Project Independence

Georgia Vocational Rehabilitation Agency

Title VII - Chapter 2 Program Evaluation Report Federal Fiscal Year 2020

Project Independence

Georgia Vision Program for Adults Age 55 and Over

Title VII – Chapter 2
Program Evaluation Report
Federal Fiscal Year 2020

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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 (2021) indicate that there are approximately 1,322,577 individuals age 65 and above in Georgia, 96,968 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, 2020). 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 6.2% for individuals nationwide. This slightly higher rate of visual impairment is reflected for white Georgia residents (6.2%) compared to white people nationwide (5.7%), while the rate of visual impairment for black or African American individuals in Georgia is slightly closer in percentage to the national average for this group, 8.6% and 8.4%, respectively. The state prevalence rates and numbers for American Indian 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, 2018 ACS**

Race/Ethnicity	Georgia		U.S
	%	Number	%
White, non-Hispanic/Latino	6.2%	62,300	5.7%
Black or African American, non-Hispanic/Latino	8.6%	28,300	8.4%
American Indian or Alaska Native, non-Hispanic/Latino*			12.0%
Asian, non-Hispanic/Latino	2.7%	1,100	4.9%
Other, non-Hispanic/Latino	5.2%	700	8.6%
Hispanic/Latino, any race	6.5%	2,500	8.7%
Total, all races/ethnicity	6.7%	95,000	6.2%

*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 employs a part-time (approximately 3 days per week) Program Manager to oversee Project Independence. The current Manager had previously retired from the agency with considerable experience in administration of blindness rehabilitation and independent living programs. She has served as Program Manager since January 2010. Although part-time, the Program Manager's sole responsibility is overall management of Project Independence. The program has benefited from her attention to overall and day-to-day activities. The OIB Program Manager consults closely 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. The number of individuals served has held relatively steady for the past eight years, with the exception of the current reported year, presumably at least in part due to impacts of the COVID-19 pandemic.

Table 2: Number of Consumers Served

IL Contractor	***2013***	***2014***	***2015***	***2016***	***2017***	***2018***	***2019***	***2020***
CVI	693	667	570	670	652	650	645	397
VRS	191	228	226	310	236	242	268	194
VIFGA	239	264	299	248	245	224	239	198
Savannah	100	77	121	105	124	111	152	136
Walton Options	112	117	72	62	43	41	39	46
VISTAS	83	37	56	65	72	70	65	59
TOTAL	**1,418**	**1,390**	**1,344**	**1,460**	**1,372**	**1,338**	**1,408**	**1,030**

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 2020 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 2020 (October 1, 2019 through September 30, 2020). 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 2020. Also included are consumer demographics and findings regarding consumer functioning on specific IL tasks

or domains for a sample of consumers closed during FFY 2020. 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 II; and Dr. John Crews, 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 2020 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 2020. 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 2020 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 118 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. Bearing in mind 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 which 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 which 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 the end of January 2021. Attempts were made to contact each consumer on at least three occasions. The telephone survey was reviewed and exempted from oversight by the Institutional Review Board (IRB) for the protection of human subjects at Mississippi State University. 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. Site visits to two contractors were made in March of 2020, and the external consultant also completed remote interviews with the remaining four contractors during the spring and summer of 2020 to gather information about their agencies for the Project Independence briefing paper.

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 2020 (October 1, 2019 through September 30, 2020), 1,030 individuals were served by the Georgia Project Independence program. Fifty-two percent (*n* = 535) of consumers were age 75 and over. Most were female (64%, *n* = 659). Consumers were asked to self-report their race and ethnicity. The majority of consumers reported being white, not Hispanic/Latino (55%, *n* = 564) or black/African American, not Hispanic/Latino (32%, *n* = 324). Approximately 14% reported being other races or ethnic groups or race unknown: Hispanic/Latino of any race (*n* = 13), American Indian/Alaska Native, not Hispanic/Latino (*n* = 3), Asian, not Hispanic/Latino (*n* = 12), two or more races (*n* = 11), or unknown (*n* = 103). It is noteworthy that this number of unknown race demograhics collected is particularly high compared to previous years. The vast majority of consumers lived in private residences (*n* = 951, 92%); 37 consumers (4%) lived in senior living/retirement community settings, 33 (3%) in assisted living facilities, 7 (1%) in nursing homes or long-term care facilities, and two consumers were homeless.

