



# Project Independence

Georgia Vocational  
Rehabilitation Agency

TITLE VII - CHAPTER 2  
PROGRAM EVALUATION  
REPORT FEDERAL  
FISCAL YEAR

2024



# **Project Independence**

## **Georgia Vision Program for Adults Age 55 and Over**

### **Title VII – Chapter 2 Program Evaluation Report Federal Fiscal Year 2024**

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**State of Georgia  
Program Evaluation Report  
FFY 2024**

**Project Independence  
Georgia Vision Program for Adults  
Age 55 and Over**

Title VII - Chapter 2

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**INTRODUCTION**

**Background**

The Georgia Vocational Rehabilitation Agency (GVRA) is the designated state agency that provides rehabilitation services for individuals with disabilities, including those with visual impairments. (Previous to July 1, 2012, GVRA was housed in the Georgia Department of Labor.) GVRA receives funding under Title VII, Chapter 2 of the Rehabilitation Act of 1973, as amended, to provide independent living (IL) services to blind and visually impaired individuals 55 and older in the state of Georgia. Administered by the Rehabilitation Services Administration (RSA) in the U.S. Department of Education, Title VII, Chapter 2, the Older Individuals Who are Blind (OIB) program funding is provided to state-federal vocational rehabilitation (VR) agencies to support IL services to persons age 55 or older whose severe visual impairment makes competitive employment difficult to obtain but for whom IL goals are feasible. Within GVRA, Project Independence: Georgia Vision Program for Adults Age 55 and Over, also referred to as the Older Blind Program (OBP), provides these services. In federal fiscal year (FFY) 1995, the Project Independence program first received 7-OB funding in the amount of \$250,000 to serve approximately 250 consumers. It is now one of the largest in the country with an annual federal budget of approximately \$873,000 in FFY 2019 and serving approximately 1,400 consumers annually. A brief history of independent living services to older blind individuals in the U.S. follows.

Federal funding for blindness-specific IL services under the civilian VR

program was first authorized under the Rehabilitation Act of 1973. This allowed state VR agencies to conduct 3-year demonstration projects for purposes of providing IL services to older blind persons (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, and in 1989, 28 IL programs were funded (Stephens, 1998).

In FFY 2000, the Chapter 2 Older Blind program reached a major milestone when it was funded at \$15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant program. (The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million.) These formula grants assure that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of \$225,000. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

The overall purpose of the Title VII, Chapter 2 program is to provide IL services to individuals who are age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. IL programs are established in all 50 states, the District of Columbia, and the territories. These programs help older blind persons adjust to blindness and to live more independently in their homes and communities.

Under federal regulations (Rehabilitation Act of 1973, as amended, Rule, 7-1-99), IL services for older individuals for purposes of subsection (d)(1) include-

1. services to help correct blindness, such as—
  - A. outreach services;
  - B. visual screening;
  - C. surgical or therapeutic treatment to prevent, correct, or modify disabling

- eye conditions; and
- D. hospitalization related to such services;
2. the provision of eyeglasses and other visual aids;
  3. the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
  4. mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
  5. guide services, reader services, and transportation;
  6. any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services;
  7. independent living skills training, information and referral services, peer counseling, individual advocacy training, facilitating the transition from nursing homes and other institutions to home and community-based residences with the requisite supports and services, and providing assistance to older individuals who are blind who are at risk of entering institutions so that the individuals may remain in the community; and
  8. other independent living services as defined in Sec. 367.5.

State IL programs generally provide blindness-specific services, such as training in orientation and mobility, communications, and daily living skills; purchase of assistive aids and devices; provision of low vision services; peer and family counseling; and community integration services.

## **Population and Prevalence Rates Estimates**

Population estimates from the U.S. Census Bureau (2024) indicate that there are approximately 1,505,413 individuals age 65 and above in Georgia, 108,100 of whom are visually impaired. The American Community Survey collects prevalence rates on visual impairment among individuals and reports numbers by ethnicities, but only distinguishes among the ages of 18 through 65 and 65 and older. As a result, prevalence estimates by ethnicity could not be obtained for ages 55 and above; estimated rates and numbers for individuals 65 and above are reported in Table 1 (Erickson & von Schrader, 2022). The overall prevalence rate of visual impairment is slightly higher for individuals age 65 and older residing in Georgia compared with the overall rate in the U.S. population. The rate of visual impairment for Georgians age 65 and above across all races

regardless of ethnicity is 6.7%, compared with 5.9% for individuals nationwide. This slightly higher rate of visual impairment is reflected for white Georgia residents (6.0%) compared to white people nationwide (5.3%), while the rate of visual impairment for black or African American individuals in Georgia is a similar percentage to the national average for this group, 8.0% and 8.1%, respectively. The state prevalence rates and numbers for Native American or Alaska Native individuals with visual impairments are not included because the small sample size of this minority group results in a large margin of error relative to the estimate.

**Table 1: Georgia and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2022\*\* ACS**

Race/Ethnicity	Georgia		U.S.
	%	Number	%
White, non-Hispanic/Latino	6.0%	63,700	5.3%
Black or African American, non-Hispanic/Latino	8.0%	31,300	8.1%
Native American or Alaska Native, non-Hispanic/Latino*			12.2%
Asian, non-Hispanic/Latino	6.9%	3,600	4.9%
Other, non-Hispanic/Latino	7.9%	2,900	8.2%
Hispanic/Latino, any race	11.3%	6,100	8.4%
Total, all races/ethnicity	6.7%	108,100	5.9%

\*Margin of Error relative to sample size precludes making reliable estimates of percentages and numbers. \*\*Most recent data available at time of publication.

### **Project Independence Service Delivery Model**

To be eligible for Project Independence services, a person must be 55 years of age or older and have a visual acuity of 20/70 or worse with best correction in the better eye, **or** significant field restriction **or** a significant functional visual impairment that impacts independent daily living activities. This includes a senior with a dual sensory loss, i.e., deaf-blindness, and any other disability in addition to vision loss. Documentation of vision impairment from an ophthalmologist or optometrist is required for eligibility, except for someone who has little light perception or no light perception, in which case a certified blind rehabilitation professional can attest for program eligibility.

The primary goal of the program is to facilitate the acquisition and maintenance of IL skills that allow individuals with visual impairments to carry out activities of daily living. Individuals who participate in the program are among a growing number of Americans with access to IL programs designed to assist and empower them to maintain independent lives regardless of vision loss. The program is designed to assist older persons who are blind and visually impaired to age in place – to continue to live in their own homes and communities.

*State agency staffing.* GVRA has assigned an employee who serves full time as the Director of Blind Rehabilitation Services at GVRA to also undertake the duties of Program Manager for Project Independence. The Program Manager has considerable experience in administration of blindness and vocational rehabilitation programs. She began serving as Program Manager effective December 2021. Although only a percentage of a full-time schedule, the Program Manager is solely responsible for the overall management of Project Independence. The program benefits from her experience and field knowledge. The OIB Program Manager consults with the MSU Project Director in developing policies and procedures to enhance the statewide program.

*Service providers.* The state agency contracts with six direct service agencies to provide independent living services to older individuals throughout the state. These contracted agencies include:

- Center for the Visually Impaired (CVI), serving Greater Metro Atlanta;
- Vision Rehabilitation Services (VRS) of Georgia, serving Northwest Georgia;
- Visually Impaired Foundation of Georgia (VIFGA), serving South Georgia;
- Savannah Center for Blind and Low Vision (SCBLV), serving Southeast Georgia;
- Walton Options (WO) for Independent Living, serving East Georgia
- Visually Impaired Specialized Training and Advocacy Services (VISTAS), serving Northeast Georgia.

Each of the six contractors utilize a wide variety of professionals representing many disciplines. These include Certified Vision Rehabilitation Therapists (CVRT), Certified Orientation and Mobility (O&M) specialists, low vision specialists/coordinators (including optometrists), assistive technology specialists, etc. Other professionals are utilized as needed to obtain specialty examinations or specific services needed for individual clients.

Contractors may provide a number of services to assist eligible consumers to maximize their functional independence. Examples of services may include:

- Skills training in the home community by certified rehabilitation specialists so seniors can keep on doing the daily tasks they like and stay active
- Mobility training by certified instructors so seniors can travel safely
- Support groups that offer opportunities so seniors can learn from and interact with peers who also have visual loss
- Comprehensive low vision evaluations by qualified professionals to assess practical and useful ways to access information with magnification
- Assistive aids/devices such as talking watches and clocks, lighting, big button phones, various household and kitchen aids

The provision of comprehensive IL services enables consumers to better access relevant community resources and services, and thus, enhances their capacities to remain in their homes and communities with maximum self-direction and, in some cases, assists in avoiding premature and unnecessary moves to assisted living facilities or nursing home placements.

Table 2 shows the number of individuals served by the six Project Independence contractors during the last eight fiscal years. Prior to COVID-19, the number of individuals served were relatively steady, then decreased during the height of the pandemic and are now beginning to increase.

<b>Table 2: Number of Consumers Served</b>								
<b>IL Contractor</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
CVI	652	650	645	397	397	517	652	893
VRS	236	242	268	194	238	196	217	244
VIFGA	245	224	239	198	194	199	190	154
Savannah	124	111	152	136	171	179	135	161
Walton Options	43	41	39	46	32	65	53	61
VISTAS	72	70	65	59	52	49	27	47
<b>TOTAL</b>	<b>1,372</b>	<b>1,338</b>	<b>1,408</b>	<b>1,030</b>	<b>1,048</b>	<b>1,205</b>	<b>1,274</b>	<b>1,560</b>

*Outreach and collaborative activities.* In addition to the six main service providers, GVRA worked with The Helen Keller National Center; Georgia Radio Reading Services; National Federation of the Blind of Georgia; Georgia Council of the Blind; Business Enterprise Program; Native American Representative; the Georgia Statewide Independent Living Council; the Center for Inclusive Design & Innovation, Georgia Institute of Technology, College of Design; the Georgia Library for Accessible Services; the Older Driver’s Task Force; the Division of

Aging Services; the Georgia Gerontology Society; and the Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults.

Outreach and collaborative activities with these entities and activities implemented by the six contractors are detailed in the narrative section of FFY 2024 7-OB report submitted to RSA (see Appendix C).

## **Purpose and Organization of Report**

The purpose of this evaluation report is to review the Project Independence Program in relation to how well services have enabled consumers to meet their goals for independence during FFY 2024 (October 1, 2023 through September 30, 2024). Further, evaluation data is used to identify and implement evidenced-based policies and interventions resulting in increased quality of IL services delivered to consumers. The external evaluation process included the following major activities:

- implementation of external evaluation activities, including review and revision of the primary data collection instrument (Program Participant Survey);
- analysis and interpretation of secondary data including consumer disability, demographic, and service data from the annual RSA 7-OB report to identify statewide consumer characteristics and trends within the population served;
- collection, analysis, and interpretation of responses from program participants regarding their functioning on independent living tasks and the service delivery process;
- compilation of information from participation in contractor meetings and from on-site reviews of service delivery contractors; and
- preparation of the program evaluation report.

In addition to this introductory section, this report includes method, results, summary/discussion, and recommendations/conclusion sections. The method section provides information regarding selection of study participants, instruments used for collection of service, satisfaction, and outcome data, procedures used to collect data, and the techniques used for data analysis. The results section provides aggregate data on consumer demographics for all consumers served by the program in FFY 2024. Also included are consumer demographics and findings regarding consumer functioning on specific IL tasks or domains for a sample of consumers closed during FFY 2024. Demographic

data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from site visits to two contractors and other evaluation activity by the external consultant is also reported in the results section. The summary section includes a brief review of evaluation data. The final section provides a list of program recommendations and conclusions.

The National Research and Training Center (NRTC) on Blindness and Low Vision at Mississippi State University staff assigned to this project include Dr. Karla B. Antonelli, Research Scientist I and Project Director; Ms. Anne Steverson, Research Associate III; Mr. Billy Hamilton, Research Associate I; and Anisio Correia, External Consultant; and administrative support staff.

## METHOD

This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FFY 2024 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Georgia. In addition, the Program Participant Survey (see Appendix A) was used to collect demographic, satisfaction, and outcome data from consumers closed by the Project Independence program in FFY 2024. These sources of data are further described in the “Instruments” subsection below. Finally, the MSU external consultant conducted an on-site review of two service delivery contractors to supplement program information.

### Instruments

**Annual 7-OB Report.** All state IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to RSA approximately three months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, services, and outcome data. Demographic and disability data from the Georgia FFY 2024 7-OB report are summarized in this report, and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey.

**Program Participant Survey.** The Program Participant Survey (see Appendix A) was administered to determine the degree to which Project Independence consumers were satisfied with their program of independent living services and the extent to which they perceived that their level of functioning improved in various activities of daily living. The survey was developed by NRTC on Blindness and Low Vision staff in consultation with the state agency administrative staff and contractor administrative and service delivery staff. The goal was to develop a consumer-friendly survey that would assess consumers' satisfaction with services and the impact of services on their independent living functioning. NRTC interviewers completed 57 surveys. The Program Participant Survey was divided into four sections, which focused on the following areas of inquiry:

- **Preliminary questions** were asked of respondents to request their agreement to complete the survey after being informed of the nature of the call. Considering that people are often reluctant to take time to respond to surveys, if a respondent declined, the respondent was asked if they would

be willing to answer just one question about their services. If the respondent agreed, he or she was asked "In your opinion, what was the greatest difference this program has made in your life?" If the respondent declined to answer that one question, the interviewer asked if there was a reason the respondent did not want to participate in the survey. These questions are included to make every effort to capture some data about the consumer's experience with services even if he or she declined to participate in the remainder of the survey.

- **The first section** of the main survey contained three questions that quantified respondents' level of agreement with statements related to the manner in which services were delivered (i.e., timeliness of services; attentiveness, concern, and interest of staff; and overall quality of services). A five-point Likert-type scale (strongly agree, agree, neutral, disagree, strongly disagree) was used to assess the level of agreement.
- **The second section** contained four multi-part questions that focused on broad service areas typically provided by the Project Independence Program (i.e., orientation and mobility, assistive technology, communication skills, and other activities of daily living). The OIB program must report outcome data on these four services in its annual RSA-7-OB report. Respondents were first asked if they had received each service. Respondents indicating they had received a service were asked to provide feedback regarding their functioning (i.e., service had resulted in improved functioning, maintenance of functioning, or other) and their satisfaction with each service (very satisfied, satisfied, neutral, unsatisfied, and very unsatisfied). Respondents were invited to comment on questions. Note that participants may not have received all four services, given that IL plans are individually developed to address consumers' particular needs and interests.
- **In the third section**, respondents were asked how services may have helped them maintain their current living situations; and if they needed services, whether they knew how to contact their service provider. The telephone interviewer was instructed to provide respondents with providers' contact information, as appropriate. In two open-ended questions, respondents were asked "In your opinion, what was the greatest difference this program has made in your life?" and "How could your experience have been improved?"
- **The last section** included questions related to respondents' demographic

and disability characteristics. Included were questions regarding age, gender, living situation, reason for visual impairment, presence of hearing loss, and race/ethnicity. Finally, respondents were asked if they had experienced any life-style changes in the last few months that had resulted in their becoming less independent.

## **Procedures**

Contact information on all cases closed by Project Independence contractors was requested quarterly. Telephone interviews of consumers were conducted by the NRTC interviewer beginning the second quarter and continued until early January 2025. Attempts were made to contact each consumer on at least three occasions. The Project Independence Program Manager completed the RSA 7-OB report at the close of the fiscal year and provided MSU staff with a copy to use in writing the annual evaluation report. The MSU external consultant conducted site visits with two contracted provider agencies to evaluate their operations and provide recommendations to the Project Independence Program Manager.

## RESULTS

Findings from four major data sources--the program's RSA-7-OB report, telephone interviews with program participants, on-site reviews of two of the six service contractors, and participation in joint meetings with contractors--are included in the results section.

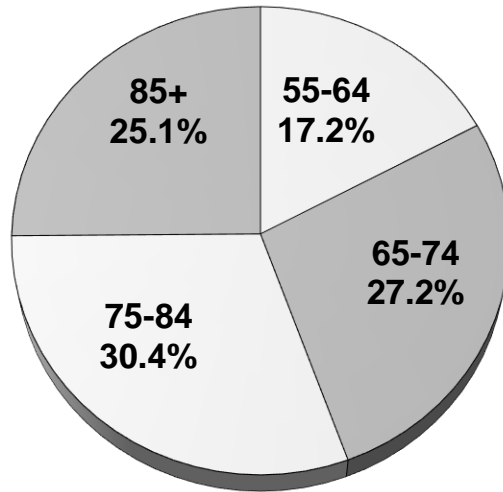
### I. Annual 7-OB Report

**Consumer demographics.** During FFY 2024 (October 1, 2023 through September 30, 2024), 1,560 individuals were served by the Georgia Project Independence program. Fifty-six percent ( $n = 867$ ) of consumers were age 75 and over. Most were female (62%,  $n = 959$ ). Consumers were asked to self-report their race. The majority of consumers reported being white (52%,  $n = 803$ ) or black/African American (33%,  $n = 511$ ). Approximately 16% reported being other races or race unknown: American Indian/Alaska Native ( $n = 12$ ), Asian ( $n = 22$ ), Native Hawaiian ( $n = 3$ ), two or more races ( $n = 3$ ), or unknown ( $n = 206$ ). Twenty-eight consumers reported being Hispanic/Latino of any race. The vast majority of consumers lived in private residences ( $n = 1,408$ , 90%); 79 consumers (5%) lived in senior living/retirement community settings, 60 (4%) in assisted living facilities, 11 (1%) in nursing homes or long-term care facilities, and two (0.1%) consumers were homeless.

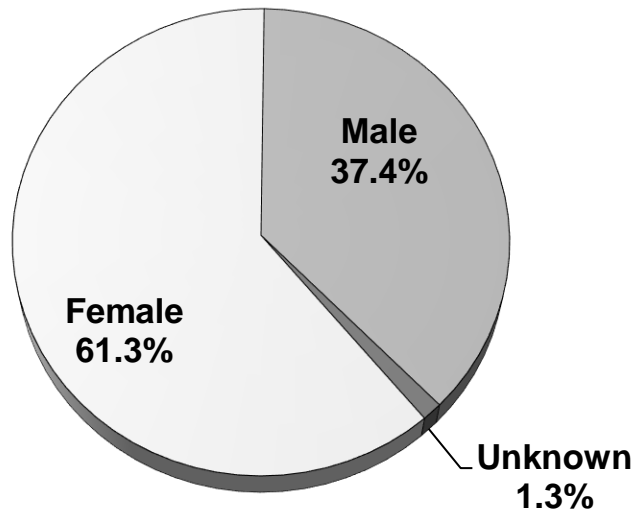
Approximately 48% ( $n = 753$ ) were legally blind (includes totally blind), and the leading cause of visual impairment was macular degeneration (36%,  $n = 568$ ). Consumers also reported having a number of other age-related impairments/health conditions. The number one condition was mobility impairment (7%); followed by hearing impairment (7%); and mental health impairment (4%).

