and travel. The highest frequency of responses were regarding travel. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Documentation and travel time is not billable."* |
| *"Since billing rates are lower than other agencies not being able to bill for documentation time, travel time, general employer outreach, etc. becomes problematic. If billing rates were comparable to other state agencies, it would be less problematic."* |
| *"Again, with the PDF document issues, the portal issues, and the counselors having different ideas of what is required, is causing us to have to double work."* |

Of the responses given that fell under the "Somewhat impacted" category, there were some examples included (N=92). The themes present in these examples were documentation, travel, and billing. The highest frequency of responses were again regarding travel. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Documentation and teaching material preparation not billable."* |
| *"Time travelling between clients is not reimbursable, but we still pay our employees their hourly rate in addition to the mileage reimbursement."* |
| *"Billing takes so much time for the CRP scanning each report and attaching it to the bill is very tedious we will not get paid unless we do this, The intake report required by VR is 14 pages, we do not understand this."* |

Of the responses given that fell under "More than slightly impacted" category, there were some examples included (N=55). The themes present in this category were documentation, travel, and billing. The highest frequency of responses were also regarding travel. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Travel reimbursements are delayed and must be paid up front by agency."* |
| *"When individuals do not show up for scheduled services or do not meet entry requirements upon arriving for services, no billing for time spent coordinating services/intake consumer."* |
| *"Since documentation and travel time are not billables, I must pay my employees more per hour. This is difficult as a business owner."* |

Of the responses given that fell under the "Slightly impacted" category, there were a few examples included (N=15). The main themes present in these examples were documentation, travel, and billing, which was the same as the previously mentioned category. The highest frequency of responses were, again, regarding travel. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Time spent on clients who miss appointments are not billable."* |
| *"I spent approximately two hours for documentation, I think it should be billable, along with travel that is more than 10 miles away."* |

Of the responses given that fell under the "Not at all impacted" category, there were only a few examples included (N=3). The themes present in these examples were billing and having no issues. The highest frequency of responses were for having no issues. Some examples of the responses that reflected these themes are follows:

| **Responses** |
| --- |
| *"All my hours that have been billed have been paid."* |
| *"Examples you provided can impact the ability to serve but we have not experienced that yet."* |

***Inconsistent requirements and/or procedures from one VR office to the next***

The highest frequency of responses indicated that participants were "Very impacted" by the "Inconsistent requirements and/or procedures from one VR office to the next" category when ranking (23.89%). Also, some participants shared that they were "Somewhat impacted" (16.49%) by inconsistent VR office requirements, and others reported that they were "Slightly impacted" (15.33%) by inconsistent VR office requirements. Refer to **Graph 15** for less frequent responses and the percentage breakdown.

**Graph 15.**

***Lack of follow-through from individuals referred by VR***

The highest frequency of responses indicated that participants were "More than slightly impacted" by the "Lack of follow-through from individuals referred by VR" category when ranking (23.73%). Also, some participants shared that they were "Somewhat impacted" (22.56%) by the lack of follow-through from individuals referred by VR, and others reported that they were "Slightly impacted" (16.54%) by the lack of follow-through from individuals referred by VR. Refer to **Graph 16** for less frequent responses and the percentage breakdown.

**Graph 16**

***Whether there were any other barriers or challenges to provision of timely services that participants wanted to share***

The highest frequency of responses indicated that participants were "Very impacted" by the "Other barriers or challenges to provision of timely services" category when ranking (23.89%). Also, some participants shared that they were "Not at all impacted" (23.82%) by other barriers or challenges to provision of timely services, and others reported that they were "Somewhat impacted" (16.18%) by other barriers or challenges to provision of timely services. Refer to **Graph 17** for less frequent responses and the percentage breakdown.