Approximately 46% (*n* = 478) were legally blind (includes totally blind), and the leading cause of visual impairment was macular degeneration (29%, *n* = 303). Consumers also reported having a number of other age-related impairments/health conditions. The number one condition was diabetes (25%); followed by hearing impairment (22%); cardiovascular-related issues and strokes (19%); and bone, muscle, skin, joint, and movement (16%).

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

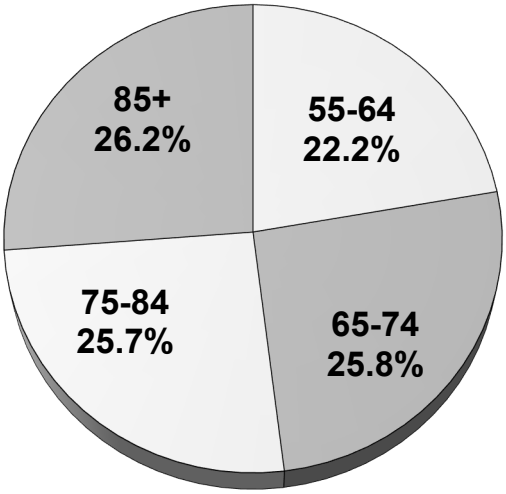


Figure 2: Gender

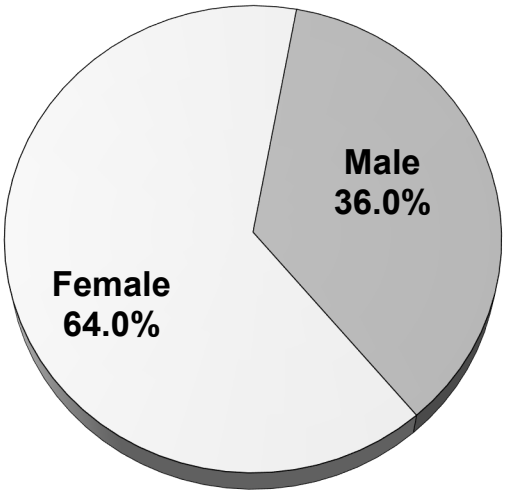