Demographic and disability information on all consumers served by the Project Independence contractors are provided in the following figures. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

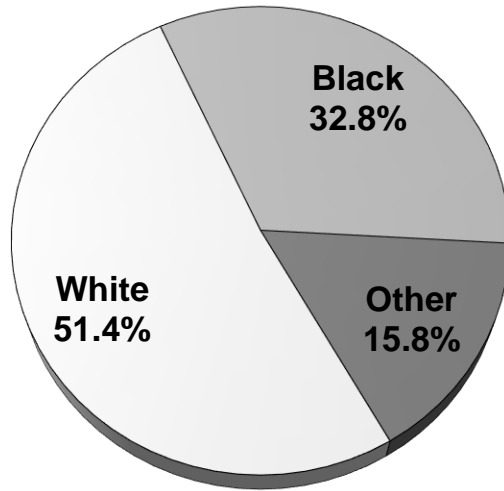
**Figure 1: Consumers by Age**



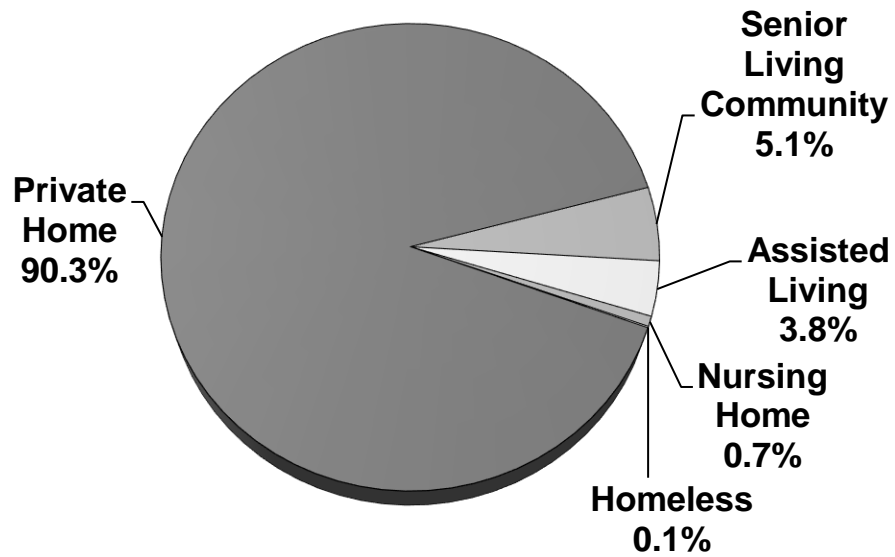
**Figure 2: Gender**



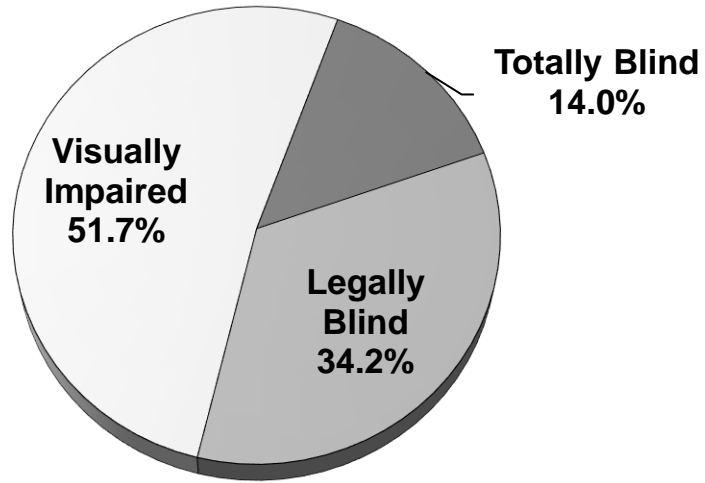
**Figure 3: Race**



**Figure 4: Type of Residence**



**Figure 5: Degree of Visual Impairment**



**Figure 6: Major Cause of Visual Impairment**

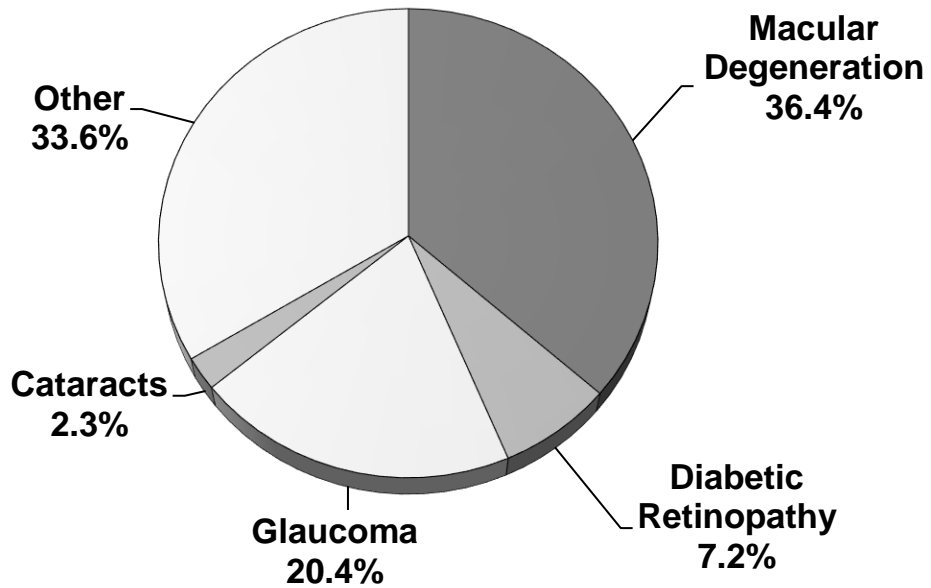
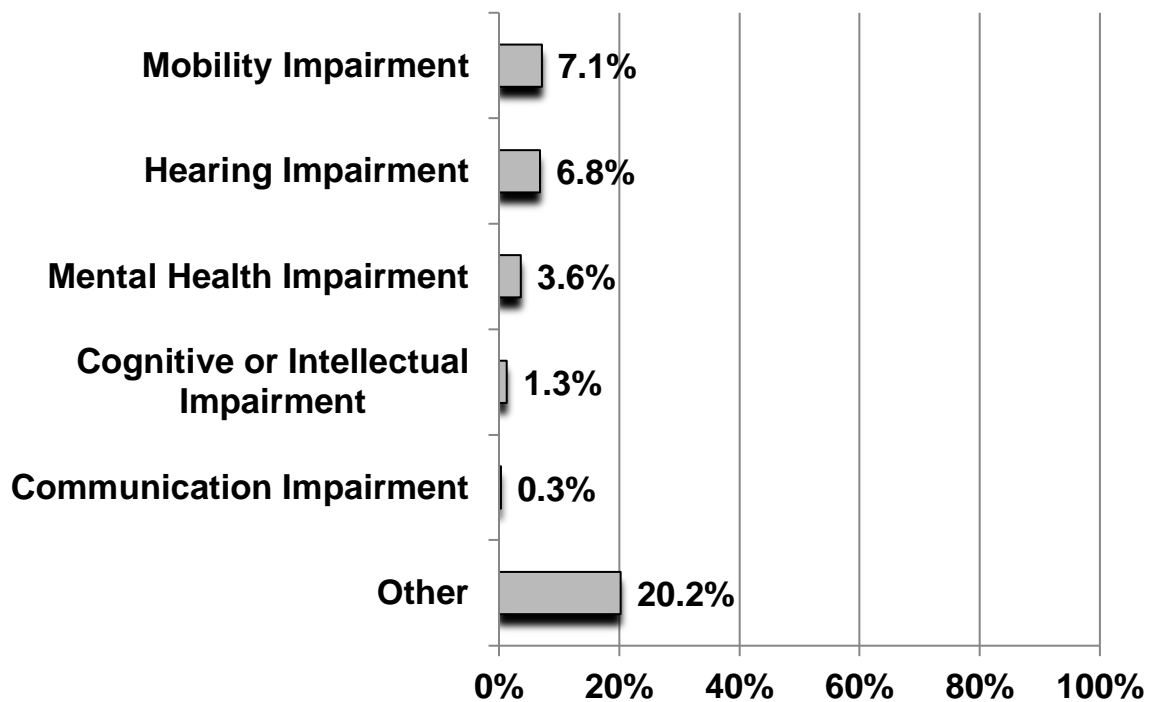


Figure 7 presents the number of consumers reporting health conditions in addition to visual impairment. The most frequently reported nonvisual conditions were mobility impairment ( $n = 111$ , 7%); hearing impairment ( $n = 106$ , 7%); mental health impairment ( $n = 56$ , 4%); cognitive or intellectual impairment ( $n = 21$ , 1%); and communication impairment ( $n = 4$ , 0.3%). Twenty percent ( $n = 315$ ) of consumers had age-related health conditions not included in the major categories on the RSA 7-OB.

**Figure 7: Non-Visual Health Conditions**



**Source of referral.** The primary source of referral of consumers ( $n = 999$ , 64%) was an eye care provider, followed by self-referral ( $n = 188$ , 12%); family member or friend ( $n = 72$ , 4%); physician or medical provider ( $n = 67$ , 4%); and other sources not specified in the 7-OB ( $n = 178$ , 11%).

**Staffing.** Program FTE positions reported in the FFY 2024 7-OB report included 10.50 administrative and support staff and 18.75 direct service staff for a total of 29.25 FTEs. These numbers included 5.00 administrative and support staff from the Georgia state agency.

**Funding.** For FFY 2024, total federal grant money available was \$936,093. The program expended \$1,481,016: \$1,000,605 from Title VII-Chapter 2 money and \$116,888 from state money. Of the total, \$41,701 (3.0%) was

expended for administrative, support staff, and general overhead costs.

**Services.** Table 3 lists types of services and number and percentages of consumers receiving each service for FFY 2024. A total of 1,560 consumers (non-duplicated count) served received one or more of the following services. In comparison, 1,274 consumers received one or more of these services in FFY 2023.

**Table 3: Services by Number and Percentage**

	<u>Number</u>	<u>Percentage</u>
<b><i>Clinical/functional vision assessment and services</i></b>		
Vision screening	1189	76.2%
Surgical or therapeutic treatment	0	0.0%
<b><i>Assistive technology devices and services</i></b>		
Provision of assistive technology devices/services	428	27.4%
<b><i>Independent living and adjustment training and services</i></b>		
Orientation and Mobility training	346	22.2%
Communication skills	378	24.2%
Daily living skills	621	39.8%
Advocacy training and support networks	398	25.5%
Counseling	440	28.2%
Information, referral and community integration	468	30.0%
Other IL services	2	0.1%

***Program outcomes/performance measures.*** Data on the number of individuals served in FFY 2024 who gained or maintained functioning in key independent living outcome areas by the time of their closure are reported in the following bullets. Note that IL functioning is measured when consumers' cases are closed from the Project Independence program and that a large number of consumers would still be receiving services at the close of the reporting period.

- There were 425 consumers reported to receive assistive technology

services, and 388 (91%) reported to have improved or maintained in one or more functional capabilities consistent with the objectives for receiving such devices and services.

- The 7-OB report indicated that 768 consumers received independent living and adjustment training services; however, 768 (100%) were reported to have demonstrated improvement or maintenance in functional capabilities at case closure.
- Of the 1,032 closed consumers responding to questions regarding their confidence in their ability to maintain their current living situations and increased ability to engage in customary daily life activities in the home and community, 1,016 (98%) reported more confidence, and 1,016 (98%) reported an increased ability to engage in daily life activities.

## II. Interviews with Consumers (Program Participant Survey)

Project Independence service delivery contractors were requested to provide contact information for consumers closed from services at the end of each quarter and at closure and to alert consumers that an interviewer from Mississippi State University (MSU) would be calling them regarding services they had received. Names and telephone numbers for 202 consumers were provided to NRTC project staff during the fiscal year. All telephone interviews with consumers were completed by early January 2025. Attempts were made to contact each consumer on at least three occasions. Telephone calls were made at different times of the day and on weekends. The interviewer was able to speak to 64 individuals, 64 of whom were viable participants (excluding those consumers who were deceased); 57 individuals consented to the interview, yielding an 89% response rate among those individuals contacted.

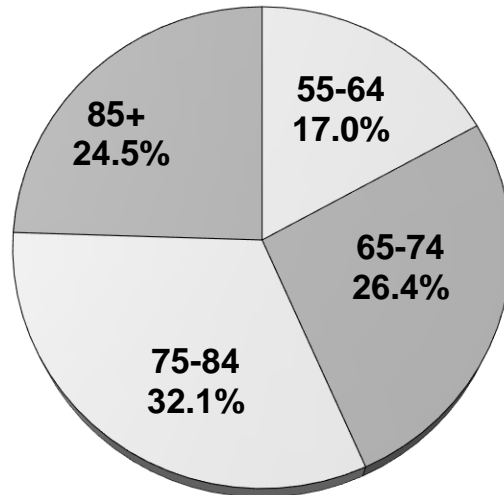
Table 4 lists, by Project Independence service delivery contractor, the number of consumers served, names received from closed cases, number of consumers contacted, and completed interviews with consumers for FFY 2024.

<b>Table 4: Consumers Served, Contacted, and Interviewed</b>				
<b><i>IL Contractor</i></b>	<b><i>Consumers Served</i></b>	<b><i>No. of Contacts Received</i></b>	<b><i>No. Contacted</i></b>	<b><i>No. of Contacts Interviewed</i></b>
CVI	893	50	18	16
VRS	244	17	5	5
VIFGA	154	81	23	18
Savannah	161	14	1	1
Walton Options	61	40	17	17
VISTAS	47	0	0	0
<b>TOTAL</b>	<b>1,560</b>	<b>202</b>	<b>64</b>	<b>57</b>

Data on demographic and disability characteristics of survey participants and their perceptions regarding the manner in which services were provided, their satisfaction with specific services, and the impact of services on their functioning are provided in the following figures and narrative. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

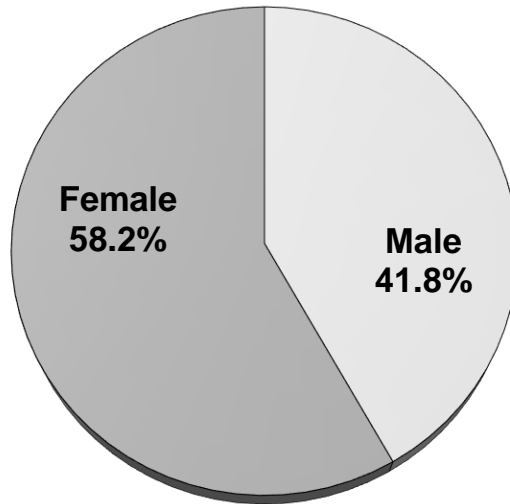
## Demographic and Disability Characteristics

### Figure 8: Age



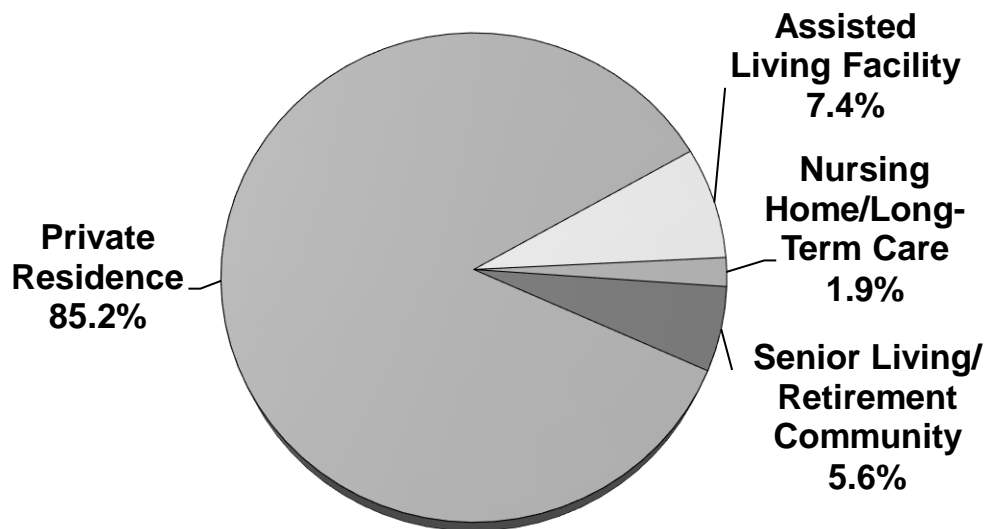
*Age.* Of the 53 survey respondents who reported their age, consumers ranged from 55 to 94 years of age. Seventeen percent ( $n = 9$ ) of respondents were between 55 and 64 years old; approximately 26% ( $n = 14$ ) were between 65 and 74 years old. Thirty-two percent ( $n = 17$ ) were between the ages of 75 and 84, and 25% ( $n = 13$ ) of responding participants were 85 years old or older. The ages of those responding were slightly different than the age demographics of the total population of individuals served in FFY 2024. For example, 30% of *all individuals served* on Georgia's 7-OB Report data were 75-84, compared to the 32% of survey respondents in the same category.

**Figure 9: Gender**



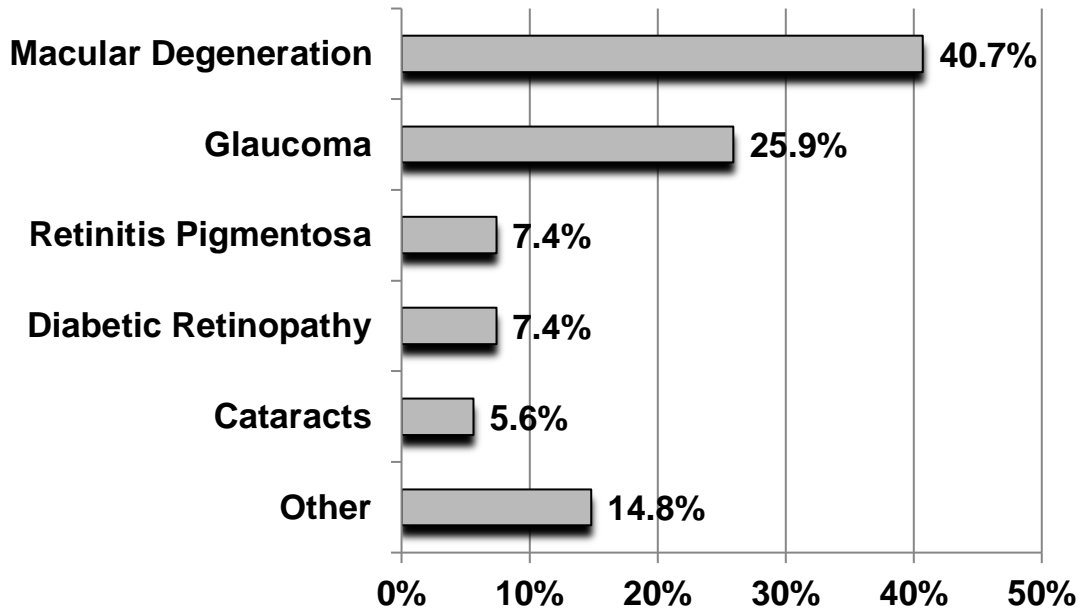
*Gender.* Approximately 42% ( $n = 23$ ) of survey respondents were males and 58% ( $n = 32$ ) were females. Data from the annual 7-OB report indicated that 62% of consumers served during the fiscal year were female, for only an approximate 4% difference between the percent of females interviewed and the percent of females actually served during the fiscal year. This data compares well with Georgia's 7-OB Report data, with interviewed percentages of consumers by gender fairly well matched to gender percentages of those served.

**Figure 10: Living Arrangement**



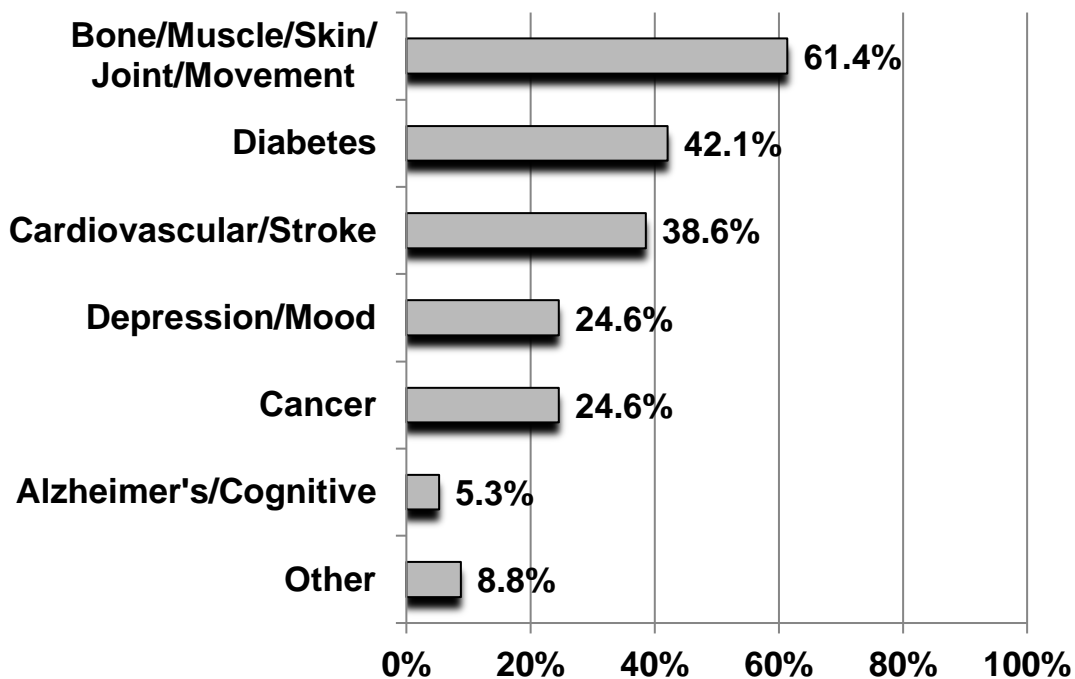
*Living arrangement.* Eighty-five percent of the consumers who responded to the question of living arrangements ( $n = 46$ ) indicated they live in a private residence (e.g., house or apartment). Additionally, approximately 7% ( $n = 4$ ) of respondents indicated they lived in an assisted living facility, 6% ( $n = 3$ ) reported living in a senior living/retirement community, and 2% ( $n = 1$ ) indicated they lived in a nursing home/long-term care facility.

### Figure 11: Cause of Vision Loss



*Primary cause of vision loss.* The most frequently reported primary cause of vision loss among survey respondents was macular degeneration at 41% ( $n = 22$ ). This finding is not surprising, given that macular degeneration is the leading cause of vision impairment among older persons in the United States (Lighthouse International, 2016). Other causes of vision loss indicated by respondents were glaucoma, 26% ( $n = 14$ ); retinitis pigmentosa, 7% ( $n = 4$ ); diabetic retinopathy, 7% ( $n = 4$ ); and cataracts, 6% ( $n = 3$ ). Fifteen percent ( $n = 8$ ) of respondents reported other or additional causes for their vision loss.

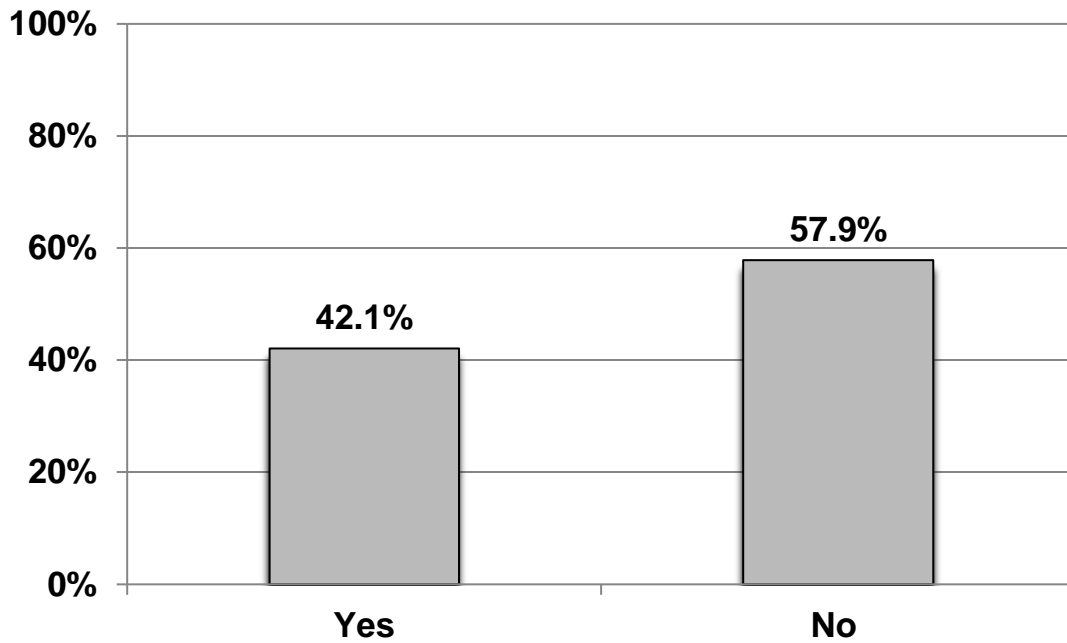
**Figure 12: Other Health Conditions**



*Non-visual health conditions.* Seventeen (6%) of the survey respondents reported having one medical condition in addition to vision loss; 11 (4%) reported two additional medical conditions; 11 (4%) reported three additional medical conditions; 9 (3%) reported four additional medical conditions; and 2 (1%) reported five additional medical conditions. Eight respondents (3%) reported no additional medical conditions. Health conditions reported in the table above were collapsed using previous categories reported on the RSA 7-OB annual report.