**Graph 17.**

***Qualitative Results for Other Barriers or Challenges to Provision of Timely Services***

The "Other barriers or challenges" category also gave participants the opportunity to share specific examples of other barriers or challenges they experienced with respect to the provision of timely services. Of the responses given under the "Very impacted" category, there were many examples (N=198). The main themes of these examples were lack of communication and responsiveness, high workloads and caseloads for counselors, clients with significant/multiple barriers, issues with authorizations and payments, inconsistent processes and management, lack of suitable referrals, administrative and system issues, transportation issues, training and staffing issues, funding and rate issues, barriers in VR services and policies, lack of employer engagement, lack of marketing and awareness, benefits planning and verification issues, and issues with Pre-ETS. The highest frequency of responses were regarding lack of communication and responsiveness, issues with authorizations and payments, and training and staffing issues. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Lack of response from counselors on authorizations, interpreter requests, and hearing device authorizations."* |
| *"Unable to hire staff familiar with VR to provide services, staff onsite unfamiliar with VR to train employees who do not come with this knowledge or experience."* |
| *"Lack of communication when the assigned VRC changes on a case. Lack of training for provider staff on all the different services VR can provide (driver, schooling, AT, etc.). Every VRC handles situations differently and has different communication expectations, so there is no consistency."* |

Of the responses given that fell under the "Impacted" category, there were some examples included (N=113).The main themes of these examples were staffing issues, communication and coordination with VR counselors, delays and process inefficiencies, service and referral issues, client-related challenges, training and documentation barriers, financial and billing issues, employer and job market challenges, technological and systemic barriers, specialized service and resource limitations. The highest frequency of responses were regarding staffing issues, communication and coordination with VR counselors, and delays and process inefficiencies. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Timely communication and collaboration from VR case managers has been a challenge."* |
| *"The consistency from one office to the next (are even from one VR counselor to the next) makes it difficult at times. So does the high turnover which often lead us down a rabbit hole trying to chase down Service Authorizations."* |
| *"Delays with service authorizations, lengthy process for customers to get in plan, counselors who do not have proper training, receiving incomplete or incorrect referrals."* |

Of the responses given that fell under the "Somewhat impacted" category, there were some examples included (N=92). The main themes of these examples were staffing, communication, client preparedness, transportation, and authorization/payment delays. The highest frequency of responses were regarding staffing, communication, and client preparedness. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Clients not being job ready, or ready to engage in services referred for."* |
| *"It is hard to hire additional staff with the fluctuation of requested services each year."* |
| *"Difficulty communicating with VR counselor, documentation requirements, barriers in linking VR clients to vendors."* |

Of the responses given that fell under "More than slightly impacted" category, there were a few examples included (N=39). The themes present in this category were communication and authorization issues, staffing and operational challenges, client readiness and support issues, system and process inconsistencies, transportation coordination, employer engagement, and training. The highest frequency of responses were regarding communication and authorization issues, staffing and operational challenges, and client readiness and support issues. Some examples of the responses that reflected these themes are follows:

| **Responses** |
| --- |
| *"Waiting for authorization to order."* |
| *"The clients who do not necessarily want to go to work but want to get free training, new equipment, etc. and do not want to seek employment."* |
| *"The level of client needs appears to be increasing presenting more difficult placement challenges."* |

Of the responses given that fell under the "Slightly impacted" category, there were a few examples included (N=12). The main themes present in these examples were counselor workload and responsiveness, communication and process inconsistencies, transportation and service barriers, staffing challenges, and vendor frustration with VR processes. The highest frequency of responses were counselor workload and responsiveness, communication and process inconsistencies, and transportation and service barriers. Some examples of the responses that reflected these themes are as follows:

| **Responses** |
| --- |
| *"Counselor has to prioritize and has too much to do and too many clients to give the time that is needed."* |
| *"Inconsistent communication from one VR to the next. Some counselors do not understand the processes as outlined in their provider manual."* |
| *"Client’s lack of transportation is always a barrier and VR does nothing about this COMMON and known client barrier. Transportation is not a billable service but 90% of clients do not have transportation supports and vendors are not provided this as a service."* |