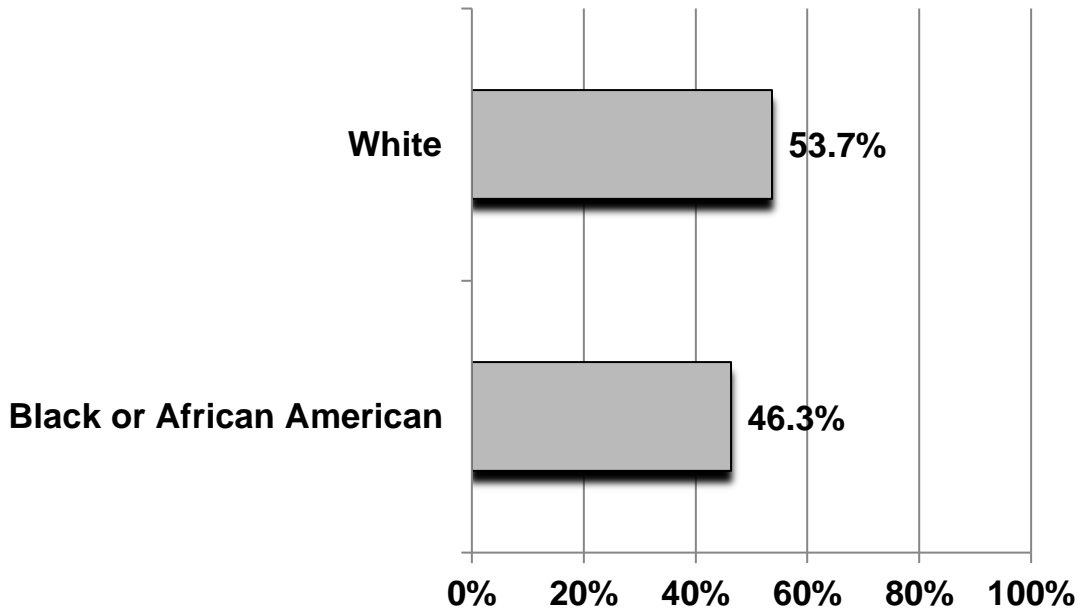
Sixty-one percent ( $n = 35$ ) of individuals responding reported having musculoskeletal problems, 42% ( $n = 24$ ) indicated diabetes, and 39% ( $n = 22$ ) indicated cardiovascular-related issues. Other impairments were reported as follows: depression/mood problem, 25% ( $n = 14$ ); cancer, 23% ( $n = 13$ ); and Alzheimer's/cognitive change, 5% ( $n = 3$ ). Nine percent ( $n = 5$ ) reported having some "other" health condition. Since categories on the new 7-OB are more general, it was decided these categories provide more meaningful information. Although comparisons cannot be made, it is noteworthy that consumers served by GVRA often have additional health conditions, which require staff to make accommodations or adjust how services are provided.

### Figure 13: Hearing Loss



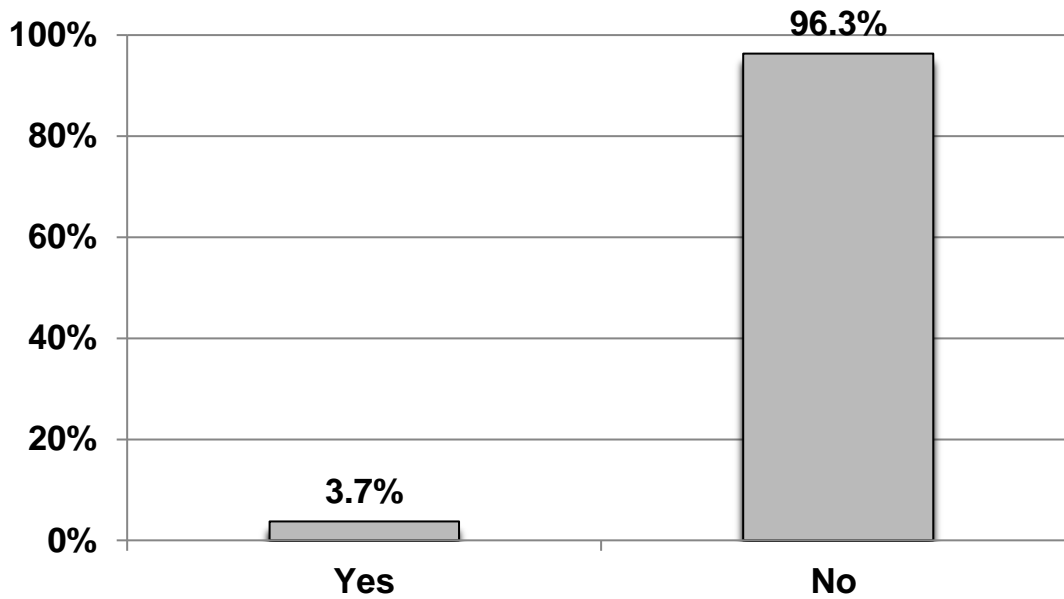
*Prevalence of hearing loss.* When asked specifically about hearing loss, 42% ( $n = 24$ ) of those responding indicated that they had experienced some degree of hearing loss. Among those respondents reporting hearing loss, 29.2% ( $n = 7$ ) rated the loss as mild, 20.8% ( $n = 5$ ) rated the loss as moderate, and 50.0% ( $n = 12$ ) rated the loss as severe.

**Figure 14: Race**



*Race.* The majority (54%;  $n = 29$ ) of the 54 participants who responded to the survey question on race indicated that they were white, and 46% ( $n = 25$ ) reported as black or African American.

### Figure 15: Changes in Living Situation

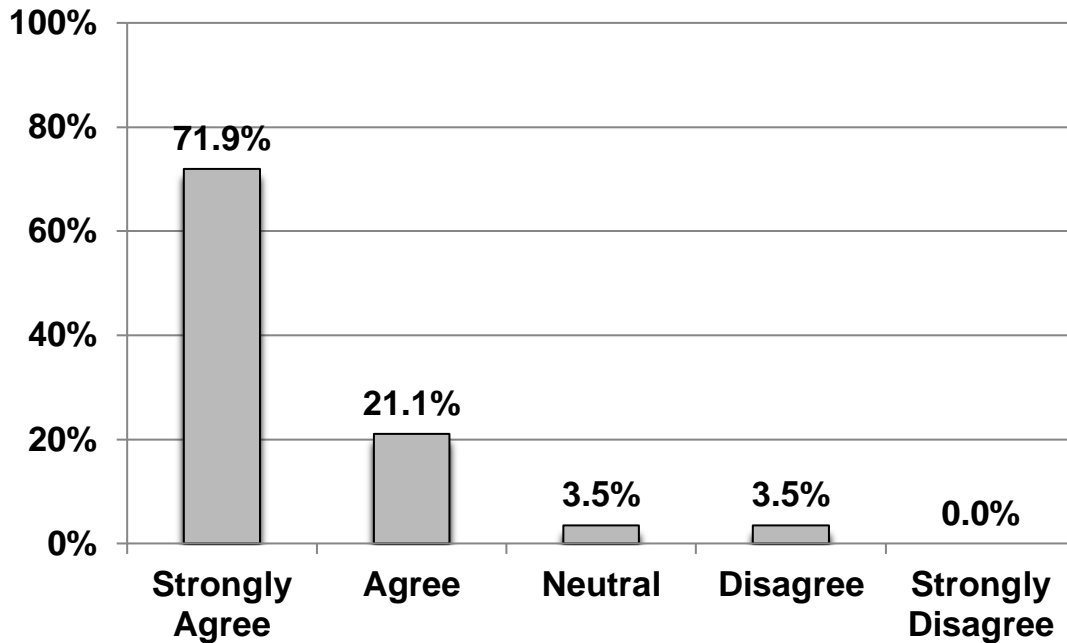


*Changes in living situation.* Of the 54 individuals responding, two (4%) indicated that they had recently experienced a change in their living situation. Of those respondents providing details, both had experienced changes in their health situation, with one relocating to live with family.

## Manner in Which Services Were Provided

Respondents were asked three questions regarding the manner in which services were provided: timeliness of services, concern and interest of the service provider, and quality of the program. Respondents indicating dissatisfaction with services were asked to provide further comments. A listing of all comments is included in Appendix B.

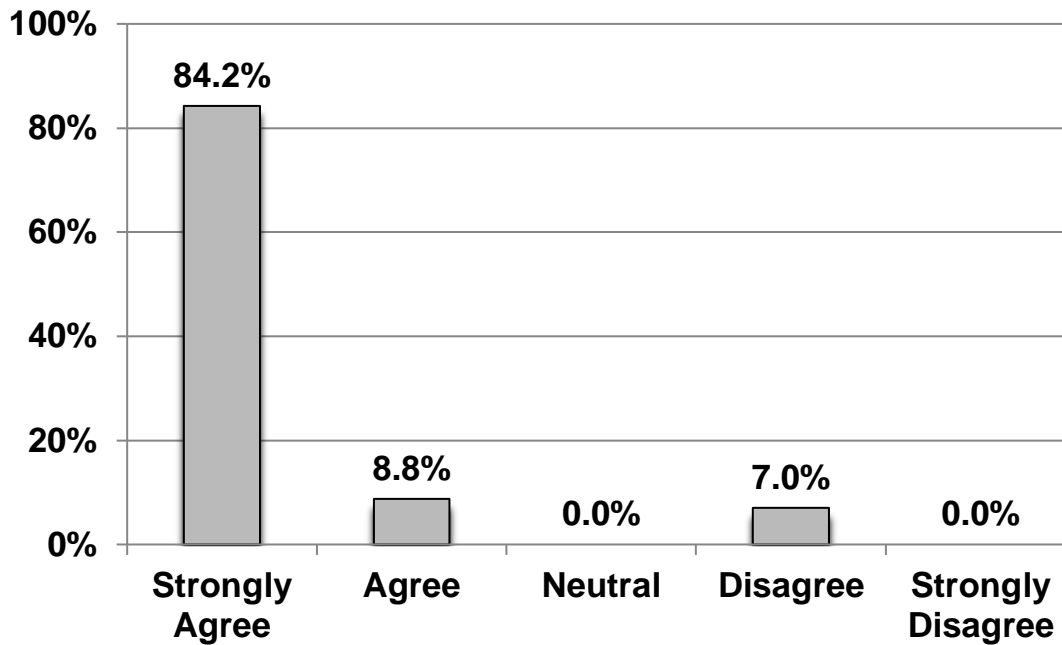
**Figure 16: Timeliness**



### ***Services were provided in a timely manner.***

Participants were asked to rate their level of agreement with the above statement. Responses to this query were quite positive: 72% ( $n = 41$ ) of the 57 respondents strongly agreed that services were provided in a timely manner, with an additional 21% ( $n = 12$ ) generally agreeing. Two respondents (4%) neither agreed nor disagreed that services were provided in a timely manner, and two (4%) disagreed.

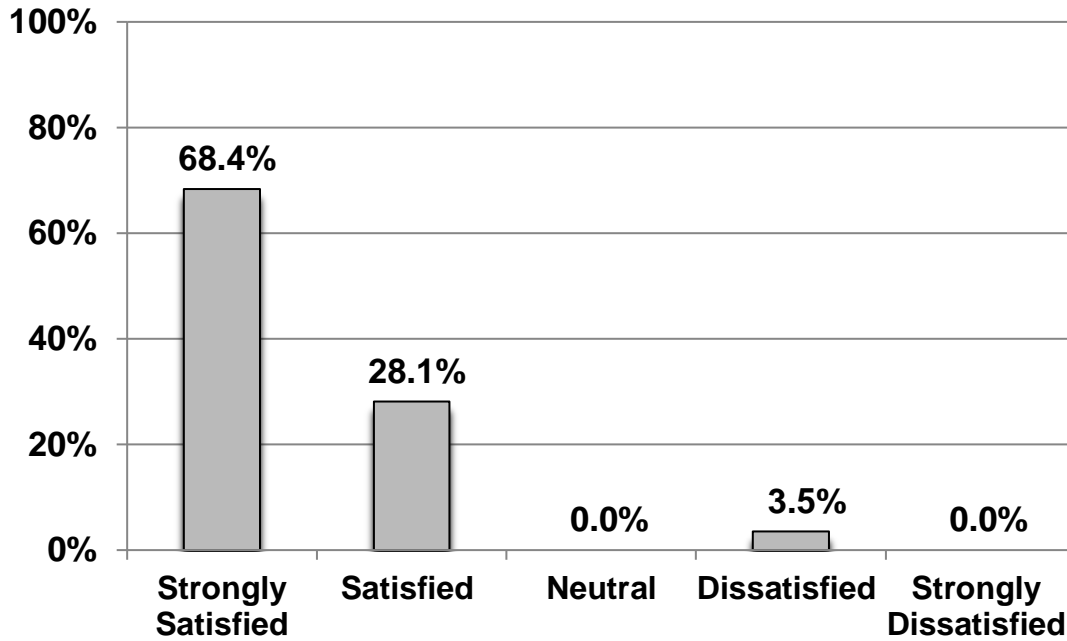
**Figure 17: Concerned and Interested**



***Staff were attentive, concerned, and interested in my well-being.***

Participants were asked to rate their level of agreement with the above statement. Eighty-four percent ( $n = 48$ ) of 57 respondents strongly agreed that staff were attentive, concerned, and interested in their well-being, with an additional 9% ( $n = 5$ ) who generally agreed. Seven percent ( $n = 4$ ) disagreed that staff were attentive, concerned, and interested in their well-being.

**Figure 18: Quality of Services**



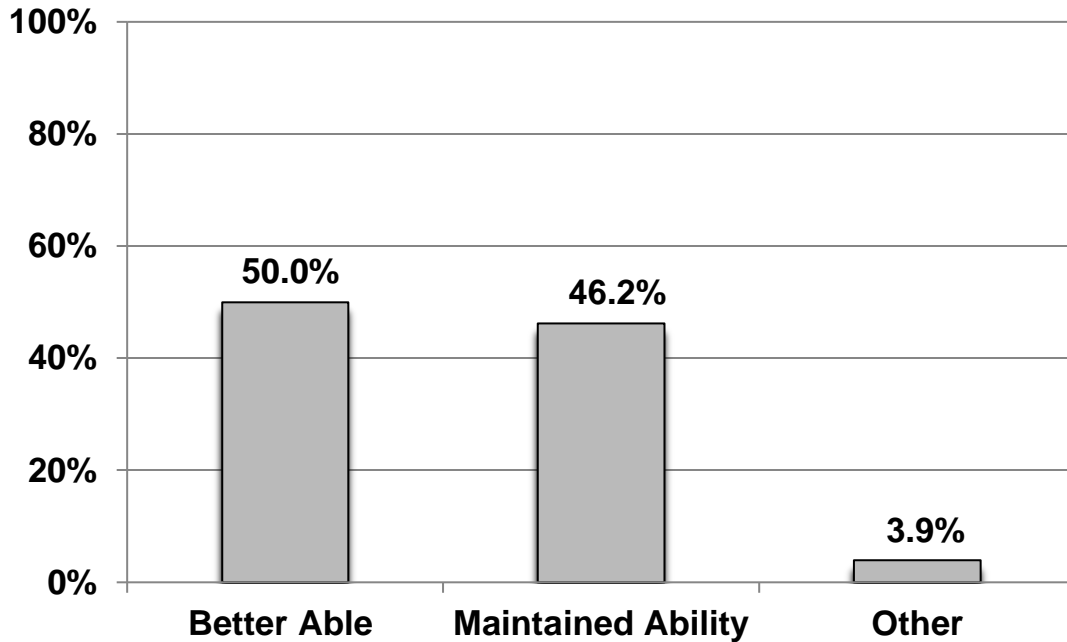
***How satisfied were you with the quality of the services you received?***

Participants were asked to rate their level of satisfaction with the quality of services received. Sixty-eight percent ( $n = 39$ ) of the respondents were strongly satisfied with the quality of services provided by the program, and 28% ( $n = 16$ ) were generally satisfied. Two respondents (4%) were dissatisfied.

## Functioning and Satisfaction with Services

Consumers were asked to provide feedback regarding their experiences in receiving services in four broad areas: orientation and mobility/travel, assistive technology, communication skills, and daily living skills.

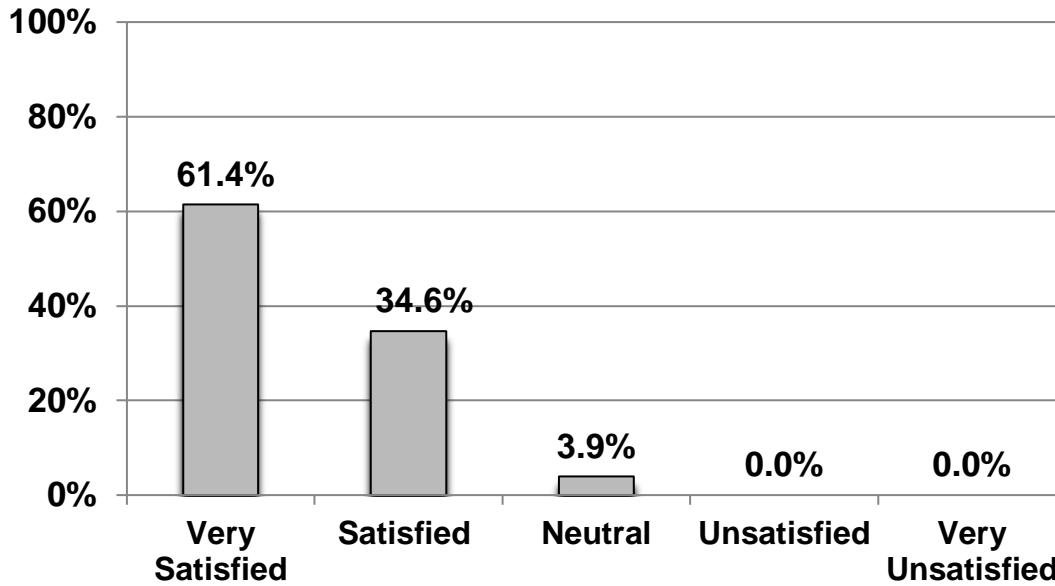
**Figure 19: Travel Functioning**



Participants were first asked whether they had received services to help them travel more safely and efficiently in their home and/or community. Twenty-six (46%) of 57 respondents to this question stated that they had received these services.

Regarding those participants who had received services, 50% ( $n = 13$ ) reported that they were now better able to travel independently in their home and/or community, and 46% ( $n = 12$ ) had maintained their ability; 4% ( $n = 1$ ) reported other. Other reasons provided included the decline in the consumer's health.

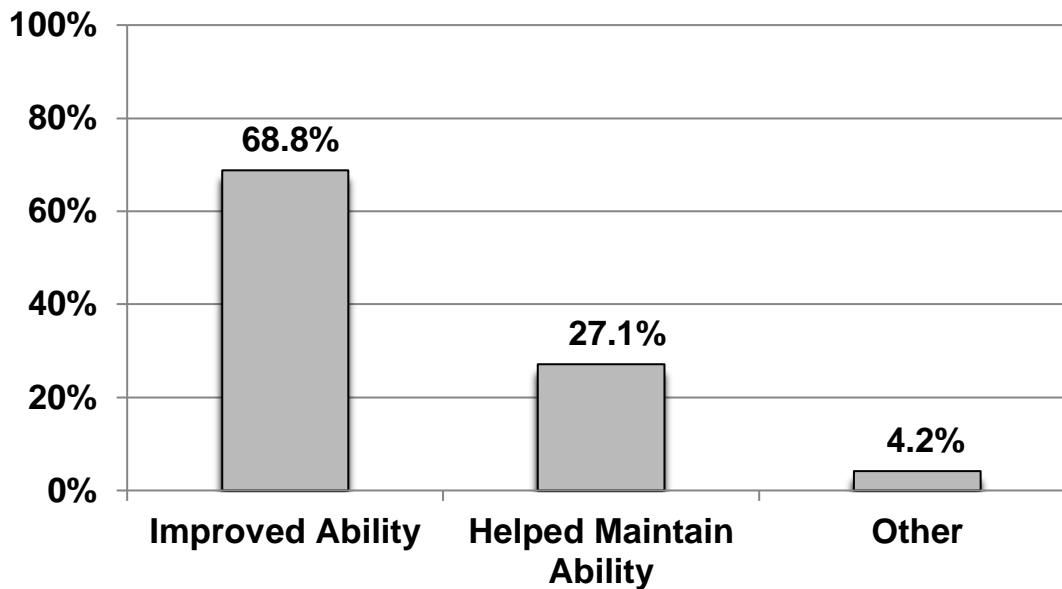
**Figure 20: Satisfaction with Travel Services**



***Travel Services: 93% satisfaction rate***

Respondents who had received travel services were also asked their level of satisfaction with services. Sixty-one percent ( $n = 16$ ) indicated that they were very satisfied with the services they had received. Thirty-five percent ( $n = 9$ ) were generally satisfied. Four percent ( $n = 1$ ) were neither satisfied nor dissatisfied with the services they had received.

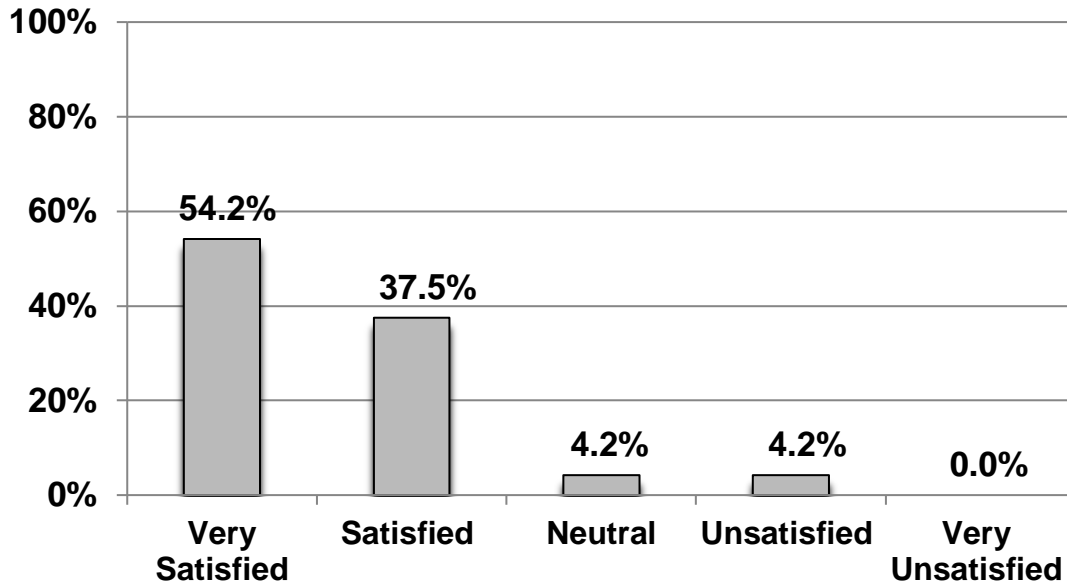
**Figure 21: Functioning with Devices/Equipment**



Participants were asked whether they had received or had purchased devices or equipment (e.g., canes, insulin gauges, magnifiers, bump dots, adaptive cooking items, writing guides, large button telephones) to help them function more independently. Forty-eight (84%) of 57 respondents to this question stated that they had received or purchased some sort of device or equipment through the program.

Regarding those participants who had received devices/equipment, 69% ( $n = 33$ ) of respondents reported that these devices and/or equipment had improved their ability to function independently; 27% ( $n = 13$ ) had maintained their ability; 4% ( $n = 2$ ) reported other. Other reasons provided were never receiving the devices and devices not helping. Four percent ( $n = 2$ ) reported that they were not using any of the devices/equipment attained through their program. Examples of reasons why respondents were not using devices/equipment included devices not helping much and not receiving the devices.

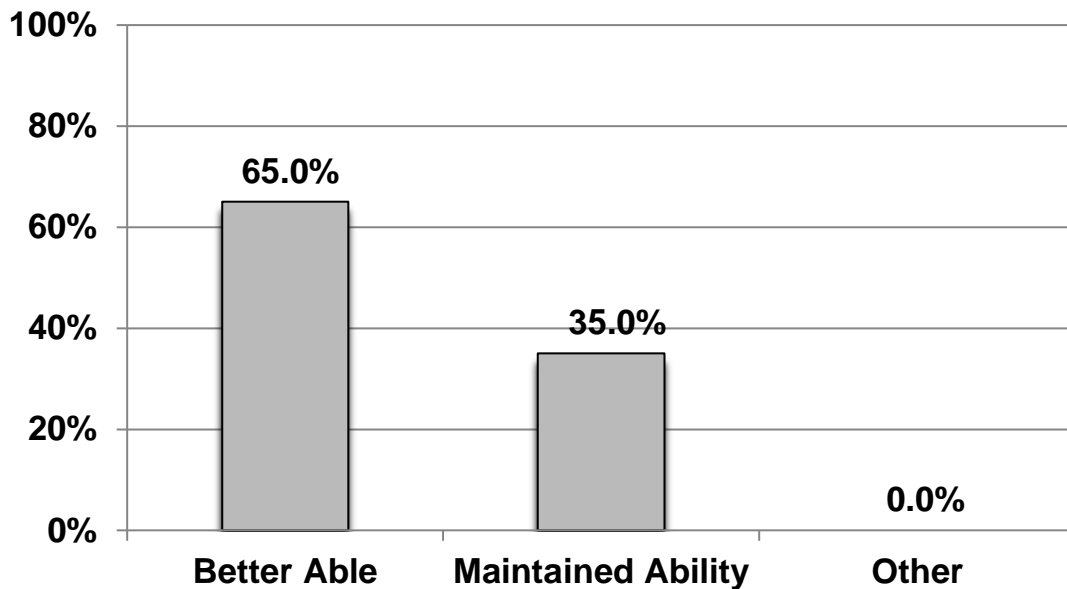
**Figure 22: Satisfaction with Devices/Equipment**



***Devices/Equipment Training: 92% satisfaction rate***

Respondents who had received or purchased equipment or devices were also asked their level of satisfaction with these in helping them function more independently. Fifty-four percent ( $n = 26$ ) of respondents indicated that they were very satisfied with the services they had received. Thirty-eight percent ( $n = 18$ ) were generally satisfied. Two respondents (4%) were neither satisfied nor dissatisfied, and two respondents (4%) were dissatisfied. The respondents who provided comments stated the devices were not useful or were never received.

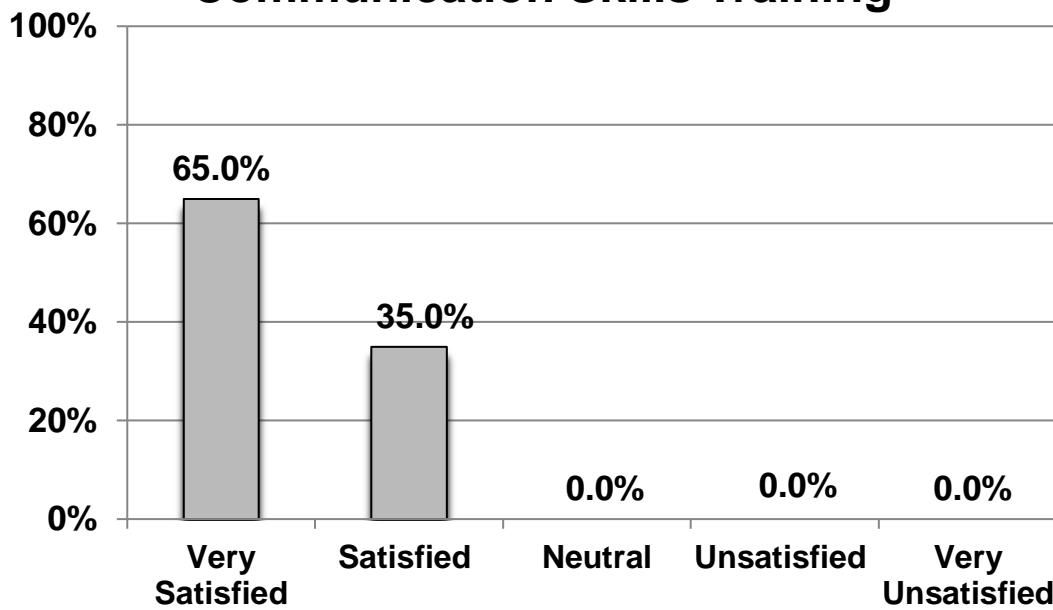
**Figure 23: Communication Skills Functioning**



Participants were asked whether they had received training to help them improve their communication skills. Examples included training using magnifiers or other magnification devices; braille instruction; keyboarding or computer training; using the telephone; using handwriting guides; telling time; or using readers or audio equipment. Forty (70%) of 57 respondents stated that they had received these services.

Regarding those participants who had received communication skills instruction, 65% ( $n = 26$ ) of respondents reported that they were now able to function more independently, and 35% ( $n = 14$ ) had maintained their ability to function independently.

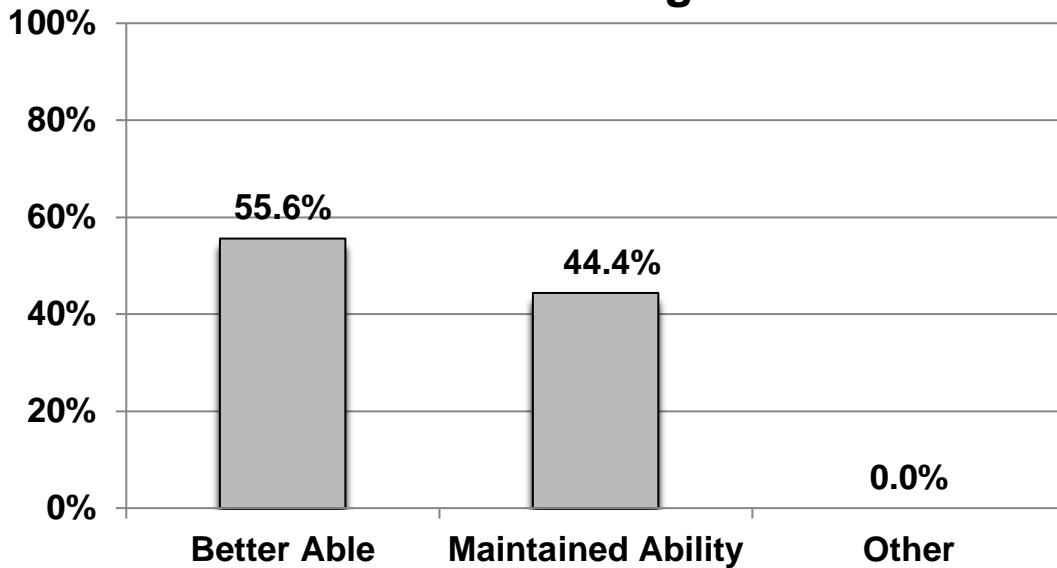
**Figure 24: Satisfaction with Communication Skills Training**



***Communication Skills Training: 100% satisfaction rate***

Respondents who had received communication skills training were also asked their level of satisfaction with services. Sixty-five percent ( $n = 26$ ) of 40 respondents indicated that they were very satisfied with the services they had received. Thirty-five percent ( $n = 14$ ) were generally satisfied.

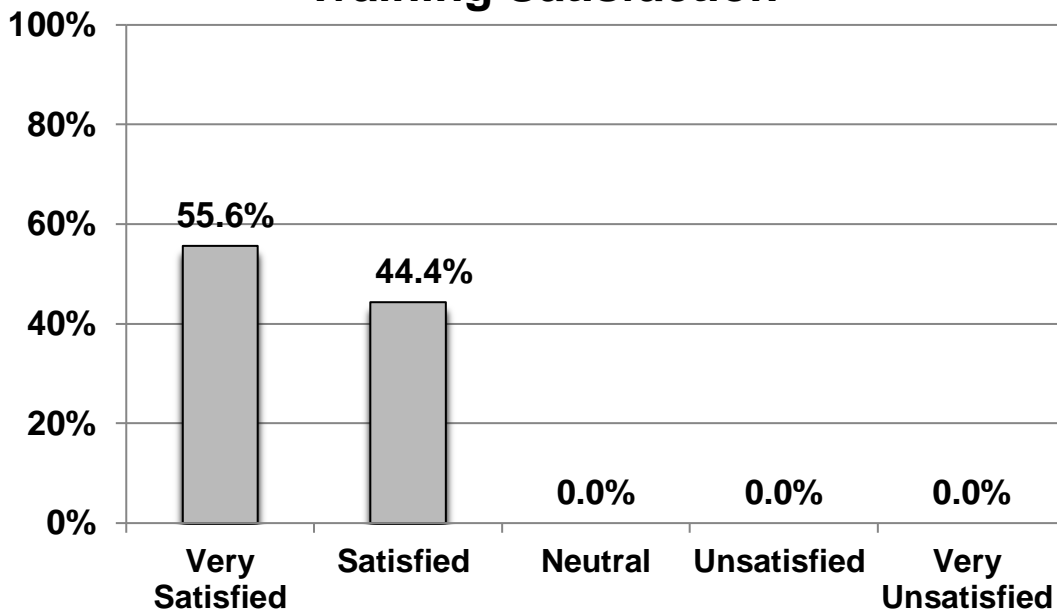
**Figure 25: Daily Living Skills Functioning**



Participants were asked whether they had received services to help them with their daily living activities, such as food preparation, grooming and dressing, household chores, medical management, or shopping. Nine (16%) of 57 respondents stated that they had received these services.

Regarding those participants who had received daily living skills training, 56% ( $n = 5$ ) of respondents stated that these services had enabled them to function more independently, and 44% ( $n = 4$ ) had maintained their ability.

**Figure 26: Daily Living Skills Training Satisfaction**



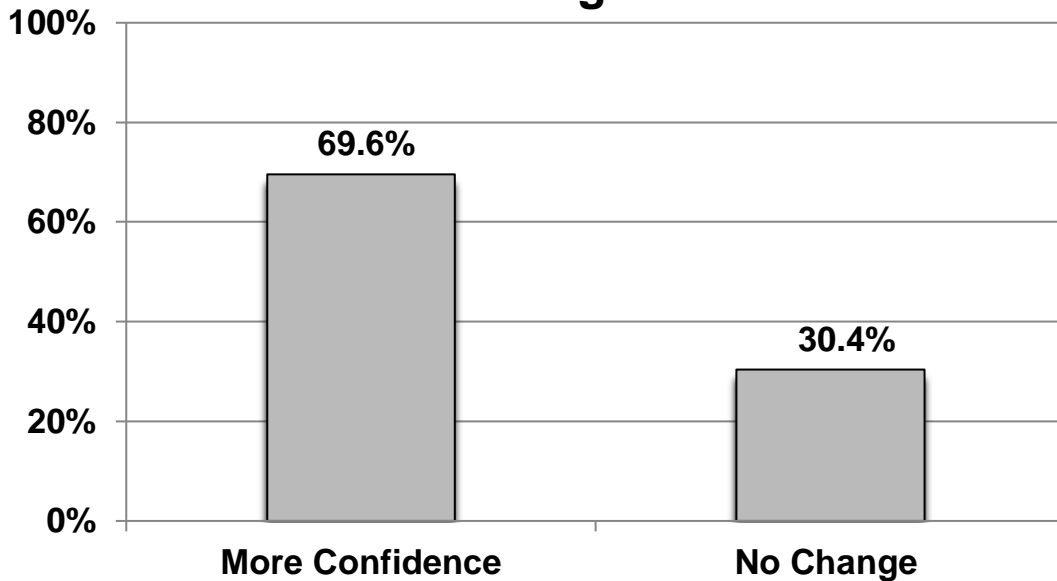
***Daily Living Skills Training: 100% satisfaction rate***

Respondents who had received services to help with daily living activities were also asked their level of satisfaction with services. Fifty-six percent ( $n = 5$ ) of the nine respondents indicated that they were very satisfied with the services they had received. Forty-four percent ( $n = 4$ ) were generally satisfied.

## General Questions Regarding Services

Consumers were asked three general questions regarding services: how services may have helped them in maintaining their current living situation; additional service needs; and the greatest difference services had made in their lives.

**Figure 27: Confidence in Ability to Maintain Living Situation**



Participants were asked how services may have helped them maintain their current living situation. Seventy percent ( $n = 39$ ) of the 56 individuals responding reported that they now had more confidence in their ability to maintain their current living situation. Thirty percent ( $n = 17$ ) indicated that there had been no change in their confidence in maintaining their living situation. Comments regarding this response included that health had declined or devices received were not as good as older devices.

Following this question, participants were asked if they knew how to contact their service provider if they needed additional services. Five respondents (9%) indicated that they did not know how to contact their service provider. For those persons not knowing how to contact providers, the MSU interviewer was instructed to ask participants if they would like contact information and to provide this information, if applicable.

## ***Survey Comments from Consumers***

The telephone survey included an opportunity for respondents to provide additional comments following any question and at the end of the interview. These comments are included in Appendix B. Consumers of services generally provided positive feedback regarding their IL services. Efforts were made to capture participant comments verbatim. Some of the typical responses include the following:

- Being able to listen to the recordings. It has helped a lot with her depression.
- It gave me more confidence in myself and being able to be more independent. And help with my phone.
- Using my cane has helped me most.
- The magnifier has helped me. Being elderly, it has helped me to see that I can still do things by myself.
- It has improved my communication skills with my smartphone.
- They have given me more confidence and made me not feel like I am alone. They helped me in every way.
- Instructions on how to get up and move around. Orientation and mobility.

## **III: Site Visits and External Evaluation**

The external evaluator, Anisio Correia, visited two of Georgia's contracted provider agencies to review their programs and meet with leadership, staff, and consumers. For 2024, Correia visited the Center for the Visually Impaired (CVI) on September 11-12, 2024, and VISTAS Center (VISTAS) on September 11-12, 2024. Correia had one-on-one conversations with the CVI Director of Programs, Windy Cruz, and the VISTAS Executive Director, Robert Harrison, observed lessons with consumers, conducted telephone interviews with staff and previous consumers, and reviewed the agency literature and case files. Correia also met with Shirley Robinson, Statewide Coordinator for Blindness Services at GVRA.

### **Center for the Visually Impaired**

#### ***General Observations***

CVI has established a comprehensive medical model for providing services, especially considering older persons not directly involved with the state VR system. CVI's relatively new Director of Programs, Windy Cruz, is a highly experienced professional with a Doctoral degree in Occupational Therapy and

certification in Low Vision upon completing the graduate certificate in low vision offered by the University of Alabama at Birmingham. Dr. Cruz's professional experience and extensive knowledge of the low vision network has enabled her to recruit and hire several OTs with experience and training in low vision and/or currently pursuing that training. In addition, she is currently exploring the possibility of developing CVI's curriculum to train new OTs in providing vision rehabilitation. Aware of the interest in and work currently underway at VisionServe Alliance (VSA) in this arena, this reviewer made a virtual introduction between Dr. Cruz and Jason Eckert, VSA's Chief Operating Officer.

CVI does not currently have a vision rehabilitation therapist (VRT) on staff. Like many other nonprofits, CVI has found it difficult to compete with the VA and the local school system for these professionals. According to Lisa Kennedy, CVI's President, after several years of searching, CVI was able to hire a VRT, only to see her leave for the school system a year or two later.

CVI's implementation of a medical model utilizing specialized low vision OTs helped expand services to older consumers by accessing more available funding sources. In addition to Project Independence (OBP) funds, CVI is able to bill Medicare and many private insurance companies, as well as Advantage Care programs. CVI receives approximately \$50,000 annually from the Atlanta Regional Commission, which houses the local Area Agency on Aging (AAA) for its work with older persons. Furthermore, CVI has institutionalized a self-pay mechanism whereby consumers can pay for services received or request financial assistance. CVI utilizes donated funds raised specifically to subsidize the services when consumers cannot pay (which is the case with most clients).

Regarding OBP funds, CVI received a total of \$546,000 for FY24, including an additional \$154,000 received as a contract amendment later in the contract year. According to Shirley Robinson, the additional \$154,000 awarded during the contract year was possible due to revenue received via the Ticket To Work program. The \$546,000 represents a significant increase from the total contract amount of \$227,333 in FY23. CVI's total budget for its 2024 fiscal year was approximately \$2.9 million.

Similarly to other providers, CVI supplements the services provided in-house and/or at satellite clinics with home visits and/or virtual classes. Virtual interactions are provided via Telemed and are billed to Medicare and other private insurance when possible.

CVI continues to operate VisAbility, a retail store specializing in adaptive equipment for blind and visually impaired persons. In addition to functioning as a dispensing arm of the low vision clinic, VisAbility also carries a wide variety of low and high-tech items designed to increase the independence of people with visual

impairments. Occasionally, VisAbility receives donated items that are no longer of use for their owner(s), such as electronic video magnifiers. In these cases, these devices are given to staff who can assign them to consumers who can use them but cannot afford them.

### ***Service Delivery Observations***

During the site visit, this reviewer observed some of the provided services. The first observation consisted of an OT low vision evaluation following the client's meeting with the LV optometrist. The 90-year-old consumer was very pleasant and friendly and accompanied by her son. The consumer lives with her husband, sharing the household with her son and his family, who appear to be very supportive and helpful. The LV OT began by describing what OTs do regarding low vision, including how her services fit in with the intervention of the LV optometrist the consumer saw just before. The LV OT then began covering the various areas of the evaluation, including:

- Medication identification (her son sets it up for the week);
- Shopping (her family does the shopping; sometimes she goes along with them);
- Food preparation (she tries to help – set the table, load the dishwasher, etc. She misses small items on the floor and is not allowed with knives, mostly because she has difficulty with gripping.);
- Heating/warming foods (She uses the microwave to prepare oatmeal and uses the flashlight on her phone to point and locate the button. Her biggest problem is that she is short and finds it difficult to reach the microwave.);
  - The OT took the opportunity to show and demo “locator dots.” The consumer liked the idea and thought she might be able to use one for the 30-second button and another for the cancel button.
- Laundry (The consumer is still able to do it, again using her cell phone light to help set the controls.);
- Financial management (The consumer indicated she has trouble writing checks. She added that she had beautiful calligraphy, but now, she is embarrassed, with the lines going up, down, and all directions.);
  - The LV OT showed the consumer some bold line paper, various writing guides, and a 20/20 pen.
- Use of cell phone (The consumer has an Android phone but did not appear familiar with its accessibility features that might be helpful to her).