Of the responses given that fell under the "Not at all impacted" category, there were only a few examples included (N=15). The main themes of these examples were communication and coordination with VR staff, staffing issues, service limitations and requests, financial and operational challenges, documentation, and person-centered services. The highest frequency of responses were regarding communication and coordination with VR staff, staffing issues, and service limitations and requests. Although participants indicated that they were not impacted, they did offer some other barriers and challenges that they do experience in these responses. Some examples of the responses are as follows:

| **Responses** |
| --- |
| *"Communication with VR staff and counselors and adherence to requested timelines have been obstacles; however, we understand that similar to all local referral sources, staffing and capacity are often obstacles. We have VR staff who continue to request that our direct support staff provide services we do not currently offer (outside of Job Development, Job Coaching, Day Services, and Occupational Skills Training)."* |
| *"Lack of staff in this department due to budget constraints."* |
| *"Lack of VR to issue authorizations to provide services."* |

## Organizational Capacity Needs/Building Capacity Needs

The following results display the outcomes of the level of importance in building capacity as an organization to serve VR customers from the perspective of participants. The categories that were assessed included availability of qualified candidates for job openings, increased rates for VR services, VR counselor education on provider systems, team approach/positive relationship with VR service provision, standardized or uniform documents/forms, use of technology, milestone/outcome payment structure, hourly fee-for-service payment structure, effective and ongoing communication between provider, VR, and customer, effective and streamlined billing processes, and any other avenues of importance in terms of building capacity that was not mentioned. Each participant was given the option to indicate whether the category was "Most important," "Somewhat important," or "Not important" in building capacity as an organization to serve VR customers.

***Availability of Qualified Candidates for Job Openings***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the availability of qualified candidates for job openings. The majority of the sample responded "Most important" for this category (57.79%). Therefore, this is a fair indication that having qualified staff is of high importance when building organizational capacity to serve VR customers among survey participants. Refer to **Graph 18** for the percentages associated with the other two response options.

**Graph 18**

***Increased rates for VR services***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of increased rates for VR services. The majority of the sample responded "Most important" for this category (59.80%). Therefore, this demonstrated that having increased rates for VR services is of high importance when building organizational capacity to serve VR customers among survey participants. Refer to **Graph 19** for the percentages associated with the other two response options.

**Graph 19**

***VR Counselor Education on Provider Systems***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the VR counselor education on provider systems. The highest frequency of responses were "Somewhat important" for this category (45.43%). Therefore, a higher number of participants indicated that the level of VR counselor education on a provider system was not as important as the previously mentioned categories when building organizational capacity to serve VR customers among respondents. Refer to **Graph 20** for the percentages associated with the other two response options.

**Graph 20**

***Team Approach/Positive Relationship with VR for Service Provision***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the team approach/positive relationship with VR for service provision. The majority of the sample responded "Most important" for this category (74.69%).Therefore, this is a strong indication that team approach/positive relationships with VR for service provision is very important when building organizational capacity to serve VR customers among these participants. Refer to **Graph 21** for the percentages associated with the other two response options.

**Graph 21**

***Standardized or Uniform Documents/Forms***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of standardized or uniform documents/forms. The highest frequency of responses were "Most important" for this category (48.01%). Therefore, a higher number of participants indicated that the standardization or uniformity of documentation/forms plays an important role when building organizational capacity to serve VR customers among this sample of respondents. Refer to **Graph 22** for the percentages associated with the other two response options.

**Graph 22**

***Use of technology, such as vendor portals, to support communication, service authorizations, referrals, document submission and/or billing***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the use of technology. This included technology such as vendor portals to support communication, service authorizations, referrals, document submission, and/or billing. The highest frequency of responses were "Most important" for this category (49.49%). Therefore, this an indication that the use of technology is of high importance when building organizational capacity to serve VR customers among participants. Refer to **Graph 23** for the percentages associated with the other two response options.

**Graph 23**

***Milestone/Outcome Payment Structure***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the milestone/outcome payment structure. The highest frequency of responses were, "Most important" for this category (46.69%). Therefore, this is an indication that the milestone/outcome payment structure is of high importance when building organizational capacity to serve VR customers among participants. Refer to **Graph 24.** for the percentages associated with the other two response options.

**Graph 24**

***Hourly Fee-for-Service Payment Structure***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the hourly fee-for-service payment structure. The majority of the sample responded "Most important" for this category (52.06%). Therefore, this is a fair indication that the hourly fee-for-service payment structure is of high importance when building organizational capacity to serve VR customers among participants. Refer to **Graph 25** for the percentages associated with the other two response options.