The LV OT continued the evaluation by covering other areas, such as TV watching, reading, clothing identification, mobility issues, hobbies, etc. Throughout the assessment, the LV OT was extremely organized and

demonstrated excellent listening skills, reacting to any noticeable nuances or hesitation in the consumer's response. The final topic of discussion was peer support, and the consumer appeared interested in trying the Women's Group, perhaps via telephone first and later in person. Both the consumer and her son indicated that the husband seems to be having a hard time dealing with the consumer's vision loss. Despite constant reminders, he keeps pointing to things for her without adding any verbal description. The LV OT suggested that education from an outsider is sometimes more readily received than from a family member. They agreed to add that component to the scheduled follow-up.

They agreed to schedule follow-ups with an LV OT to cover instruction with the cell phone, some safety considerations in the kitchen, writing, and clothing identification. They agreed that these follow-up sessions might happen the same day as the Women's Peer Support Group, thus enabling her son to bring her to CVI for those two things in one day.

The evaluation was thorough; again, the Low Vision OT demonstrated excellent personal and professional expertise in her delivery.

The second observation was to happen with the O&M instructor. However, his scheduled consumer did not show up.

The third observation was with one of CVI's LV optometrists. The consumer was an older woman accompanied by her husband of 50 years. She had previously been at CVI two years earlier but has lost considerably more vision since then due to retinitis pigmentosa. After assessing her remaining functional vision, the LV optometrist went through various tasks that might present difficulty for the patient. The LV optometrist was extremely patient, demonstrating excellent listening skills, empathy, and patience. Among the issues identified were reading closeup and mobility around the house. The LV optometrist asked the consumer to show her how she uses her iPad. Based on the demonstration, the LV optometrist indicated the consumer might benefit from some technology instruction. They agreed on the following recommendations: techniques for ensuring safety in the home to prevent falls, safety techniques for working in the kitchen, and technology training with the iPad, including VoiceOver. The LV optometrist suggested the consumer not to use her bifocals, nothing for distance. For reading, the LV optometrist suggested using the iPad, even without glasses, relying more on Voiceover once she learned how to use it.

The final observation was of a weekly Peer Support Group hosted at CVI since its creation in 1999. One of the persons responsible for the peer support group's establishment is still one of the group leaders. The topic for the group that day was family relationships and the impact of blindness on the family. One

of the group members had brought several members of her family, who happened to be visiting her in Atlanta from California. The group consisted of about 30 people, with a little more than half attending in person and the others participating via phone. Following introductions (of those in the room and on the phone), the facilitator reviewed the group's rules and norms. Throughout the discussions, group members showed a great deal of respect for each other and each other's concerns. The facilitator was excellent in getting the discussion going and ensuring everyone had a voice. Correia spoke about the reason for the review and invited clients to express concerns about CVI's services for older persons. Everyone was highly complimentary of CVI, only commenting that it took some of them a long time to find out these services were available. There were numerous comments about the value of this peer support group, with much reverence towards its facilitator.

### ***Consumer Follow-Up Contacts***

As an integral part of this program review, Correia established phone contact with three clients who have received CVI services during this fiscal year. Barbara Williams provided this reviewer with six consumers' names and telephone numbers upon request. Correia established contact with three of the six consumers. Two of the remaining three consumers were unavailable (left voicemails), and one hung up saying, "I'm not interested," possibly mistakenly assuming it was a marketing call.

Overall, the three consumers indicated they were satisfied with the services received. All three consumers indicated they had received a Comprehensive Low Vision Evaluation, and one of them had received follow-up instruction in her home from an LV OT. One of the consumers apologized for initially hanging up on the call, which was due to the fact she could not effectively utilize her iPhone. The pursuant conversation revealed that the consumer could not call 911 should an emergency occur. Correia encouraged her to call CVI back and request instruction on her cell phone. The consumer indicated she had a good support system, with two adult children living less than five minutes away.

### ***Case Files Review***

CVI utilizes two different client management systems to store and track services. Apricot tracks all consumer services, starting with the first inquiry from a potential consumer or referral source. All subsequent interactions are documented, and the next steps are identified in the case notes. Additionally, Apricot stores all assessments, progress and final reports. The second system is CollaborateMD (CMD), a cloud-based medical billing and practice management

software. CMD is designed to automate and streamline the healthcare system's financial tasks and billing processes. Both systems are HIPAA-compliant, providing staff with different access levels based on their roles and need to know. According to Lisa Kennedy and Windy Cruz, staff are currently exploring various electronic medical records systems to identify one that is accessible to screen reader users and may ultimately replace both CMD and Apricot with one system.

Correia reviewed various case reports, including assessments, progress and final reports. All reports appeared to be quite comprehensive and complete, and the various forms utilized for documenting progression through the various consumer interactions were well-designed and intuitive.

This reviewer also spoke with the intake manager, who explained the multiple ways a potential consumer can enter their system. Most new referrals come directly from eye care providers, particularly from the larger retinal practices in the greater Atlanta metropolitan area. These eye doctor referrals can come in via fax/email or directly via the online portal on CVI's website. In either case, the referral is entered into Apricot, automatically creating an Intake Tracking Form assigned to a Client Services team member. This Tracking Form also contains any pertinent case notes and potential next steps. According to the intake manager, the intake team completes about 160 monthly intakes, and about 70-75 percent result in actual appointments. As part of the intake process, staff collect signed release forms from the consumer and, if unavailable with the initial referral, seek to obtain a current eye report. Once all the necessary information is gathered, the case is transferred to the Scheduler to schedule the first interaction, typically a Low Vision Exam. This entire process does not usually take more than one month.

CVI can access an on-demand translation service, including the initial intake process. This access makes it possible to quickly respond to phone calls from non-English-speaking persons and conduct appointments and service interactions with non-English-speaking consumers.

## **VISTAS Center**

### ***General Observations***

VISTAS headquarters has approximately 700 square feet of space divided into two rooms. These rooms are used for storing files, occasionally meeting with a consumer, and office space for Robert Harrison, Executive Director, and Yvonne Davenport, Program Manager. VISTAS programs are very difficult to find within the Institute for Community and Organizational Development, Inc. (ICOD) umbrella website, and when located, is impossible to find a way to communicate

with the organization, either by phone or email. When this reviewer mentioned this to Robert Harrison, he appeared surprised and indicated he would address that issue.

Currently, VISTAS primarily provides two services: orientation and mobility (O&M) and assistive technology. Harrison hopes to provide vision rehabilitation therapy again soon. The VRT used for years had a grave car accident and has been unable to work for over a year. They are hoping the VRT can resume services later this year. Harrison also expressed concerns regarding assistive technology, commenting that he does not know how long his current contractor will be able or willing to continue working.

VISTAS also contracts to provide Comprehensive Low Vision Evaluations; however, it did not appear they billed for this service during the current fiscal year. Rather, they referred consumers to a local provider who provided the service and billed Medicare directly from his practice. This reviewer asked Davenport whether they, in turn, received any referrals from the local provider's practice; her response indicated that a conversation about this had not happened with him.

The contract amount received by VISTAS from OBP for FY24 was \$63,000. According to Harrison, the organization takes only 25 percent of the contracted amount for administrative services, reserving the remaining 75 percent for direct services. Later in the fiscal year, VISTAS received a supplemental addition of \$12,500. Afraid of being unable to expend this amount on direct services during the short time available, Mr. Harrison worked with the state to use some of these funds to purchase some new technology for demonstration.

Throughout the long conversation with Robert Harrison, this reviewer could not understand or grasp the total financial picture of the organization. It was clear that, at the current time, Project Independence was the only funding available to VISTAS and, for that matter, to the umbrella organization ICOD, Inc.

The organization appeared somewhat unstable regarding its ongoing and future funding and leadership. In conversations with Shirley Robinson, she indicated she would welcome an initiative from another provider to absorb this program into its fold.

### ***Service Delivery Observations***

Unfortunately, it was not possible to schedule any observations during this visit. Assistive technology instruction is done primarily remotely from the

contracted staff's home. A certified O&M specialist with many years of field experience provides O&M. In addition to providing services to VISTAS, the O&M specialist also works with other Project Independence providers and the school system. A cursory review of a few reports from both instructors revealed a good command of the presented task, albeit with a rather brief narrative.

The new Program Manager does the initial intake and referral for specific services. She has limited knowledge of the vision rehabilitation field but is enthusiastic about learning more about it. Greater field knowledge will enable her to better describe the services to prospective consumers.

### ***Consumer Follow-Up Contacts***

As an integral part of this program review, the reviewer established phone contact with three clients who received VISTAS services during this fiscal year. The program manager provided this reviewer with six consumers' names and telephone numbers upon request. Of the six consumers, Correia established contact with two of them; two consumers were unavailable (left voicemail), and two hung up saying, "I'm not interested," possibly mistakenly assuming it was a marketing call.

Overall, the two consumers indicated they were satisfied with the services received. Both received O&M services, and one is currently receiving computer skills. One of the consumers indicated he needed a low vision device to help him read his mail. He saw a device at CVI's VisAbility Store and hoped VISTAS could purchase it for him. One consumer indicated that the program manager visited his home for an initial intake assessment.

### ***Case Files Review***

VISTAS maintains a paper file system. Davenport indicated she was busy filing paperwork, including intake forms, reports, medical reports, etc., during her first few months of employment. While the overall filing system is not yet up-to-date, Correia reviewed several current case files that appeared complete and well organized. The program manager is aware of the importance of the documentation and ensures its thoroughness and completeness.

Davenport and Harrison indicated they want to establish an electronic system for storing and facilitating documentation access, such as Google Drive or OneDrive. This would also enable contracted staff to gain access to each others' progress reports and other client-related documentation.

#### **IV: Project Independence Contractor Meetings**

The Older Blind Program Manager for Project Independence has traditionally held two contractors' meetings annually: one spring meeting (historically held in person) to review the previous year's outcomes and one teleconference in the fall for updates on program progress. In last year's Program Evaluation Report for FFY 2023, MSU included a recommendation for Project Independence to hold virtual contractors' meetings more frequently to enhance timely communication and help contractors stay abreast of operational updates. In alignment with this recommendation, for FFY 2024, Project Independence moved to a monthly contractors' meeting schedule beginning in January 2024. MSU attended the initial two virtual meetings and additional meetings as appropriate throughout the year to provide support and consultation to the Program Manager.

At the August 2024 meeting, MSU presented the Program Evaluation Report outcomes and recommendations for FFY 2023. Representatives from all direct service contractors and key GVRA administrative and contract staff attended this meeting. Contracted service providers and other stakeholders in attendance were invited to comment on the report and discuss findings and recommendations. In September, at the request of the Program Manager, MSU's OIB-TAC director, Kendra Farrow, provided a presentation on correctly classifying services reported on the 7-OB report.

## SUMMARY/DISCUSSION

GVRA was awarded \$936,093 in Title VII, Chapter 2 monies for FFY 2024. Total FFY 2024 expenditures for the Project Independence program were \$1,481,017: \$1,000,605 from Title VII, Chapter 2 federal funding and \$116,888 from state funds. Only 3.0% of total expenditures were allocated to administrative, support staff, and general overhead costs.

GVRA contracts with six service providers to help ensure that services are available to eligible consumers across the state. In addition to receiving traditional itinerant IL services, blind and visually impaired individuals have opportunities to participate in center-based low vision services and blindness and low vision training. During FFY 2024, 1,560 individuals received services through a network of 18.75 full-time equivalent (FTE) direct service staff and 10.50 FTE administrative and support staff, of which 2.00 administrative/support staff were GVRA employees. This is an increase of 286 consumers served, a decrease of 5.45 direct service staff, and a decrease of 5.10 FTE administrative/support staff from the previous fiscal year.

### ***Demographics All Consumers Served (7-OB report)***

Project Independence staff reached out to the most significantly disabled individuals who require more intensive (and costly) services to enable them to regain IL functioning. Fifty-six percent of all consumers served were age 75 and older and 48% were legally blind (includes totally blind). In addition, consumers reported multiple health conditions in addition to visual impairment. For example, approximately 7% had a mobility impairment, 7% of consumers had hearing impairments, 4% had mental health impairments, 1% had cognitive or intellectual impairments, and less than 1% had communication impairments. Project Independence services have the capacity to moderate the effects of the majority of these health conditions by providing individuals the skills and knowledge to improve health management and implement healthier lifestyles.

Approximately 52% of consumers served in the Project Independence program were white, 33% were black or African American, 2% were Hispanic/Latino of any race, 1% were Asian, and 14% were other races or unknown. Percentages of persons served by race and ethnicity matched relatively well with estimates of prevalence of vision impairment from the Georgia 2022 ACS data (Erickson & von Schrader, 2022) for most ethnic groups, suggesting that GVRA contractors and collaborative partners are successfully incorporating outreach efforts to reach underserved and/or unserved populations

(see Appendix C for details of these efforts). With respect to individuals with Hispanic/Latino backgrounds, the number appears to be increasing since the COVID-19 pandemic (28 served in FFY 2024, 23 served in FFY 2023, 25 served in FFY 2022, 14 served in FFY 2021, and 13 served in FFY 2020).

In determining if racial/ethnic minorities are equitably served, differences in prevalence of visual impairment among racial/ethnic groups and economic-related data should be considered. For example, estimated rates of visual impairment become higher for white people compared with other racial/ethnic groups at around 80 years of age and continue to increase at a higher rate with age (Prevent Blindness America, 2008). Further, these higher rates are associated with a greater incidence of age-related macular degeneration among white people. Thus, among OIB consumers ages 75 and above, we might expect to see a slightly higher percentage of white consumers compared with other racial/ethnic groups served in the program. Conversely, preexisting socioeconomic differences may result in a greater need for IL services among certain minority groups and therefore, higher numbers served.

### ***Satisfaction/Outcome Data (Program Participant Survey)***

The primary instrument employed for evaluating this program was a Program Participant Survey with 19 items, with additional follow-up questions increasing to a possible total of 30 items based on participant responses. This instrument was a collaborative effort among the NRTC Project Director, GVRA administrative staff, and representatives from the six IL contractors to capture feedback from participants regarding the impact services had made on their day-to-day functioning. A more detailed description of the Program Participant Survey is found beginning on page nine of this report, and a copy of the instrument is provided in Appendix A. Participants' comments are contained in Appendix B.

Telephone interviews using the Program Participant Survey were conducted with 57 consumers who had received services and were closed during FFY 2024. Project Independence contractors provided contact information for 202 individuals. The NRTC interviewer made telephone contact with 64 individuals, 64 of whom were viable participants, and 57 (89%) consented to be interviewed. (One participant was dropped from the analysis because of being outside the age range.) This represents about 28% of consumers reported to MSU as closed, and about 4% of the consumers served statewide (but not necessarily closed). Further, survey respondents were similar to all consumers served on several demographic and disability variables, supporting generalizability of survey findings to the larger group.

In the Program Participant Survey, the first section contained three Likert-type scale items that quantified respondents' level of agreement with statements related to the manner in which services were delivered. Ninety-three percent of respondents agreed that services were timely, 93% agreed that staff were attentive, and 96% agreed that they were satisfied with the quality of services. High scores on these measures are indicative of an efficient and effective service delivery system.

The second section contained four multi-part questions that focused on broad service areas typically provided by the Project Independence program (i.e., orientation and mobility, assistive technology, communication skills, and other activities of daily living). Respondents were first asked if they had received each service. Respondents indicating they had received a service were asked to provide feedback regarding their functioning (i.e., service had resulted in improved functioning, maintenance of functioning, or other) and their satisfaction with each service (very satisfied, satisfied, neutral, unsatisfied, or very unsatisfied).

- Forty-six percent of respondents reported having received orientation and mobility services; 84% reported having received devices or equipment; 70% reported having received instruction in communication skills; and 16% reported having received instruction in activities of daily living.
- The overall average of respondent satisfaction was 97%. Training in communication skills and daily living skills both received 100% satisfaction rating. Training in travel skills received 96% satisfaction rating and receiving equipment and/or devices was rated at 92% satisfaction.
- Overall, 98% of respondents who received services reported that services helped them to gain or maintain functioning in daily life activities. One hundred percent of those who had received training in daily living skills and communication skills reported that services had helped them to gain or maintain functioning. This was followed by those who had received training in travel skills (96%). Those reporting a gain or maintenance of function after receiving equipment or devices through the program was 96%, similar to last year for this service.

Overall, these reported rates of satisfaction with services and maintenance or gain in IL functioning by consumers are quite high and reflect the commitment of service providers to offer comprehensive, life-changing IL services.

In the survey's third section, respondents were asked: how services may have helped them maintain their current living situation; in their opinion, what was

the greatest difference the program had made in their lives; and how their experience could have been improved.

- Most respondents (70%) reported more confidence, and 30% reported no change to remain in their current living situations.
- Respondents provided specific examples of how services had positively enhanced their ability to function independently in their homes and communities. Responses are provided in Appendix B, question 8.

**Consumer feedback.** Although most questions in the Program Participant Survey are closed-ended, respondents are invited to comment after each question about services. Individuals generally provided positive comments regarding services they had received. The few negative comments often related to not receiving an adequate amount of services, having a long wait for services or contact, or equipment and devices being expensive or not working correctly. The majority of comments were positive, and multiple consumers reported increased confidence in their ability to function independently as a result of receiving services. All substantive comments are provided in Appendix B.

## RECOMMENDATIONS, COMMENDATIONS, & CONCLUSIONS

The following recommendations were developed based on data collected from telephone interviews of consumers closed from services during FFY 2024 (Program Participant Survey), the annual RSA 7-OB report, two site visits to Project Independence service providers, and participation in two contractors' meetings.

### Recommendations

1. Strive to offer comprehensive services at the appropriate scope and depth of consumers' needs, with particular attention to the extent and amount of training needed, devices and equipment, and meeting independent living goals.

Rationale: Consumer comments this year included statements of needing additional training, not receiving expected equipment, training, or a call back, or devices not working well for the consumer. Prior to closure, a systematic approach to assessing consumers' progress toward their independent living goals will keep consumers informed and provide an opportunity to communicate if additional services are available or not, and ensure they receive all the appropriate services and products that are available to them to meet all independent living goals.

2. For provider organizations that still operate on paper files, adopt and implement an electronic case management system that provider agency staff and contractors can access to easily store and share consumer files, including intake and referral information. A case management system could be implemented using Google Drive, Microsoft OneDrive, Dropbox, or something similar. Set up systems and provide any needed training to appropriate staff members to establish levels of access permission to files as appropriate.

Rationale: This was a recommendation noted by the MSU contracted site evaluator during his site visit reviews with provider agencies the previous year. A system of this type would enable all staff to gain access to reports from other instructors, which is especially important when working with the same consumer. This system would decrease the need to move consumer case file paperwork to different locations with instructors or to

agency offices and would ultimately ensure that files are more easily kept private, accessible, complete, and up to date.

3. Identify and develop staff training protocols to fill knowledge gaps, and implement when necessary to ensure all staff members are adequately prepared and knowledgeable for their respective roles. For staff members such as instructors who do not have specific or up-to-date blindness rehabilitation training, or program/project managers new to their positions, make efforts to identify and address knowledge and skill gaps as early as possible. Encourage and support staff to take continuing education courses from the OIB-TAC, offered on a wide variety of topics related to blindness and low vision rehabilitation. The OIB-TAC courses can be taken for free and are available at [www.oib-tac.org](http://www.oib-tac.org).

Rationale: The MSU contracted site evaluator identified training opportunities for staff during his site reviews this year. These training areas included knowledge about specialized blindness-specific technology and nonvisual skills for nontraditionally trained staff, and new incoming personnel who could benefit from observing examples of other parallel programs and staff positions. Proactive attention to training needs will help Project Independence more comprehensively meet the needs of seniors and effectively utilize OBP funds.

4. Endeavor to hire well-qualified staff who are reimbursable by third-party payers, and bill for reimbursable services. Staff members who can bill for services by insurance or the VA, including OTs, LPCs, and any other licensed staff, will offer additional funding to cover services to the older blind population in Georgia. Ensure that staff members providing billable services are well trained and qualified to provide those specific services (e.g., have specific training and/or certification in VRT, technology, etc., as appropriate). Providers could set up a shared billing protocol and contract with a joint billing specialist to share any costs, information, and associated training time.

Rationale: This recommendation was noted in previous years by MSU contracted site evaluators after assessing program service delivery processes. Standard billing codes for vision rehabilitation services can be determined and shared program-wide, and overhead time and costs could be offset by additional income brought in through billing other payors. This

potential additional income could free up project resources to make services reach further in the community.

5. Consider adopting a different survey format for the Program Participant Survey implemented by MSU. Revisit the pros and cons of continuing with the current phone survey system compared to response rates for other survey formats, such as paper surveys.

Rationale: Over the past several years, response rates to the telephone Program Participant Survey that MSU has conducted for Project Independence have declined substantially. The number of consumers answering survey phone calls and agreeing to be interviewed, out of closed cases reported to MSU, have gone from 212 out of 490 in FFY 2018 to 57 out of 202 for FFY 2024. Pew Research (McClain, 2020) has noted in recent years, many Americans, including seniors, decreasingly respond to phone calls from unknown numbers. Alternatives such as hand-delivered paper surveys, with the option to complete the survey by phone at the senior's convenience, can help to increase the response rate of completed surveys. It would also allow surveys to be completed sooner after the senior completes his or her services with the provider, leading to richer and more accurate responses.

## **Commendations**

The following commendations were developed based on findings from program evaluation activities and are provided in an effort to support the positive outcomes of the Project Independence program.

1. The Project Independence program is commended for maintaining a genuinely dedicated and caring staff of contracted service providers who are committed to meeting the needs of seniors in Georgia who are blind or have low vision. Many staff members are also highly qualified and credentialed for their respective roles. As detailed in the reports from the MSU external evaluator and as made evident in the positive responses received from consumers in the Program Participant Survey, it is clear that the Project Independence program is staffed with professionals who are passionate about improving the quality of life for Georgia's seniors with

vision loss.

2. Project Independence contracted providers are commended for the very positive responses provided by consumers contacted for the satisfaction survey. While our survey report focuses on areas for improvement, it should be highlighted that throughout the survey, positive responses far outweigh the number of negative responses. One survey question asks, “How could your experience have been improved?” Comments provided here were overall positive, even when consumers were asked specifically about how their experience could be improved and were given the opportunity to critique the program. Additionally, comments were requested of consumers with the question, “In your opinion, what was the greatest difference this program has made in your life?” Responses to this question were overwhelmingly positive, with many consumers making statements of how services have improved not only their ability to live independently but also their hope and outlook on life. Contractors should be commended on the overall very positive experiences consumers reported having in the program.
3. Satisfaction was high for all areas of service that were specifically queried. The lowest satisfaction rate was 92%, for just one service area (devices and equipment), and all others were 93% or higher, with satisfaction for both communication skills and daily living skills training at 100%. Contractors should be commended on the high satisfaction rates and positive comments given by consumers for the program.
4. The Project Independence program is commended for its ongoing support and maintenance of a strong peer support group program to help reach seniors who may live in remote areas to provide them with support and a sense of community. Providing this support to seniors has been even more important in the years following the COVID-19 pandemic, as many people became more isolated during that time.
5. In addition to OBP funds, many of the provider agencies of Project Independence also maintain diversified funding sources, including state and regional funding sources, other community agencies, medical reimbursement, and philanthropic support. Project Independence is commended for these efforts to secure additional funding to supplement OBP dollars and further support Georgia’s seniors with these agencies’ services.

## Conclusions

The Project Independence program is a well-conceived, well-executed program providing a full range of IL services to Georgia's older blind and severely visually impaired population. The majority of consumers receiving services are age 75 and older with multiple health conditions, and some reside in nursing homes. The GVRA has contractual agreements with six regional agencies for provision of direct services to eligible seniors. These contractors generally use both a center-based and an itinerant approach to service delivery. Provision of itinerant services is crucial to serving consumers who might not otherwise be able to participate in such a program, particularly individuals in outlying rural areas. Further, a regional service delivery approach enhances the ability of project staff to be sensitive to and familiar with the needs of local consumers.

Even with fluctuations in staffing and funding, the number of individuals served has held fairly steady for the past several years. (From 1,338 in 2018, 1,408 in 2019, 1,030 in 2020, 1,084 in 2021, 1,205 in 2022, 1,274 in 2023, and 1,560 in the current year). Staffing issues, in particular, continue to be a concern, as ongoing industry-wide shortages of trained and qualified staff in low vision services remain a national concern. With staffing shortages added to fluctuations in federal and other funding across years, maintaining such high levels of individuals served will be a challenging endeavor. The OBP will need to be vigilant in managing all available funding and resources, and also engage in innovative and creative staffing solutions, in order to ensure that consumers are served as comprehensively as possible.

In conclusion, the suggestions contained in the "Recommendations" section of this report should be considered as a part of the ongoing program planning process, and the commendations should be noted for the successes of Project Independence in developing and providing of a comprehensive state model of services for individuals age 55 and older with visual impairments.

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## **Appendix A: Program Participant Survey**

**Georgia Vocational Rehabilitation Agency  
FY 2024 Program Participant Survey**

**Consumer Number:**

Instructions: The Georgia Rehabilitation Services has asked Mississippi State University to contact you to ask about the services you have received from (*say name of service provider here*). I assure you that this is not a sales call. We are interested in getting your feedback on the services you received from (*service provider*). Your participation in this research is completely voluntary, and you may skip any questions that you do not wish to answer. This should take only about 10 minutes to complete. Your answers are confidential, so we do not need your name. Your responses are greatly appreciated and any comments you might have will also be appreciated. Can we complete the interview now?

**If the senior declines to participate:**

Mr./Mrs. (*senior's name*), would you mind answering just one question?

In your opinion, what was the greatest difference this program has made in your life?  
(*record response*)

**If the senior declines to answer the one question, the interviewer is prompted to include any comments provided by the consumer as to why he or she is not interested in completing the survey.**

**First, I would like your opinion of the manner in which services were provided to you. In addition to answering the questions, if you have any comments, I would also like to hear those. (Interviewer, if respondent answers negatively, please ask him/her to comment.)**

- |   |   |
|---|---|
| 1. Do you ( <i>read options</i> ) that services were provided in a timely manner (your program proceeded at a reasonable pace)?         | 5 - Strongly Agree<br>4 - Agree<br>3 - Neutral<br>2 - Disagree<br>1 - Strongly Disagree                 |
| 2. Do you ( <i>read options</i> ) that the staff were attentive, concerned, and interested in your well-being?                          | 5 - Strongly Agree<br>4 - Agree<br>3 - Neutral<br>2 - Disagree<br>1 - Strongly Disagree                 |
| 3. How satisfied were you with the quality of the services you received? Were you ( <i>read options</i> ) with the quality of services? | 5 - Strongly Satisfied<br>4 - Satisfied<br>3 - Neutral<br>2 - Dissatisfied<br>1 - Strongly Dissatisfied |

**Next, I would like to know more about the different services you may have received. First, I will ask if you received a particular service. If you received the service, I will then ask how the service may have helped and if you were satisfied with the service.**

4. You may have received services to help you travel more safely and efficiently in your home and/or community. For example, you may have been provided training in how to use a cane or a sighted guide to move around. Did you receive this service?  
 Yes  No

4a. *(If received service)* After receiving travel services, would you say that you ...  
\_\_ are now better able to travel safely and independently in your home and/or community.  
\_\_ have maintained your ability to travel safely and independently in your home/community.  
\_\_ Other, please explain.

Comments:

4b. *(If received service)* How satisfied were you with services you received to help you travel more safely and independently in your home or community? Were you  
\_\_ Very satisfied  
\_\_ Satisfied  
\_\_ Neutral  
\_\_ Unsatisfied *(ask respondent to comment)*  
\_\_ Very Unsatisfied *(ask respondent to comment)*

Comments:

5. You may have received or purchased devices or equipment, such as canes, insulin gauges, magnifiers, bump dots, adaptive cooking items, writing guides, pocket talkers, or large button telephones to help you function more independently. Did you receive or purchase any of these devices or equipment?  
\_\_\_ Yes \_\_\_ No

5a. *(If received/purchased)* Of those devices or equipment you received, are you still using them?  
\_\_\_ Yes \_\_\_ No

Comments:

5b. If "No," Of those things that you received, what are you not using, and why?

5c. *(If received/purchased)* Would you say that these devices and/or equipment have....  
\_\_ improved your ability to function more independently.  
\_\_ helped you maintain your ability to function more independently.  
\_\_ Other, please explain.

Comments:

5d. *(If provided/purchased)* How satisfied are you with the devices or equipment in helping you function more independently? Are you

Very satisfied

Satisfied

Neutral

Unsatisfied *(ask respondent to comment)*

Very Unsatisfied *(ask respondent to comment)*

Comments:

6. You may have received training to help you improve your communication skills; for example, you may have received training using magnifiers or other magnification devices; braille instruction; keyboarding or computer training; using the telephone; using handwriting guides; telling time; using readers or audio equipment. Did you receive instruction or training in any of these areas?

Yes  No

6a. *(If received training)* After receiving communication skills training, would you say that you ....

are now able to function more independently.

have maintained your ability to function more independently.

Other, please explain.

Comments:

6b. *(If received training)* How satisfied were you with the training you received in helping you function more independently. Were you

Very satisfied

Satisfied

Neutral

Unsatisfied *(ask respondent to comment)*

Very Unsatisfied *(ask respondent to comment)*

Comments:

7. You may have received services that helped you with your daily living activities, such as food preparation, grooming and dressing, household chores, medical management, or shopping. Did you receive services that may have helped you in any of these areas?

Yes  No

7a. *(If received services)* After receiving this service or services, would you say that you ....  
\_\_ are now able to function more independently.  
\_\_ have maintained your ability to function more independently.  
\_\_ Other, please explain.

Comments:

7b. *(If received services)* How satisfied were you with the services you received in helping you function more independently. Were you

\_\_ Very satisfied

\_\_ Satisfied

\_\_ Neutral

\_\_ Unsatisfied *(ask respondent to comment)*

\_\_ Very Unsatisfied *(ask respondent to comment)*

Comments:

**Next, I have a question about how any of the services may have helped you maintain your current living situation.**

8. Compared with your functioning before services, would you say that ....

— You now have more confidence in your ability to maintain your current living situation.

— There has been no change in your confidence in maintaining your current living situation. *(ask respondent to comment)*.

Comments:

9. If you need additional services, do you or your family or friends know how to contact/reach *(service provider)*?

\_\_\_ Yes      \_\_\_ No *(Ask if they would like contact information; provide if interested.)*

10. In your opinion, what was the greatest difference this program has made in your life?

11. How could your experience have been improved?

**Next, can you tell us a little about yourself.**

12. What is your age? \_\_\_\_\_

13. Are you \_\_\_Male \_\_\_Female

14. Do you \_\_\_? (*check only one*)

- \_\_\_Live in a private residence (home or apartment)
- \_\_\_Live in a senior living/retirement community
- \_\_\_Live in an assisted living facility
- \_\_\_Live in a nursing home/long-term care facility
- \_\_\_Other (*Interviewer, ask for clarification*)

15. What main type of eye problem do you have?

- \_\_\_Macular Degeneration
- \_\_\_Diabetic Retinopathy
- \_\_\_Glaucoma
- \_\_\_Cataracts
- \_\_\_Retinitis Pigmentosa
- \_\_\_Other (*Interviewer, please specify*) \_\_\_\_\_

16. Do you have another impairment or health problem besides your vision problem?  
(Please mark all that apply.)

- \_\_\_Diabetes
- \_\_\_Cardiovascular Disease and Strokes
- \_\_\_Cancer
- \_\_\_Bone, Muscle, Skin, Joint, and Movement Disorders
- \_\_\_Alzheimer's Disease/Cognitive Impairment
- \_\_\_Depression/Mood Disorder
- \_\_\_Other Major Geriatric Concerns (*Interviewer, please specify*)

17. Do you have a hearing loss? \_\_\_Yes \_\_\_No

17a. If yes, how would you rate its severity?

(1) Mild

(2) Moderate

(3) Severe

18. Could you tell me your race or ethnic background. Are you (check all that apply):

Hispanic/Latino of any race

*(For individuals who are not Hispanic/Latino only, check below)*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Two or more races

Race & ethnicity unknown *(Interviewer, mark if consumer refuses to answer question)*

19. In the last few months have you experienced any changes in your living situation (for example, moving from your normal residence to another residence such as a senior living or assisted living facility) that has resulted in your becoming less independent?

Yes *(Interviewer if yes, please provide details)*

No

*Interviewer, ask for additional comments.*

Date of interview and interviewer's initials: \_\_\_\_\_

## **Appendix B: Consumer Comments**

## Georgia 2024 Comments

A special effort was made to capture participant comments verbatim; therefore, some deficiencies in grammar, syntax, and clarity of expression may be noted. Note that consumer surveys were conducted several months up to a year after services were completed, so responses may not reflect the seniors' status immediately following services.

### Services received:

***You may have received services to help you travel more safely and efficiently in your home and/or community.***

4a. *(If received service)* After receiving travel services, would you say that you are now better able or have maintained your ability to travel safely and independently?

- 51-002 I am better with inside. I still need more training crossing streets.
- 13-020 It is about the same. I had more strokes.
- 13-028 I am not finished with my services yet.
- 61-017 I have cancer.
- 61-007 I have not received it yet.

4b. *(If received service)* How satisfied were you with services you received to help you travel more safely and independently in your home or community?

No consumer comments were given for this question.

***You may have received or purchased devices or equipment, such as canes, insulin gauges, magnifiers, bump dots, adaptive cooking items, writing guides, pocket talkers, or large button telephones to help you function more independently.***

5a. *(If received/purchased items)* Of those devices or equipment you received, are you still using them?

- 52-006 They don't help me.
- 52-011 I never received my items.

5b. *(If not using devices/equipment)* Of those things that you received, what are you not using, and why?

- 52-006 The magnifiers. They don't help much.
- 52-011 I never got my recorder.

5c. *(If received/purchased items)* Would you say that these devices/equipment have improved or helped you maintain your ability to function more independently?

- 52-011 Have not got them yet.
- 61-017 My vision has got worse.

5d. *(If received/purchased items)* How satisfied are you with the devices/equipment in helping you function more independently?

- 52-006 They are not useful to me.
- 52-011 Don't have my items.

***You may have received training to help you improve your communication skills.***

6a. *(If received service)* After receiving communication services, would say that you are now better able or have maintained your ability to function independently?

No consumer comments were given for this question.

6b. *(If received service)* How satisfied were you with the training you received to help you function more independently?

No consumer comments were given for this question.

***You may have received services that helped you with your daily living activities.***

7a. *(If received services)* After receiving this service(s), would you say that you are now better able or have maintained your ability to function independently?

No consumer comments were given for this question.

7b. *(If received services)* How satisfied were you with services you received to help you function more independently?

No consumer comments were given for this question.

8. Compared with your functioning before services, would you say that you now have more confidence or there has been no change in your confidence to maintain your current living situation?

- 11-002 I need help with my balance.
- 52-006 The magnifiers are not as good as my old magnifier.
- 13-020 I had a stroke.
- 62-076 Had stroke and doesn't remember.

9. In your opinion, what is the greatest difference this program has made in your life?

- 51-001 The people that I have met have been wonderful. They have given me confidence again.
- 11-001 They have given me more confidence.
- 11-002 The help with my telephone.
- 31-006 I appreciate my glasses and the tapes I get.
- 31-012 They helped me to get my license.
- 31-013 My glasses and magnifying glass.
- 31-015 The magnifier has helped me the most.
- 11-005 The phone class has helped me somewhat.
- 11-007 My cell phone.
- 31-003 I am a lot more self-confident and less handicapped.
- 51-002 Using my cane has helped me most.
- 51-003 It helped me read better.
- 11-003 It has improved my communication skills with my smartphone.
- 12-017 The help with my phone.
- 52-006 The suggestions on the lamp to use that replaced my old lamp.
- 52-011 Nothing so far.
- 52-004 Instructions on how to get up and move around. Orientation and mobility.
- 52-005 The magnifier has helped me. Being elderly, it has helped me to see that I can still do things by myself.
- 13-020 Using my cane.
- 13-022 Giving me more help.
- 53-015 Just spending time with me and talking with me.
- 13-026 I have more confidence in myself.
- 13-025 The help with my phone.
- 13-028 They have given me more confidence and made me not feel like I am alone. They helped me in every way.
- 53-022 It helped me to maintain my cooking instructions. It helped a whole

lot.

- 53-023 I don't need assistance now. It has helped me read now.
- 53-017 I really enjoy the books on tape and the magnifier.
- 53-024 I can read my mail better.
- 53-027 The lamp and the magnifier have helped me a lot.
- 61-008 Dealing with MD in both eyes.
- 61-017 My situation has gotten worse.
- 61-005 The things I got to help me have been good.
- 61-007 They made it where I can write my own checks again, and being able to read anything that I want to read.
- 61-020 The program gave me back my independence. They trained me so much.
- 61-022 The magnifier has helped me a lot.
- 61-034 Being able to listen to the recordings. It has helped a lot with her depression.
- 61-035 They have given her some more confidence. The dots on appliances have helped.
- 61-042 Help with my smartphone and my iPad.
- 61-026 Gave me much more confidence.
- 61-031 I have more confidence and my mobility.
- 61-050 I got good advice and counsel. I got very good help. They provided me with more confidence.
- 62-074 The glasses, magnifiers, and the reader have been valuable to him.
- 54-031 The reading machine is wonderful.
- 14-039 Help with cooking and my house. Marking my items in my kitchen. And mobility.
- 14-042 Group meetings and O&M.
- 61-059 They were good to me and gave me some more confidence.
- 62-063 Help with my telephone.
- 62-072 They gave me some more confidence.
- 62-076 Does not remember.
- 61-038 Help with my computer.
- 54-032 I am more able to read my mail now.
- 41-002 The mobility therapy and house help with items.
- 54-040 It gave me more confidence in myself and being able to be more

independent. And help with my phone.

- 14-046 The recorder and the access to the books has been the best thing for me.
- 14-049 It helped him communicate with his phone and activities around the house.
- 54-034 The magnifiers have helped me in my job.

10. How could your experience have been improved?

- 51-001 I think if I could have had more time with them.
- 11-001 I would like to have had more braille training.
- 11-002 I needed help setting up my computer to make it more useful to me.
- 31-006 I appreciate the help they gave me.
- 31-012 It was good like it was.
- 31-013 It was alright.
- 31-015 If they had something that would help me see better and not have to slide my magnifier over it.
- 11-005 I think they were good.
- 11-007 Continue home visits for cell phone usage.
- 31-003 They were great. They made me very comfortable.
- 51-002 I need more help in learning how to cross streets and going up and down escalators. Also, I need braille.
- 51-003 Everything was good.
- 11-003 Everything was wonderful.
- 12-017 They were very helpful.
- 52-006 It was alright.
- 52-011 Needed more training with them.
- 52-004 They are great.
- 52-005 They were good.
- 13-020 It was good.
- 13-022 They were very good.
- 53-015 They did a great job.
- 13-026 They were good.
- 13-025 It was ok.
- 13-028 It was very good.
- 53-022 They took time, and it was good.

- 53-023 They were all good.
- 53-017 It was good.
- 53-024 Everything was good.
- 53-027 It was very good.
- 61-008 It was good.
- 61-017 Good.
- 61-005 They were OK.
- 61-007 It was great.
- 61-020 It was great.
- 61-022 They were very good.
- 61-034 Nothing.
- 61-035 Nothing. They were wonderful.
- 61-042 They were good.
- 61-026 They were great.
- 61-031 It was all good.
- 61-050 They were wonderful. I got back my independence.
- 62-074 They did a great job.
- 54-031 Everything was good.
- 14-039 They were good.
- 14-042 Everything was good.
- 61-059 It was good.
- 62-063 They were good.
- 62-072 It was good.
- 62-076 It was good.
- 61-038 They didn't call me when she should have.
- 54-032 It was good.
- 41-002 A little more insight on how to use the iPhone.
- 54-040 I needed more help with home items. Daily living help.
- 14-046 It was okay.
- 14-049 Things were very helpful.
- 54-034 They were excellent.

***Additional comments:***

- 51-001 I am extremely grateful that this program exists. I wish they had more funding. They have really helped me.

- 11-001 It helped me understand that I can make of it what I will. I can live just as full a life as I used to.
- 11-002 The program has some useful things to help. The wide line paper and magnifiers have helped me keep things in order. Also, I enjoy listening to the books on tape.
- 31-006 This has been a good help. I am very pleased with it and what they have done for me.
- 31-012 The program is good. I do wish they had more follow-up on the documentation to help with getting your driver's license.
- 31-013 Everything was alright.
- 31-015 They have helped me.
- 11-005 Everything has been OK.
- 11-007 An organization is only as good as the people who work there. The things I need they would not help me with. The cell phone training was good though.
- 31-003 The staff was so very helpful and gracious. They were so knowledgeable. It has helped me so much.
- 51-002 It has been good to me. I have no complaints.
- 51-003 No, they do a good job.
- 11-003 [Provider agency] got me as a client at my lowest point, and they have got me from ground zero to being able to function on my own. Before I went to them, I couldn't do anything. Now, I do everything by myself.
- 12-017 The program is very unique. They helped me a lot. I enjoyed it very much.
- 52-006 The program is good. I would like to see them get more affordable equipment and some stronger magnifiers.
- 52-011 I would like to talk to the lady that gave me my training one more time.
- 52-004 No, I am very content. They have helped me a lot.
- 52-005 Just that they do a good job.
- 13-020 I needed more help and more training, but could not get it. I don't know why.
- 13-022 Just that they were very helpful and nice.
- 53-015 The program is good, and the people are great.
- 13-026 They were very good to me and explained everything very carefully to me. I appreciate what they did for me.
- 13-028 This has been a godsend to me. I would recommend it to anyone. I am truly blessed to have it come into my life.

- 53-022 I think it is a great program, and it does help you to remain independent. It has helped me so much around my house. I do appreciate it.
- 53-027 They treated me well, and everything they did for me has helped a lot.
- 61-017 They couldn't help me much. I have cancer, and the treatments made my sight worse. It is not their fault. They did all they can, and I appreciate it.
- 61-007 I love that program. They have given me back a lot of my confidence. They are so nice and helpful. They have just been wonderful and have been so good to me.
- 61-020 Yes. This is a very good program.
- 61-022 I really like this program. They have helped me and my family a lot.
- 61-034 The program has been very great for her. It has eliminated a lot of her depression since she can listen to the books on tape, and she can see her monitor better and have a little entertainment.
- 61-035 It is a wonderful program. They have been fantastic. They have worked with her and enriched her life. They have shown her and given her things to think about. Things she never knew existed.
- 61-042 It made me aware of the different kinds of equipment and things that they have to help me.
- 61-026 Everything was so good. They helped me in so many ways. My life is much better now because of those good people.
- 61-031 I appreciate the program for helping me. Everyone was nice.
- 61-050 They are good at what they do. They are very passionate about what they do. They go above and beyond what is required of them.
- 62-074 They were wonderful. They saw him quickly and provided equipment and training for him quickly. Everything was very appreciated.
- 54-031 They have helped me so much. I really appreciate what they have done. They are all so nice.
- 14-039 They have really helped me. I appreciate them.
- 61-059 There was not much they could do to help me. I am too old and too blind now. They were nice.
- 62-063 I think it is a good program, but a lot of people don't know about it. It needs to be advertised or something.
- 62-072 They talked to me and helped me learn how to cope more.
- 61-038 They helped me some, but they were supposed to call and set up an appointment to help me with my computer. They never called, but she waited and waited. They just dropped her and sent her a letter. She

doesn't know why. She thinks they should have at least called her and explained.