**Graph 25**

***Effective, Ongoing Communication Between Provider, VR, and Customer***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of having effective, ongoing communication between the provider, VR, and customer. Majority of the sample responded "Most important" for this category (79.16%). This was also the highest percentage response of all categories assessed in the section of the survey. Therefore, this is a strong indication that having effective, ongoing communication between the provider, VR, and customer is of high importance when building organizational capacity to serve VR customers among this sample of participants. Refer to **Graph 26** for the percentages associated with the other two response options.

**Graph 26**

***Effective, Streamlined Billing Processes***

Participants were asked about the level of importance of building capacity as an organization to serve VR customers in terms of the presence of effective, streamlined billing processes. The majority of the sample responded "Most important" for this category (69.93%). Therefore, this is an indication that having effective, streamlined billing processes is of high importance when building organizational capacity to serve VR customers among respondents. Refer to **Graph 27** for the percentages associated with the other two response options.

**Graph 27**

***Other: Avenues of importance in terms of building capacity***

Participants were asked whether there were other avenues of importance in terms of building capacity as an organization to serve VR customers. The majority of the sample responded "Most important" for this category and offered qualitative data discussed below the bar graph (72.92%). Therefore, there were a lot of categories that were not previously mentioned that participants felt strongly were of high importance when building organizational capacity to serve VR customers among respondents. Refer to **Graph 28** for the percentages associated with the other two response options.

**Graph 28**

***Qualitative Results: Other: Avenues of Importance in Terms of Building Capacity***

Participants shared many specific examples for this category to supplement the quantitative results (N=1210). There were many themes among these responses. Some items were included in other categories previously specified by participants; however, they also repeated these responses qualitatively. These themes include the following:

| Themes |
| --- |
| Need for Prompt Payment |
| VR Counselor Communication/Support |
| Policy Implementation |
| Staff Training and Education/Portal Improvements |
| Process Improvements |
| Confidentiality |
| Flexibility |
| Service Structures |
| Billing and Paperwork Efficiency/Documentation |
| Vendor Rights and Concerns |
| Staffing Issues |
| Referrals |
| Management |
| Partnership Satisfaction/Collaboration |
| Access and Usability of Resources/Resource Sharing |
| Procedural Consistency/Timeliness |
| Technology and Systems |
| Client-Centered Focus |
| Cultural Competency |

The "Need for Prompt Payment," "VR Counselor Communication/Support," and "Process Improvement" themes occurred most frequently among responses. Examples of responses that fell under these categories include the following:

| **Responses** |
| --- |
| *"Flexible billing process that fits individual programs instead of a one-size-fits-all approach."* |
| *"Faster payments/direct deposit to pay vendors faster so they can pay their staff on time."* |
| *"Increased communication with the consumer, VRC, and EC so there are no surprises. It often feels as though a VRC feels blindsided by a big issue that has been building and documented in monthlies, but they did not read them."* |

Participants also responded regarding how to improve work between providers and VR, as well as how to increase capacity for services to individuals with disabilities (N=744). There were many themes among these responses. Some items were again included in other categories previously specified by participants; however, they also repeated these responses qualitatively. The themes present in examples are provided in **Table 9.**

**Table 9**

| Themes |
| --- |
| Communication and Coordination Challenges |
| Staffing Issues |
| Service and Operational Issues |
| Training and Professional Development |
| Financial Sustainability/Reimbursement Rates |
| Policy and Process Improvements |
| Client-Centered Services |
| Partnership Collaboration |
| Relationship with VR Offices |
| Expansion and Growth Challenges |
| Infrastructure and Technological Support |
| Administrative Challenges |
| Community Engagement and Awareness |
| Quality Assurance |
| Program Structure and Flexibility |
| Advocacy and Legislative Support |
| Transportation Issues |