- 54-032 It really has helped me and improved my ability to do things.
- 54-040 I would like to say that the people who helped teach me were just wonderful. They were very thoughtful and took care of my needs. They taught me how to do things for myself.
- 14-046 It was good.
- 14-049 It is a great program, and he wants to go and take classes there in the future. They were very helpful.
- 54-034 It is an excellent service, with excellent employees. I think they did an excellent job.

**Appendix C:  
Part VIII: Narrative (FFY24, 7-OB)**

## **Part VI: Training and Technical Assistance Needs**

**Please enter a brief description of training and technical assistance needs, based on challenges you have experienced in implementing the program, and how such training and technical assistance might assist in the implementation and improvement of the performance of the OIB program in your State.**

Our program continues to face challenges due to rapid changes in technology, and a shortage of qualified instructors. Frequent updates to devices like smartphones and tablets alter accessibility features, retraining for older blind and low vision individuals. With limited resources and training time, many seniors feel frustrated as they spend time relearning tools rather than progressing toward their goals. Additionally, instructors are increasingly seeking higher hourly rates or salaries, which further strains budgets. Travel and lodging expenses for both staff and clients also add a financial burden, as training often requires travel to reach clients in rural areas or remote locations.

At some of the Low Vision Clinics, both the Optometrists and Occupational Therapists (OT) are specially trained in low vision. The Optometrists have the option of participating in a low vision residency program or engaging in a post professional training opportunity to learn from another low vision trained Optometrist. OT has a basic working knowledge of vision that is largely neurological based. However, there are opportunities for OTs to participate in post professional certification options such as a Graduate Certificate Program from the University of Alabama Birmingham and Specialty Certification in low vision. An overall challenge within both professions is recruitment of those with the extensive knowledge and education level required for this area of low vision due to its specialty.

Access to technology, which is always evolving, can become frustrating for clients who are not able to afford these life-improving technologies, such as with smartphones that allows connections to the world with phone calls, text, email, social media, and virtual conferencing. In addition, software updates often change the way clients access their smartphones therefore may be a limiting factor. Furthermore, it can be a challenge in hiring and retention of qualified instructors who have this specialized level of knowledge and experience. A challenge for agencies regarding the appropriate amount of funding available to meet all the needs of clients who would benefit from rehabilitative services and/or optical devices not currently covered by their primary insurance carrier.

Due to the inherent nature of how quickly technology changes, it is difficult for instructors to be knowledgeable, let alone an expert, on all device impacts. Our industry's continuous shortage of instructors also impedes success. Our seniors, as is human nature, get frustrated when they know how to use a tool (i.e., smartphone, tablets, etc.) but when the vendors (i.e., Android, Apple, etc.) make updates the seniors often must be retrained as the voiceover or keystroke commands changed. With our limited resources of instructors and time available to train, our seniors will claim they are not progressing or meeting their goals because they no longer can use their devices without additional training. One of the many negative impacts caused for this ever-increasing population of 55+ individuals is diminished progression when time is spent retraining technology tools. A solution for this negative impact would be additional dedicated funds specifically earmarked for technology advancement retraining specifically. To alleviate the issue of our senior population lacking services due to limited number of teachers, states should consider offering incentives through college scholarships (i.e. HOPE and others in GA) specifically targeting careers in Vision Rehab and O&M. Current instructors and others in our industry need to encourage occupational therapy degree programs to emphasize the opportunity of working with those living with vision impairments and coach students on considering entering this industry as a specialty.

Many clients do not have a computer or CCTV at home. The contractors find themselves always in need of these devices. Some utilize a loaner program in which we loan students the devices to practice at home. However, with the growing number of clients, contractors are in need of updated computers, and CCTV's so that clients can continue practicing when outside of a lesson.

Some solutions that could improve program effectiveness include:

- Resources that assist clients in obtaining devices like with the organization "Computers for the Blind" who refurbish and offer low priced computers.
- Additional resources for follow-up training for clients who learned basic skills to use their equipment but need additional follow up training.
- Additional resources to assist in recruitment and retention of qualified candidates in blind and /or low vision rehabilitation, specifically for Occupational Therapists, Certified Occupational Therapy Assistants, Assistive Technology, Orientation & Mobility, and Vision Rehabilitation Therapy.
- Scholarship programs, university grants, incentive programs towards continuing education for those already employed. These additional resources may prove to be beneficial to improve the effectiveness of program services for individuals with vision loss.

- Increasing staff compensation to attract and retain qualified professionals and providing subsidies for travel expenses related to training. Offering scholarships for careers in Vision Rehabilitation and Orientation & Mobility (O&M) could also help the workforce.
- Strategies to help recruit and retain candidates in blind rehabilitation specifically for Assistive Technology, Orientation & Mobility, and Vision Rehabilitation Therapy. Added incentives could include college scholarships, university grants student loan forgiveness, and increasing salaries for those already employed.
- Funds to enable each of the Georgia providers to purchase the most up to date technology to enable us to demonstrate and train our staff who in turn can demonstrate and train our clients.

It has been helpful that this year the Georgia providers meet monthly via teleconferencing to share ideas and stay informed. A one group meeting in person would enable us to network and share ideas on a more personal level. Due to new staff and leadership around the state, an in-person meeting would be most beneficial. It would also be helpful to hear from speakers nation-wide to remind us of services that would benefit our clients, like Leader Dogs for the Blind.

All the Georgia providers should be encouraged to participate in the Older Blind Project Managers Conference to share ideas with other states. Meeting together in person every other year would be beneficial as we used to do in the past. Hearing creative ideas from all state 7OB program managers and partners was so helpful in solving problems we all face.

OIB providers and instructors in Georgia should be encouraged and supported to attend state and national training conferences. Possibly one or two providers or instructors a year could be sponsored to learn firsthand about the latest devices and newest teaching techniques for the visually impaired. Being alerted about the free virtual platforms like webinars and courses would also be helpful.

The instate providers would benefit from additional training on the data collected by 7OB.

## **Part VIII: Narrative**

**A. Briefly describe the agency's method of implementation for the OIB program (i.e., service delivery provided in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Include any updates from the prior year's report. List all sub-grantees/contractors.**

Project Independence: Georgia Vision Program for Adults Age 55 and Over (also referred to as the Older Blind Program – OBP) implements the 34 CFR part 367 program through seven main sub-grantees. Many of our sub-grantees further subcontract with various vision specialists throughout Georgia. The sub-grantees in Georgia are:

- Center for the Visually Impaired (CVI)
- Savannah Center for Blind and Low Vision (SCBLV)
- Vision Rehabilitation Services ((VRS)
- Visually Impaired Foundation of Georgia (VIFGA)
- Visually Impaired Specialized Training and Advocacy Services (VISTAS)
- Walton Options for Independent Living (WO)

Project Independence (PI) contracts with a seventh provider, Mississippi State University (MSU) - The National Research and Training Center on Blindness and Low Vision. MSU conducts program evaluations and serves as consultant to Project Independence. Mississippi State University continues to provide a yearly detailed program evaluation and assists with measuring customer satisfaction. The six main PI providers send names and phone numbers on a quarterly basis of closed cases to MSU who, in turn, contact the seniors to conduct the customer satisfaction survey. MSU does not provide direct services to seniors.

Services continue to be provided using a hybrid model, in person and remotely. While many of the low vision clinics opened, the remote low vision evaluation continues to be an alternative option in some areas.

Our main outreach initiatives to reach underserved and/or unserved populations in Georgia were by:

1. providing remote instruction so services could reach the unserved and underserved in GA;
2. increasing support of our peer support groups throughout the state by conducting more frequent statewide peer meetings via phone to check on their needs and to provide training;
3. continuing to provide support to the providers, instructors and peer leaders with specific training (e.g., dual sensory loss, advocacy, grants, Hadley courses, educational and resource information) by holding virtual meetings;
4. sharing webinar and other training offerings so the instructors and peer leaders had a wide variety of topics and resources from which to choose to aid the seniors with the most up-to-date information to use in their lessons and groups;
5. Conducted contractors meeting on February 23, 2023. A discussion was held with OIB contractors and GVRA Provider Management team

to discuss the potential change in service delivery fees for providers. This decision was based on an email sent from our RSA OIB consultant, Nikki Jeffords. John Crews also presented on the information provided in the Big Data Report specific to blind and low vision Georgians 65 and older. The contractors were provided with the full report.

6. distributing information (an average of two times per month), via a statewide email list, on numerous training webinars and informational resources from various entities to our partners, interested community persons, and the IL system so as to increase outreach and awareness of services to seniors.
7. conducting program reviews of the contractors and designated providers to ensure that appropriate services are being provided in a standardized manner throughout the state, so regardless of where the senior lives, he/she will receive quality services. These reviews helped ensure uniformity and standardization of services throughout the state.

The GA Program Manager participates in training to maintain CRC certification, in an effort to provide quality services and maintain the integrity of the GA program. Trainings included OIB-TAC, Hadley, vision and aging issues, technology, dementia, advocacy, and ethics.

Our primary subcontractors' implementation process and outreach efforts to reach underserved and/or unserved populations are listed as follows.

### **Center for the Visually Impaired (CVI)**

The program model begins with low vision exams and evaluations conducted by optometrists and occupational therapists. These exams are offered at CVI's Midtown location or satellite locations. The exams and evaluations serve as the basis for rehabilitation plans, including recommendations for assistive devices and training.

Clients are referred to CVI for low vision exams by their doctors, or they reach out to CVI on their own. CVI's staff engages in extension outreach to the community, including building relationships with medical practices, presenting at senior centers and senior living communities, and other marketing and outreach activities.

CVI provides facility-based, community-based, and remote services five days a week throughout the year. The agency employs one full-time and one part-time Orientation & Mobility Specialists, six part-time occupational therapists. In addition, we contract with four optometrists trained in low vision.

CVI provides assessments, individualized training, and follow-up services through occupational therapy, orientation and mobility training, and technology training. These services are provided at CVI, at a partner location, or in the client's home. Recommendations and collaborative goals with the clients are created and implemented to determine individualized goals and outcomes. During the one-on-one training, goals are reassessed and changed if necessary to accommodate the client's wants, needs, and capabilities. Monthly progress reports are created documenting client performance and final reports are created at the end of client programs to document final outcomes.

### **Savannah Center for Blind and Low Vision (SCBLV)**

Savannah Center for Blind and Low Vision (SCBLV) incorporates the Title-chapter 2, Older Blind (OB) program into our overall service delivery model so that (OB) clients receive essentially identical services as clients in other service categories. The general service delivery model follows the chronological progression of; intake/eligibility, low vision examination, functional assessments in vision rehabilitation therapy/orientation and mobility/assistive technology/social services, service plan development, skills training, plan reviews/closure, and finally, follow-up case management.

Training can be center, home-based, or virtual depending on the client's individual needs and current living situation. The type, duration, and location of services delivered are determined and recorded in the evaluation and service plan. Most clients receive a full range of compensatory skills training, while others receive short-term services aimed at an immediate need or needs. Many times, the latter is appropriate for clients who have immediate safety concerns or require only a few basic skills to maintain or regain their independence and quality of life.

SCBLV continues to succeed in its family rehabilitation program. This program is provided to clients' families once a year and gives them the opportunity to step into their loved one's shoes, simulate their vision loss, and experience the skills training they receive at the Center. From this experience, family members gain a new respect and understanding for the client's vision loss, and it serves as a necessary support for family members.

All direct services are provided by SCBLV's professional staff and contractors, as well as their two contracted Optometrists specializing in Low Vision. SCBLV utilizes staff members and contractors certified and/or licensed in Orientation & Mobility, Vision Rehabilitation Therapy, Occupational Therapy, and Low Vision to implement home-based services, allowing one instructor to provide a scope of services to each (OB) client, thus reducing travel costs and maintaining a level of consistency for each client. SCBLV continues to furnish traditional outreach

activities and in-service training through office visits with medical professionals, service agencies, and senior residential facilities. Also, SCBLV staff is proudly represented at community events, health/medical conferences, and resource fairs throughout Georgia. Finally, additional outreach is provided through our website and social media outlets.

### **Vision Rehabilitation Services (VRS)**

Implementation of the OIB program by Vision Rehabilitation Services of Georgia includes community and center-based services throughout Georgia as well as virtual sessions using videoconferencing applications. We can service areas with remote teaching capabilities, which allow us to serve underserved areas as well as more seniors in a day since there is no time lost due to travel and traffic. We hold four low vision evaluation clinics each month in our Smyrna offices. These clinics continued to be serviced by two contracted optometrists who specialize in low vision and have years of experience working with individuals of all ages and eye conditions.

While most new clients begin their program with a Low Vision Evaluation (LVE), we evaluate each client-based needs and physical and mental abilities, and at times, start with a home visit to get the client's needs and goals, hence, starting services as quickly as possible.

Our instructors utilize information from the client's intake survey to create individualized learning plans (ILP) for each client in skill areas that address daily living skills (VRT), orientation and mobility (O&M), assistive technology (TAT), and adjustment to blindness (PAC).

Seniors typically receive weekly or bi-weekly training with a concentration and review of those lessons, which fulfill the ILP goals. Care and planning are given to achieve all goals and meetings/training continue until they are met with consideration and verification of forward progression of the seniors' capabilities and retention. Our vision rehabilitation and orientation and mobility instructors are university-trained, and Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) certified. Our technology instructors are university-trained in computing sciences, graduates of World Services for the Blind's assistive technology program and are proficient and experienced technology instructors for the visually impaired. Staff and contractors provide instruction in activities of daily living, orientation and mobility, and access technology. An independent, licensed, and insured contractor provides personal adjustment to blindness counseling (PAC). Our core instruction staff consists of full-time employees, part-time employees, as well as contractors.

### **Visually Impaired Foundation of Georgia (VIFGA)**

VIFGA is not a “brick and mortar” facility. Under non-pandemic times, we traveled to the five strategic South Georgia cities and worked in cooperation with the local area optometrists and ophthalmologists in their facilities to offer low vision exams. The mobility, independent living skills, and technology service providers delivered most services in or near the homes of the clients.

In 2020, we realized that our direct service delivery approach would not be safe during the pandemic era and therefore spent the year perfecting the protocol for using virtual or “remote” service delivery of most of our services. Now that the dangers of the pandemic have subsided, we can now offer a combination of our “remote protocol” and “in-person” training. We now deliver 50% of our Low Vision Evaluations remotely and 50% in-person.

The Remote Protocol for Low Vision:

1. Intake of critical information taken directly from the client via the phone.
2. Package is sent to client with signature requests and information about the program. In addition, we include near, and distance vision charts on clipboards with tactual measuring tapes.
3. Once current eye reports are received and signature pages returned, an appointment with both the remote low vision doctor and the low vision therapist (CLVT) is scheduled.
4. Via phone the client, doctor, and CLVT decide which devices and services will help the person reach their visual goals.
5. Devices are sent for the individual to keep if helpful. Services are referred.
6. At the request of the client, and encouragement of the CLVT, a second meeting is offered to go over each device and measure the functional acuities. The help of an assistant is also encouraged.
7. If the client is satisfied, he/she may keep the devices and services are referred as needed. If the devices did not meet the needs of the person, the devices are returned, and a new batch sent to try again.
8. In order to enable us to serve more people the VRT, TAT, PSA, and support groups have continued to be delivered remotely via the phone. Mobility training is mostly in person at the person’s home.

This Remote Protocol has been successful. We have found that most patients find the procedure easy, convenient, and productive. They are more open, more accepting of help, and more apt to connect with virtual groups. They are more open to learning how to use tablets and smartphones. Everything is just a phone call away. We have been able to help home-bound and bed-bound clients. We can help those in remote areas who have never received help before.

The VIFGA Staff is made up of contractors throughout Georgia and nearby states:

- Director and Certified Low Vision Therapist (CLVT)
- Program Manager
- One remote Low Vision Doctor, OD
- Two In-person doctors, OD
- One In-person doctor for the TAMA Indian Village, OD
- One Certified Mobility Instructors (COMS)
- One COMS, VRT
- One VRT and Technology Access Instructor
- Licensed Professional Counselor (LPC): Vacant
- One Consultant
- Three Support Staff

This year we did call doctor's offices around the state to make them aware of our program. Wendy Mons, VIFGA Director, participated in state and national conferences virtually explaining the low vision "remote protocol". Additional outreach came from our clients referring their friends and family members, the internet, and other facilities referring to us when they were unable to provide services.

A special project we are especially proud of are the twice-yearly vision clinics we conduct for Native Americans at the TAMA Lower Muskogee Creek Tribal Town in Whigham, Georgia. We normally provide a total of approximately thirty comprehensive vision exams and glasses a year to this significantly underserved population. This year, we were only able to do one clinic and serve 10 people.

### **Visually Impaired Specialized Training and Advocacy Services (VISTAS)**

When a person calls, submits an inquiry from the website or presents at the office, our services are explained. In some instances, a packet of material is mailed to the individual. Once completed with attached required documentation and appropriate signatures, the documents are reviewed and a request for medical records are faxed to their eye specialist for an eye report. When we conduct workshops or community information programs, names are taken from interested citizens and individual appointments are scheduled for assessment and the senior is assigned a case manager or to an instructor that best suits their needs. That instructor then calls the senior and makes an appointment for an evaluation in their home. We also conduct support groups, and presentations to County Aging facilities, senior living facilities and nursing homes.

VISTAS sub-contracts with an Assistive Technology Specialist, a Certified Orientation & Mobility Specialist, Certified Vision Rehabilitation Therapists, and one Low Vision Specialist.

### **Walton Options for Independent Living (WO)**

Walton Options' method of implementing the OIB program involves a combination of service delivery approaches to reach a broad range of individuals, including underserved and unserved populations. Here is a summary of our implementation methods, including outreach efforts:

1. Referral Sources: WOIL receives referrals for services through various channels, including self-referral, provider referral, community partners, and family referrals. This multi-pronged approach ensures that individuals with visual impairments are identified and connected with the OIB program from different avenues.

2. Information and Outreach: Upon receiving a referral, WOIL engages with the referred individual to provide them with comprehensive information about the OIB program and the array of services it offers. This step ensures that potential clients are well-informed about the available resources and how they can benefit from them.

3. Service Delivery: WOIL utilizes both in-house staff and contractors to deliver certified services, such as Vision Rehabilitation Therapy (VRT) and Orientation and Mobility (O&M) services. This approach allows for flexibility in service provision and ensures that individuals receive specialized, high-quality assistance from certified professionals.

4. Collaboration: WOIL has established partnerships with academic institutions like Augusta University's Department of Occupational Therapy and Georgia Tech's Tools for Life program. This collaboration enables the agency to provide a broader range of Independent Living (IL) and Assistive Technology (AT) services. Partnering with academic institutions can also enhance the capacity to serve a larger consumer base.

5. Community Partnerships: WOIL actively collaborates with various community partners and service providers to expand the range of available services. These partnerships help ensure that individuals have access to a network of support beyond what the OIB program alone can offer.

6. Mobile Assistive Lab Tours: WOIL hosts mobile assistive lab tours in partnership with Georgia Tech's Tools for Life program. These tours are strategically scheduled in rural and underserved areas, bringing technology and resources directly to the populations that need them most.

7. Community Resource Fairs and Open House: WOIL participates in community resource fairs and hosts an annual open house to promote services and the

program. These events serve as valuable platforms for increasing community awareness and engagement.

**B. Briefly summarize results from your recent evaluations or satisfaction surveys conducted for your program.**

GA contracts with The National Research and Training Center (NRTC) on Blindness and Low Vision at Mississippi State University to provide a program evaluation of the Project Independence program. As part of the evaluation, consumers are interviewed about their experiences with the program. The six contractors providing direct services send the NRTC names of closed consumers on a quarterly basis. An experienced telephone interviewer then contacts consumers to complete surveys. Each year, the NRTC prepares a program evaluation report that includes consumers' feedback regarding satisfaction with services and how services have impacted their ability to live independently. In addition, demographic and service data from the annual 7-OB report and findings from site reviews of contractors are included in this report. This comprehensive report will be available in early 2025.

The GA program has contractual agreements with six regional agencies for provision of direct services to eligible seniors. A regional service delivery approach enhances the ability of project staff to be sensitive to and familiar with the needs of local consumers. Depending upon the contractor and/or individual consumer's needs, an itinerant, center-based, or combination of itinerant/center-based model is used in providing services. An itinerant model is generally used to serve consumers in outlying rural areas who might not otherwise be able to participate in such a program.