The "Financial Sustainability/Reimbursement Rates," "Communication and Coordination Challenges," and "Staffing Issues" themes occurred most frequently among responses. Some examples of responses that fell under these categories include the following:

| **Responses** |
| --- |
| *"Communication and relationships between VR, Provider, and the Job Seeker is in dire need of improvement. Loss of motivation from the job seeker for long wait times, zero communication from VR with either the job seeker or the provider, and extreme lack of follow up is not fair to the individual seeking assistance for employment and HAS impacted their abilities to live fulfilled lives."* |
| *"Delays in payment processing by VR impacts cash flow to vendors. Staffing challenges within the VR offices impact authorizations, communications, and ability to serve clients effectively and efficiently."* |
| *"Paying vendors for services within 3 to 5 business days is needed to improve work between providers and VR."* |

## Current Staff Training Activities and Needs

***Training Provided in Organization***

Participants were asked about how training is provided within their organization. They were given the following four options: "Provide training for staff internally," "Utilize training resources external to organization (excluding VR)," "Staff receive training directly by VR," and "Do not have resources to provide formal training to staff." Participants were given the opportunity to check all applicable options. The highest frequency of organizations provided "Training for Staff Internally" (47.76%). Some participants reported that their organization utilized "Training Resources External to Organization" (36.05%). Refer to **Graph 29** for less frequent responses and percent breakdowns.

**Graph 29**

***Types of Training Provided to Staff***

Participants were asked about the types of training provided to staff. They were given several options, which included the following: "Basic HR onboarding," "Diversity, equity, inclusion, and accessibility (DEIA) related training," "Administrative processes (e.g., timekeeping and data entry to support billing processes, completing required VR documentation)", "Customer engagement strategies," "Strategies for effective teamwork/partnership between provider staff and VR staff: Roles and responsibilities of provider staff and VR staff and strategies for effective teamwork/partnership," "Ethics and boundaries for working with VR customers," "Confidentiality requirements for working with VR customers," "Americans with Disabilities Act, reasonable accommodations, and related content," "Association of Community Rehabilitation Educators (ACRE) training," "Working with individuals with specific disabilities (e.g., low vision, intellectual disability, mental health condition), and "Other." Participants were given the opportunity to check all applicable options. The highest frequency of organizations provided "Confidentiality requirements for working with VR customers" (11.83%). Some participants reported that their organization provided "Ethics and boundaries for working with VR customers" (11.10%) and "Administrative processes, (e.g., timekeeping and data entry to support billing processes, completing required VR documentation)" (11.10%). Refer to **Graph 30** for less frequent responses and percent breakdowns.

**Graph 30**

***Qualitative Results: Types of Training Provided to Staff***

When participants were asked about the types of training provided to staff, they were also given the option to specify examples if they chose the category "Working with individuals with specific disabilities, (e.g., low vision, intellectual disability, mental health condition)" or "Other." Of the responses given that fell under the "Working with individuals with specific disabilities, (e.g., low vision, intellectual disability, mental health condition)" category, there were many examples provided (N=1182). The "Mental Health," "Intellectual and Developmental Disabilities/Autism," and "Hearing and Vision Loss" topics were the types of trainings that were mentioned most frequently among responses. Overall, the types of trainings provided that were mentioned as examples in participant responses are displayed **Table 10.**

**Table 10**

| Trainings |
| --- |
| Mental Health |
| Intellectual and Developmental Disabilities/Autism |
| Specific Conditions |
| Self-Trained |
| General Disability Services |
| WISE Trainings |
| Specific Trainings on Assistive Technology to Assist Low Vision/Blind |
| VR In-Services |
| Hearing and Vision Loss |
| Physical Limitations and Accommodations |
| Online Classes and Webinars Through IPE and VR |
| HIV/AIDS |
| RELIAS Training Specific to Client Needs |
| ESI Assistive Technology Program |
| Training on How to Use a Device and Use of Prompts for Job Task |
| Online Learning/Shadowing |
| Training on Executive Function, ADHD Strategies, Organization, Communication, Advocacy Skills |
| Epilepsy and Brain Injury Training |
| Training on Problematic Sexual Behavior |
| Various Combined Trainings (e.g., ECs, RELIAS, Conferences) |
| LGBTQIA + |
| IPS Training |
| Addiction Training |
| Sensory Needs Training |
| DSP Training |
| Motivational Interviewing Training |
| Training from DSS, Local Health Department, MSCO, Area AHEC |
| Crisis Intervention, Autism Awareness |