The numbers of OBP consumers who were reported as closed to the NRTC within the reporting period continued to be smaller than in years previous to FFY 2020. However, OBP services continued to be provided through innovative adaptations and remote services where appropriate, so that the needs of GA seniors with visual impairments could continue to be met. At the time of this report, only 36 consumers participated in telephone interviews, which are still ongoing. About half of the participants (51%) were aged 75 and older. About 59% were female. About 85% of participants reported living in a private residence; the others reported living in senior living/retirement communities, assistive living facilities, or nursing home/long-term care facilities. The most reported reason for vision loss was macular degeneration (36%), with the second most reported reason being glaucoma (33%). Consumer satisfaction levels among those participating in the survey were very high. In responding to satisfaction questions regarding the delivery of services, i.e., the manner of service delivery, types of services provided, and perceived outcomes of services—almost all of the

participants expressed satisfaction. Participants were most satisfied with the overall quality of services (94%); followed by timeliness in which those services were received (92%), and the attentiveness, concern, and interest of staff (89%). Consumer ratings of functioning after receiving different types of independent living service areas follow:

- 88% reported that they were better able or had maintained their ability to travel independently having received travel services
- 94% reported that they were better able or had maintained their ability to function more independently having received assistive technology devices
- 100% reported that they were better able or had maintained their ability to function more independently having received communication skills training
- 100% reported that they were better able or had maintained their ability to function more independently having received daily living skills training
- 64% reported that they had greater confidence in their ability to maintain their current living situation, and 36% indicated no change

Program participants were asked what the biggest difference was the program had made in their lives. Typical comments include the following quotes:

- The program gave me back my independence. They trained me so much.
- It has improved my communication skills with my smartphone.
- I can read my mail better.
- It helped me maintain my cooking instructions. It helped a whole lot.
- The magnifier has helped me. Being elderly, it has helped me to see that I can still do things by myself.
- Using my cane has helped me most.
- They made it where I can write my own checks again and being able to read anything I want to read.
- They have given me more confidence and made me not feel like I am alone. They helped me in every way.

**C. Briefly describe the impact of the OIB program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).**

### **Senior story**

Ms. A.M. traveled to the agency weekly for scheduled training sessions to learn the skills she identified as being important for her to become more independent, safer, and confident in continuing activities she enjoyed. By the end of her program, she demonstrated the ability to perform dynamic ADL skills like preparing meals and cleaning, performing O&M skills like using a cane to prevent stumbling as well as traveling independently in her neighborhood, and performing

skills to better use her smartphone for calls, texts, and emails as well as computer skill.

### **Senior story**

Ms. R is a 57-year-old female who lives alone in Statesboro, Georgia. Ms. R was a self-referral. She states she was "tired of being home alone and dwindling away". Ms. R had her doctor send over her eye reports, and she was soon scheduled for a low vision exam. After completing a low vision exam and receiving a pair of half-eye readers, Ms. R gained so much confidence. She was enrolled in services where she received adjustment counseling, orientation and mobility, and vision rehab therapy. Ms. R was also introduced to the social and peer groups. She blossomed almost immediately. She began reaching personal goals such as going to the grocery store alone, reading her own mail, and cooking without fear. Ms. R is an active member of both peer and social groups. She enjoys engaging with her new friends and family. She even takes Coastal Regional Coaches to Savannah to just hang out at times. The OBP funds have assisted her with training to become more confident and independent as well as many low vision devices that help in her day-to-day activities.

### **Senior story**

Client E.Y., who was struggling with managing daily tasks due to vision loss, was trained in orientation and mobility techniques. This training included using a white cane and learning safe routes to local grocery stores and medical appointments. As a result, E.Y. gained the confidence to travel independently within their neighborhood, improving their ability to manage personal errands and appointments. This newfound independence not only made daily life easier but also had a positive effect on their emotional well-being, as they felt more self-sufficient. E.Y. started volunteering at the VRS offices.

### **Senior story**

One client was wheeled into the clinic for an appointment. She had suffered a stroke, which left her paralyzed on one side of her body so that she only had the use of one arm and one leg. She was therefore wheelchair bound. Her vision was worse than 20/200. She was also hearing impaired. Her only request was to be able to read again, especially on her Tablet. When she read with the help of the video magnifier, she began to cry. When she was able to hear using the Pocket Talker, she was shocked. We were able to give her magnifiers and a few other devices the day of the clinic. Our Technology Trainer was referred to work with her on the accessibility modes on her Tablet. Two months later, she was visited at her home to train her on a video magnifier with speech through the PI Program. She is such an amazing and motivated lady. With the needed tools, nothing can stop her now!

### **Senior story**

The purchase of Meta AI reading glasses increased the quality of life for one client to the point that he is now able to seek employment working from home in an area of his expertise. His desire to move beyond his vision impairment is evident.

### **Senior Story**

Consumer J lost her sight suddenly without any notice. With our help and after receiving permission for a special project request, she was able to get started on her journey to remain independent in her home. She was able to receive a Visolux as well as items and begin her O&M training. She has been able to receive items to aid her in her daily living skills and needs. Since starting her O&M training and receiving help from Walton Options, she has gained much of her confidence back.

### **D. Briefly describe the community awareness/outreach efforts and information and referral activities conducted with Title VII-Chapter 2 funds and other funds and the outcome of those activities.**

In FFY 23, Project Independence maintained working relations with the following entities in order to increase our outreach efforts in Georgia. These relationships resulted in a continuation of referrals to Project Independence. Those entities included:

- Helen Keller National Center
- Georgia Division of Aging Services
- Georgia Radio Reading Services
- National Federation of the Blind of Georgia
- Georgia Council of the Blind
- Business Enterprise Program
- Georgia Department of Public Health - Behavioral Risk Factor Surveillance System (BRFSS)
- Native American Representative
- Statewide Independent Living Council
- Georgia Library for Accessible Statewide Services
- Older Driver Task Force
- Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults
- The Center for Inclusive Design & Innovation, Georgia Institute of Technology, College of Design
- Georgia Gerontology Society
- Department of Veterans Affairs
- Lions Lighthouse

- The Coalition of Advocates for Georgia's Elderly (CO-AGE)
- The Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)
- Prevent Blindness Georgia
- The Aging & Disability Resource Connection (ADRC)
- I Can Connect (ICC) administered by the Georgia Center of the Deaf and Hard of Hearing, (GCDHH)

Mississippi State University (MSU), Georgia Vocational Rehabilitation Agency (GVRA), and Project Independence developed four different outreach documents for community awareness and outreach efforts so that various groups statewide received information on Project Independence. This further aided in letting seniors know of our program. These documents included:

- a. A detailed “briefing” paper describing the status of OIB services in GA,
- b. A tri-fold brochure developed by one of our contractors that offered a shortened version of OIB services in GA,
- c. A flyer listing the GA OIB providers, and
- d. A flyer for GA “Sensory” services that included information on OIB and the GA VR program.

The OIB Manager purchased the report from Vision Serve Alliance, called the Big Data Project, which provided detailed information on blind and low vision adults 65 and older in Georgia.

The OBP Statewide Program Manager conducted both formal and informal virtual outreach presentations to increase knowledge of our program resulting in referrals to our program. Those groups included: the Georgia Council of the Blind, the National Federation of the Blind of Georgia, the Georgia Statewide Independent Living Council, Georgia Vocational Rehabilitation Agency, peer groups, the Older Driver’s Task Force, various components of the Division of Aging Services, the Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults, the Georgia Library for Accessible Services, the Georgia Vision Alliance, Older Individuals Who are Blind Technical Assistance Center (OIB-TAC) from the National Research & Training Center on Blindness & Low Vision at Mississippi State University, National Council of State Agencies for the Blind (NCSAB), GA Library Services for the Blind and Print Disabled (GLS) [formerly GA Libraries for Accessible Statewide Services], and the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) – Vision Rehabilitation Therapist (VRT).

The program manager alone talked with some 100 people individually regarding information and referral activities in FFY24.

Our primary subcontractors' community awareness/outreach efforts and information and referral activities are listed as follows.

### **Center for the Visually Impaired (CVI)**

CVI has targeted educational outreach about their services throughout Fulton, Forsyth, Gwinnett, Rockdale, Henry, Clayton, Fayette, Cobb, Cherokee, Bartow, and Dawson counties. They have hosted Living with Low Vision presentations and developed relationships with 43 new senior living communities this past year. Seniors and facility staff have engaged in follow-up visits to our clinic and the Visibility Store as a result of these presentations. CVI includes these new contacts in their Infolink database so they can receive CVI support group news and other community news. CVI also created a new CVI fact sheet with a QR code for medical offices to refer patients more easily.

### **Savannah Center for Blind and Low Vision (SCBLV)**

SCBLV continues to help increase the knowledge base of the field of vision loss by working with our local and surrounding area Ophthalmologists, Optometrists, Ophthalmology Technicians, and Vocational Rehabilitation Counselors. This is done providing education seminars and trainings aimed at vision specialists to identify vision loss, provide various information on accommodations, and provide referrals to patients who could benefit from our services.

SCBLV has continued to receive a grant funded through the City of Savannah, which allows us to perform preventative vision screenings, diabetic education, and low vision education throughout the city. These vision screenings are intended to identify people with undetected vision problems. Referrals are then made to local Optometrists/Ophthalmologists and Georgia Lighthouse. Diabetes education is provided by a staff social worker. This program is intended to save lives, improve treatment satisfaction and adherence, blood glucose self-monitoring, emotional wellbeing, quality of life, and promotion of healthy behaviors (e.g., exercise, diet, smoking cessation). Knowledge which can prevent or delay serious diabetes complications, such as heart disease, kidney disease, and vision loss. The low vision education is intended to provide education and support to those who are experiencing low vision.

In addition, SCBLV increases community awareness through our annual Walk A Mile in My Shoes Marathon. Through this event, the community learns of the services and resources we offer at SCBLV as well as celebrate White Cane Day.

SCBLV also uses its main fundraising event, Dining in the Dark, to increase the awareness and need of vision rehabilitation in our community. Residents will

attend the event and dine in the dark while they listen to former students share their rehabilitation experiences at SCBLV.

Other activities that we feel increase community awareness:

1. Collaboration with America's Second Harvest to provide food to those in need.
2. Our collaboration with Chatham County's Voters Registration to assist those with a disability to vote.
3. The Executive Director sits on the 100 Women Who Care, Savannah Chapter, Garden City Lions Club, Trinity UMW, Coalition of Aging, Vision Serve Alliance, Agency Executive Committee for United Way, Georgia Lions Lighthouse
4. The Director of Services sits on the Savannah Chatham Council of Disability Issues, Coalition of Aging, Housing Authority, Homeless Authority, Mayor's SavannAbility Taskforce, Social Workers at Work, National Alliance on Mental Illness, and City of Savannah Resource Connection.
5. Staff and former students assisted the UAW campaign by presenting at various businesses and agencies, promoting the Center and its support to the community; They regularly make presentations to local Nursing Homes, Assistive Living Centers, and Medical Center staff.
6. The staff has heavy participation at various conferences and Health Fairs as well as participating in various Blind Ambition Outings with current students and Peer Support members to allow the community to see functioning blind members in action. They also participate in completion of art projects in collaboration with the Telfair Museum.
7. SCBLV staff and volunteers currently provide services at our local civic center where we as a non-profit work the concession stand. We not only provide food and beverage to the patrons but information on who we are and where family members can find us. This is an additional way for the center to earn money while spreading community awareness!

### **Vision Rehabilitation Services ((VRS)**

The Executive Director of VRS participates in monthly meetings and speaking engagements to create awareness of our services as well as the impact age-related eye diseases and injuries on older individuals. VRS also continues to be an active member in Smyrna Business Exchange — a closed networking organization. This relationship has resulted in opportunities for educational presentations, which in turn, provided client referrals and support for the VRS-OIB program. This same information is shared, with like results, from VRS' active memberships in the Cobb Chamber, Smyrna Business Association, South Cobb Business Association, and Foundation Fighting Blindness. Ultimately, the results of these memberships include increased donations and sponsorships for VRS'

fundraising events, allowing us to supplement the OIB funds in an effort to continue to serve an ever-increasing age 55+ population.

### **Visually Impaired Foundation of Georgia (VIFGA)**

This year, we had no formal outreach plans. We did call doctor's offices around the state to make them aware of our program. Wendy Mons, VIFGA Director, participated in state and national conferences explaining the "remote protocol". Additional outreach came from our clients and their eye care providers referring to us. Other facilities refer to us when they were unable to find or provide services for those visually impaired in rural areas. No funds were spent on these activities.

### **Visually Impaired Specialized Training and Advocacy Services (VISTAS)**

VISTAS conducted the following events and services:

1. Community Resource Meeting
2. Radio Interviews
3. Presentations to age-appropriate senior living events
4. Participation in Health Fairs
5. Participation in Community Service events.

### **Walton Options for Independent Living (WO)**

1. Information and Outreach: When WOIL receives a referral, we engage with the individual to provide comprehensive information about the OIB program and the range of services it offers. This step ensures potential consumers are well-informed about available resources and how they can benefit. By educating potential consumers, WOIL and the OIB program have seen an increase in enrollment, empowering individuals to make informed decisions about accessing beneficial services.

2. Mobile Assistive Lab Tours: In partnership with Georgia Tech's Tools for Life program, WOIL hosts mobile assistive lab tours strategically scheduled in rural and underserved areas. These mobile labs bring technology and resources directly to communities in need, offering hands-on experiences with assistive technology (AT) that can enhance independence and quality of life. The tours have led to improved AT literacy among individuals with visual impairments, especially in underserved communities.

3. Community Resource Fairs and Open House: WOIL actively participates in community resource fairs and hosts an annual open house to promote its services and programs. These events provide valuable platforms for raising community awareness and engagement, leading to increased referrals to the OIB program.

4. Podcast-Style Monthly Segment: WOIL has introduced a monthly podcast-style segment to discuss programs and services offered by the organization and to spotlight key partnerships. This format helps reach a broader audience and highlights the collaborative efforts supporting our mission.

**E. Briefly describe capacity-building activities, including collaboration with other agencies and organizations (other than with sub-grantees) and the outcome of these activities on expanding or improving the program.**

This year our energies were focused on providing services and sustaining the high level of services to our GA seniors the best way we could. We continued to collaborate and build capacity with the agencies and various organizations already listed.

Our new marketing materials were made available to those seeking services. The Mississippi State University comprehensive program evaluation is included on the GA Project Independence website <https://gvs.georgia.gov>. These documents are tools to help expand or improve program services in our collaborative and capacity-building activities by detailing services and promoting feedback.

It was vitally important that Project Independence maintain a collaborative relationship with the Independent Living (IL) system. One of our six service providers is Walton Options, an Independent Living Center located in Augusta, Georgia. The GA Project Independence manager participated in the IL meetings and sent training and other pertinent information to the IL groups in GA.

Georgia Radio Reading Service (GARRS) continued dissemination of the updated 30 and 60-second public service announcements (PSA) regarding our program. These PSAs aired several times per week and reached an audience of approximately 11,500 persons in the GA statewide community.

In collaboration with the Aging and Disability Resource Centers (ADRC) and the Area Agencies on Aging, Project Independence is listed in their statewide database so that anyone who calls those entities will be provided access to our program. A flyer developed by the Department of Public Health lists Project Independence as a resource for drivers aged 55+ years.

The program manager represents Project Independence in the Division of Aging Services Statewide ADRC Advisory Council. This collaboration has yielded referrals statewide for our program.

Our primary subcontractors' capacity-building activities, including collaboration with other agencies and organizations, and the outcome of these activities on expanding or improving the program are listed as follows.

### **Center for the Visually Impaired (CVI)**

CVI continues to be part of the Georgia 2020 group. CVI participated in community health expos throughout the year. They have also spoken at groups such as the Cherokee Senior Center and Senior Services North Fulton. They have developed a lot of connections to share that they are a low vision resource. CVI partners with other organizations in Gwinnett and south Fulton County to provide low vision exams and other services at locations more convenient for clients. They have recently begun developing a new collaboration with FODAC to connect people with assistive devices and raise awareness of their services.

### **Savannah Center for Blind and Low Vision (SCBLV)**

Capacity building activities for SCBLV focus on shoring up sustainability, improving governance, supporting collaboration, and strengthening infrastructure. All of which have a common goal: Strengthening the skills, resources, and abilities that allow us to grow and thrive. Some examples are listed throughout this report and others are as follows:

- SCBLV has established an ongoing relationship with the Federal Emergency Management Agency. Through this relationship SCBLV provides training and support for FEMA (visually impaired) staff on a as needed basis. Opportunities such as this continue to bring awareness to visual loss and the importance of visual rehabilitation.

As mentioned in an earlier section, SCBLV staff members have heavy participation in various trainings and conferences to receive the tools they need to take meaningful actions, advocate, and help educate one another within the organization as well as our clients and the community. Some of these trainings include Home Safety, Helen Keller, Diabetic Education, Memory Care, Falls and Slips, Learning new low vision aids, Senior Mental Health, Medication Safety and Management, Financial Safety for Seniors, Emergency Preparedness, and Elder Abuse, Neglect, and Exploitation.

In addition, SCBLV continues to recruit and retain staff and volunteers with relevant knowledge and expertise.

Fundraising is essential to SCBLV. As mentioned earlier SCBLV hosts many different fundraisers throughout the year; partnering with many organizations to meet our mission, serve our community, and bring awareness to vision loss. In efforts to improve sustainability,, our fundraising staff has partnered with Gulf Stream and United Way to build upon our fundraising techniques and skills.

These collaborations have allowed us to learn ways in which we're able to reach more people and raise more money.

### **Vision Rehabilitation Services (VRS)**

VRS's capacity-building efforts have focused on a variety of initiatives to strengthen and diversify our funding and community outreach. The 20/20 campaign, where we encourage individuals to donate \$20 on the 20th of each month, continues to be a key initiative fostering ongoing community support. We continue to grow and diversify our board by recruiting new members, bringing in fresh perspectives to aid in strategic planning, create sustainability, and enhance community awareness.

To expand services and programs offered under OIB funding, we intended to secure grants to support social services, mental health and professional development. Additionally, VRS partners with local organizations, such as Lions Clubs and Cobb Senior Services, to educate the 55+ blind and low vision community about our programs and services.

With these efforts, we are increasing both funding and awareness of the OIB program and vision rehabilitation services. This ensures that VRS remains operational, functional, and well-positioned to continue providing valuable services to our OIB clients.

### **Visually Impaired Foundation of Georgia (VIFGA)**

VIFGA provided capacity-building activities and events to expand and improve upon the program with:

**Support Groups and Support Group List:** This is an essential piece of the vision rehabilitation process. We supported two remote peer support groups this year, one in Albany, and one in Macon. There are four additional remote groups to which we refer our clients: the support group offered through the Georgia Library Services for the Blind and Visually Impaired, the special interest support groups sponsored through Hadley Institute of the Blind and Visually Impaired, one in Warner Robins, and one in Columbus.

**Remote Services:** We have found that by offering all our services remotely, many people are more willing to try referred classes, groups, and counseling.

**The Confident Living Program:** This collaborative event between Project Independence and Helen Keller National Center is for participants with dual sensory loss (both vision and hearing impairments). The CLP training introduces visual and hearing devices available, teaches home safety, explains how to prepare for emergencies, and most of all, encourages the bonding of new friends through shared experiences, laughter, and fun. We were unable to offer it this

year, but feel it is an essential program. We will try to incorporate the CLP training into next year's programing.

Brochures and Resource Guides: This is an invaluable, too! One in Twelve, Vision Impairment, Aging and Vision Rehabilitation in Georgia- A Policy Brief is the tool Dr. John Crews so graciously put together for the Georgia low vision and blind facilities. This brief provides us with all the necessary data we may need to use for presentations or for funding proposals.

- One in Twelve trifold: Dr. Crews worked in conjunction with Savannah Association for the Blind to develop a trifold brochure for all the agencies.

Due to illness and funding, our Mobility instructor had to leave our organization. We were left with no teacher for rural South Georgia. We therefore began to refer our clients to Leader Dogs for the Blind. Those who have participated rave about the program. We will continue to use their services in conjunction with mobility instructors.

### **Visually Impaired Specialized Training and Advocacy Services (VISTAS)**

Worked in collaboration with:

1. Lions Club
2. Lighthouse for the Blind
3. Other Community Resources
4. State Community Service Events
5. Other Low Vision Centers
6. Training being offered at various events

#### **OUTCOMES:**

1. Once non-vision-related needs were addressed, clients exhibited a focus on vision services planning and adjustment.
2. Collaboration proved to be a demonstrated effective outreach and intake strategy.
3. Developed a more comprehensive public relations plan.
4. Initiated and developed a multi-level ENDOWMENT PLAN that will target and/or include:
  - a. area vision and other medical professionals
  - b. corporate support
  - c. foundation support
  - d. federal and state grants

### **Walton Options for Independent Living (WO)**

Our organization has engaged in various capacity-building activities in collaboration with agencies and organizations, significantly enhancing and

expanding our OIB program. Below is a summary of these activities and their outcomes:

1. Partnership with Augusta University:
  - Professional Services: Partnering with Augusta University's Department of Occupational Therapy has enabled us to provide additional professional services that complement the OIB program, broadening our Independent Living (IL) and Assistive Technology (AT) offerings for consumers.
  - Referral Source: Augusta University is also a valuable referral source, strengthening our network and connecting individuals in need to the program.
2. Collaboration with Georgia Tech's Tools for Life (TFL) Program:
  - Additional Funding Source: Our partnership with Georgia Tech's TFL program provides additional funding, essential for expanding services and reaching more individuals with visual impairments.
  - Access to Technology: TFL's expertise in assistive technology expands our ability to provide consumers with innovative assistive devices and technology solutions.
3. Engagement with Local AAA (Area Agency on Aging):
  - Funding Source: Collaborating with the local AAA offers an additional funding stream, which supports and improves our services to older individuals with visual impairments when eligible.
4. Partnership with Georgia Statewide Independent Living Council (GA SILC):
  - Support for Funding Initiatives: GA SILC provides valuable state and federal-level support for securing additional funding opportunities, strengthening our Center for Independent Living (CIL) services, including those offered through the OIB program.
5. Utilizing Other Grant Opportunities:
  - Offsetting Non-Direct Staff Expenses: By leveraging additional grant opportunities, we offset expenses for non-direct staff essential to program coordination and outreach. This approach helps address staffing needs while supporting OIB program expansion.
6. Partnership with Georgia Rehabilitation Institute (GRI):
  - Support for Health, Sports, and Leisure Activities: GRI funding supports health, sports, and leisure activities open to OIB consumers, enhancing their access to social and recreational opportunities that promote well-being.