Of the responses given that fell under the "Other" category, there were also many examples provided (N=1264). The "Professional Education/Continuing Education (CEUs)," "First Aid/CPR Training," and "Accommodation and Adaptive Technology Training" were the types of trainings that were mentioned most frequently among responses. Overall, the types of trainings provided that were mentioned as examples in participant responses are displayed in **Table 11.**

**Table 11**

| Trainings |
| --- |
| Solo Practitioner/Small Private Practice Training |
| Certifications |
| Motivational Interviewing |
| Traumatic Brain Injuries (TBIs) |
| Crisis Prevention |
| First Aid/CPR Training |
| Professional Education/Continuing Education/ CEUs |
| Fire Safety |
| Senior Employees Handling VR Purchases |
| DD Program Requirements |
| Positive Behavior Support and Employment Training |
| Community Protection and Guardian Support Training |
| Forensic Assessment and Decision-Making Capacity |
| Disability Rights and History Training |
| APSE and Workday Training |
| Individual Needs Training |
| WISE Training |
| Accommodation and Adaptive Technology Training |
| CESP Accreditation |
| VR Trainings Including Vendors |
| Career Counseling Skills/Strategies |
| FSSA Organizational Core Values and Principles |
| ACRE Training |
| VR 101 and 102 Trainings |
| RELIAS Required Trainings |
| Behavioral Intervention Training |
| Individual Placement Support (IPS) Specific Training |
| Abuse, Neglect, and Exploitation Training |
| Conflict Management |
| Informational Interviewing |
| Service and Case Management Planning |
| Trauma Informed Care |
| Blood Borne Pathogen |
| Aerosol Transmission Training |
| Sexual Orientation and Gender Identity Training |
| CAP Training |
| Case Notes and Documentation Training |
| CARF Accreditation |
| Supported Routines Training |
| Person-Centered Planning/Thinking |
| Systematic Instruction |
| Sexual Harassment Training |
| Drugs in the Workforce |
| Equal Opportunity Employment (EOE) |
| Skills Development and Support Strategies |
| Employment Related Trainings |
| Speech Generating Devices |
| Webinars on Assistive Technology |
| Medicaid Required Trainings |
| ODP Mandatory Trainings |
| Sensitivity Trainings |
| Crisis Management Intervention (CMI) |
| Multicultural Guidance |
| Customized Employment |
| UTCLEE Training |
| MCO Training |
| Supported Employment |
| NADSP (National Alliance for Direct Support Professionals) |
| DSP (Direct Support Professional) |
| IT and Security Awareness |
| Benefits and Counseling |
| Social Security and Workforce Development Board of Nevada (WDBN) |
| Employment Specialists Training Through VR |
| Defensive Driving Training |
| Diabetes Training |
| Specific Skills Training Related to Population |
| Assessment and Medical Conditions Training |
| General HR Training |
| Diversity, Equity, Inclusion, and Accessibility (DEIA) Training |
| Eye Movement Desensitization and Processing (EMDR) |
| UNTWISE and VCU Training |
| ACES, Mental Health First Aid Training |
| Voter Registration Training |
| ACA Campsafe Training |
| Business Services and Regulations Training |
| TAER, AER, SWOMA Conferences |
| Disability Culture, Rights, Self-Advocacy |
| Clinical and Service Specific Trainings |
| Violence in the Workplace |
| Working with Individuals with Criminal Backgrounds |
| Provider Manual and Virtual Meetings |
| Job Coaching |
| Vocational Evaluation and Career Assessment |

***Diversity Training***

Participants were asked whether their organization offered training to staff that enables services to diverse populations, applying techniques that ensures culture, generational, race, ethnicity, and other unique means to ensure that diverse populations are effectively served. They were given two options: "Yes" or "No." The majority of the participants responded "Yes" (84%).

**Figure 2: Presence of Organization Offering Training: Diverse Populations**

***Organization Utility of a National Training/Resource Hub for Onboarding Staff***

Participants were asked whether their organization would utilize a national training/resource hub for onboarding staff that provides basics for working with VR customers if costs were similar or lower than their current training costs. They were given two answer options: "Yes" or "No." Also, if the participant chose the "No" option, they were given the opportunity to explain why. The majority of the participants responded "Yes" (75%).

**Figure 3: Organization Utility of a National Training/Resource Hub for Onboarding Staff**

***Qualitative Results: Organization Utility of a National Training/Resource Hub for Onboarding Staff "No" Response***

Participants who answered "No" were given the option to explain why their organization would not utilize a national training/resource hub for onboarding staff that provides basics for working with VR customers if costs were similar or lower than current training costs. There were many examples provided (N=1178). The highest frequency of responses reflected the following themes: "Free Training Preference Due to Limited Resources or Budgets," "Need for More Information in Order to Evaluate Whether to do the Potential Training," and "Need to Consider the Quality of the Content of the Training Versus the Cost of the Training." Refer to **Table 12** for other reasons participants shared why their organization would not utilize a national training/resource hub for onboarding staff.

**Table 12.**

| Responses |
| --- |
| Small business/only one provider |
| Internal training systems exist |
| Free training preference due to limited resources or budgets |
| Already having initial pred-determined training requirements due to occupation |
| Currently transitioning to new training system |
| Emphasis put on on-site training |
| Need for more information to evaluate whether to do the potential training |
| Preference for local training over national due to relevance to state-specific systems and procedures |
| Agency does not see a need for additional training |
| Need to meet CARE accreditation standards or other requirements |
| Only need trainings geared towards specific population |
| One size fits all approaches are not seen as effective |
| Need to consider the quality of content of the training versus the cost of the training |
| Concern about the amount of time the training requires |
| Additional training would only be considered if it replaces existing requirements |
| Concerns about the increased burden of additional training requirements |
| Would consider additional training if there was compensation for training time or if there was no cost associated with it |
| Agencies emphasize a person-centered approach and avoid bureaucratic training methods |
| Criticism of existing training models |
| Need management approval |

***Support for Career Pathways Model***

Participants were asked whether they would support a career pathway model to attract and retain staff, as well as provide for advancement/succession planning within their organization. Career pathway models focus on individuals obtaining stacked credentials within a career field to enhance one’s career outcome. They were given three options: "Yes," "No," and "Unsure." The majority of the participants responded "Yes" (61%).

**Figure 4: Support for Career Pathways Model**

***Organization Support for Higher Pay for Staff Attaining Credentials***

Participants were asked if they thought their organization would support higher pay for staff attaining credentials. They were given two answer options: "Yes" or "No." Also, if the participant chose the "No" option, they were given the opportunity to explain why. The majority of the participants responded "Yes" (71%).

**Figure 5: Organization Support for Higher Pay for Staff Attaining Credentials**

***Qualitative Results: Organization Support for Higher Pay for Staff Attaining Credentials "No" Response***

Participants who answered "No" were given the option to explain why their organization would not support higher pay for staff attaining credentials. There were many examples provided (N=1118). The highest frequency of responses reflected the following themes: "Financial constraints," "Uncertain/Need more context," and "Policy limitations." Refer to **Table 13** for other reasons participants shared why their organization would not support higher pay for staff attaining credentials.

**Table 13**

| Responses |
| --- |
| Already credentialed/Advanced certifications-based pay |
| Financial constraints |
| Solo practice/Small practice |
| Uncertain/Need more context |
| Policy limitations |
| Operational constraints |
| Need Union approval |
| Challenges with Department of Rehabilitation Services (DRS) Model |
| No guarantee that a provider will receive the right amount of business to add another onboarding expense |
| High credentials is not the only criteria for higher pay |
| Non-profit constraints |
| Depends on market conditions |
| Not needed for most entry-level positions |
| Indifferent |
| Not Applicable |

# CONCLUSION

Gaining a better understanding of how services are created, organized, and implemented can promote service delivery and employment outcomes among VR agencies. The Service Provider Capacity Survey data documented both key strengths and areas of need related to agency provider capacity. Effective communication between providers and VR was cited as most impactful and important for ensuring that service providers deliver timely and high-quality services. This has important implications for future practice on the provider and VR side and directly impacts service delivery improvements for VR customers.