Figure 3: Race/Ethnicity

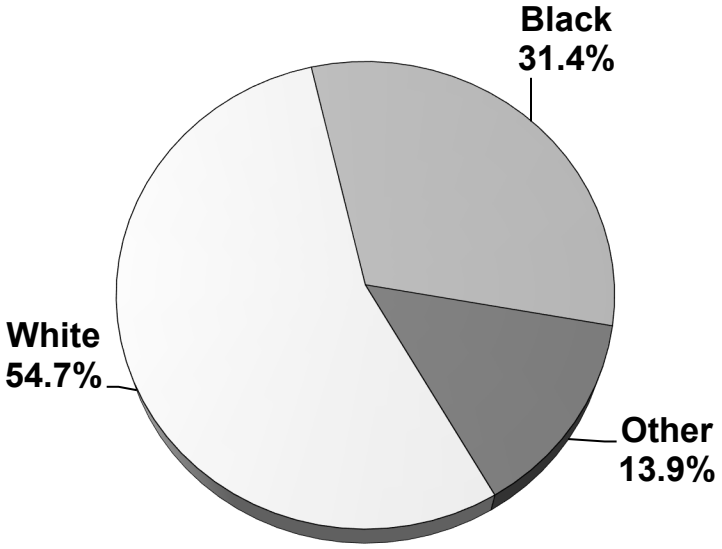


Figure 4: Type of Residence

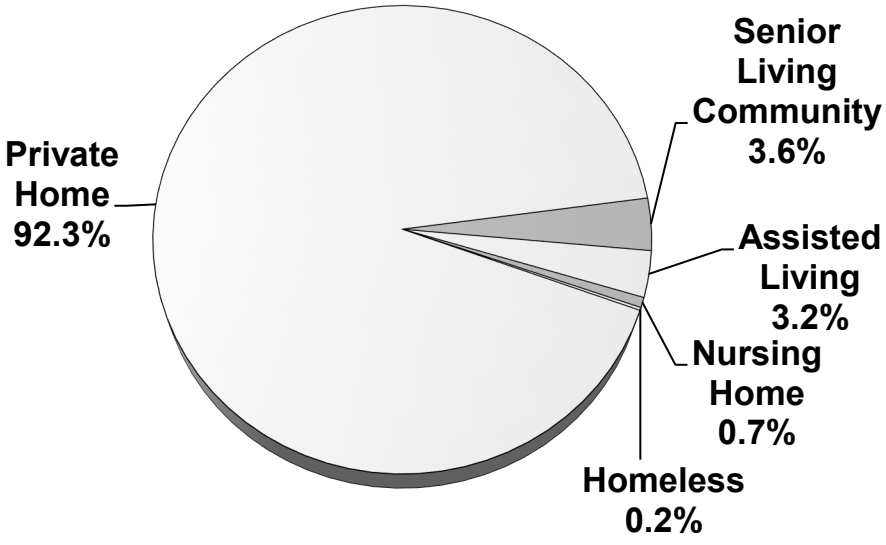


Figure 5: Degree of Visual Impairment

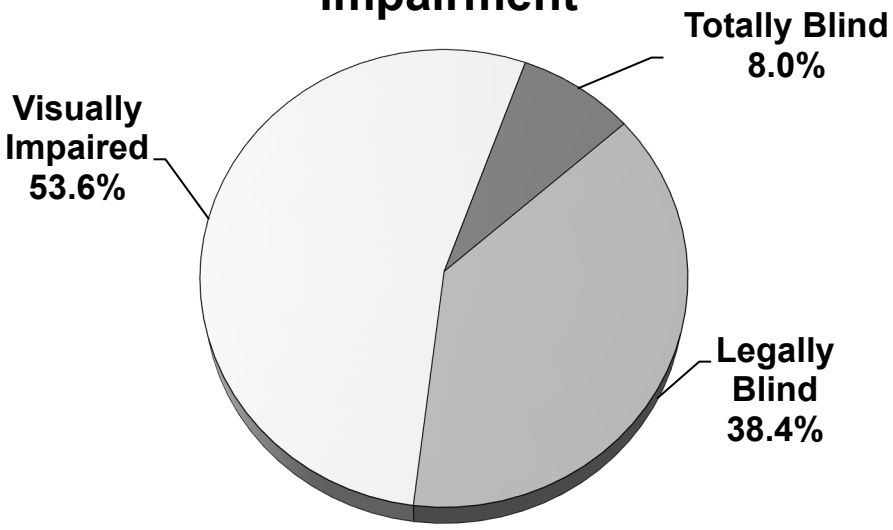


Figure 6: Major Cause of Visual Impairment

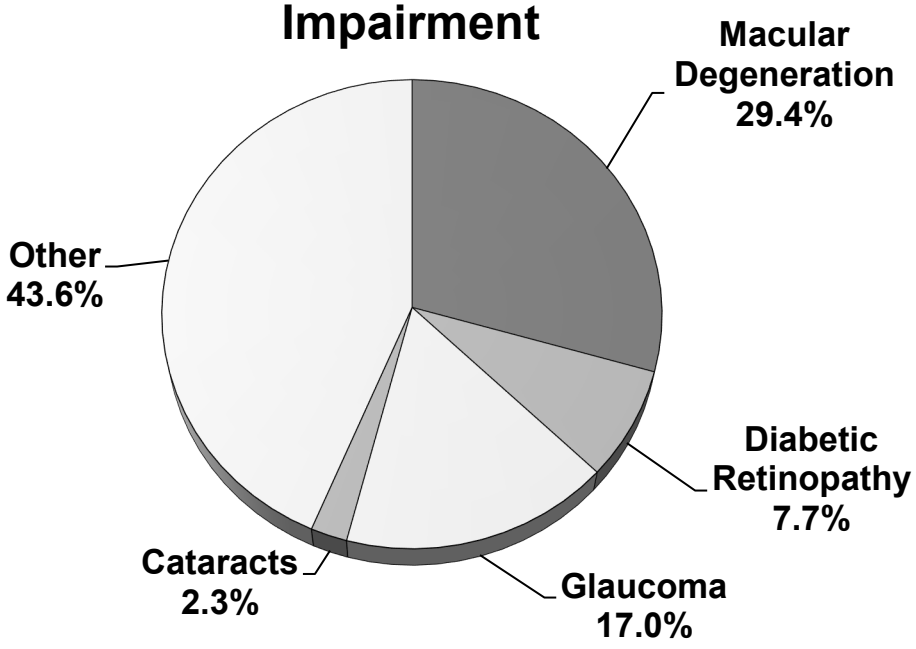
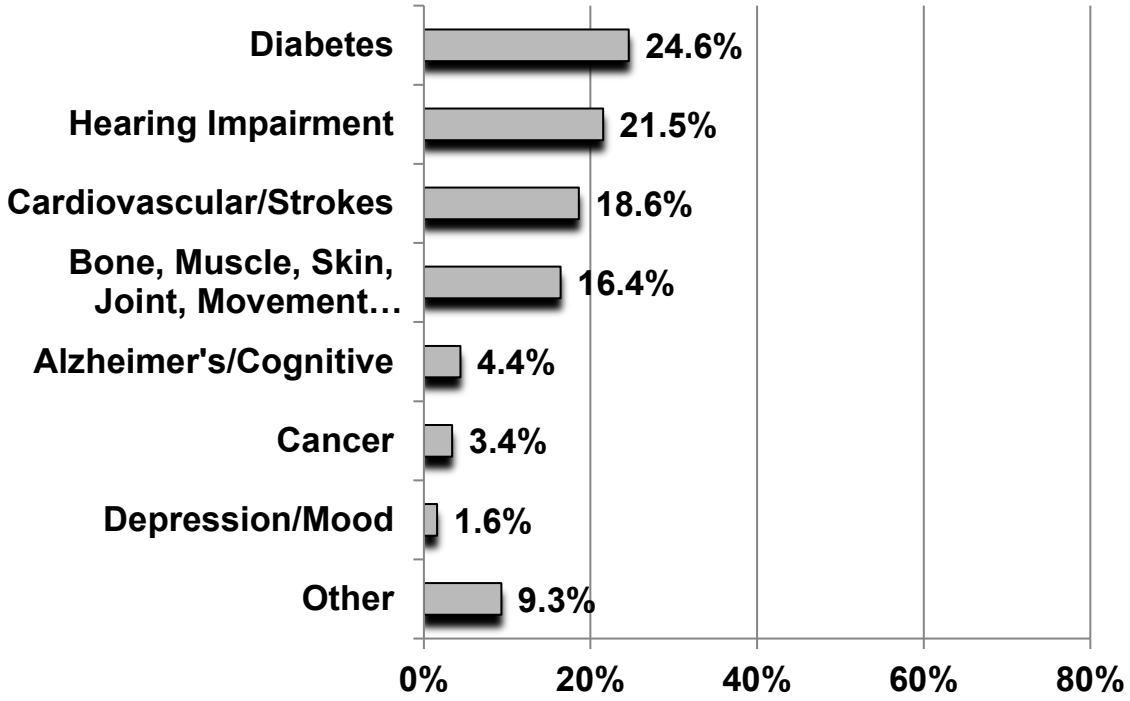


Figure 7 presents the number of consumers reporting health conditions in addition to visual impairment. The most frequently reported nonvisual conditions were diabetes (*n* = 253, 25%); hearing impairment (*n* = 221, 22%); cardiovascular-related issues and strokes (*n* = 192, 19%); bone, muscle, skin, joint, and movement disorders (*n* = 169, 16%); Alzheimer's/cognitive (*n* = 45, 4%); cancer (*n* = 35, 3%); and depression and mood (*n* = 16, 2%). Nine percent (*n* = 96) 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* = 651, 63%) was an eye care provider, followed by self-referral (*n* = 136, 13%); family member or friend (*n* = 62, 6%); physician/medical provider (*n* = 62, 6%); and other sources not specified in the 7-OB (*n* = 66, 6%).

Staffing. Program FTE positions reported in the FFY 2020 7-OB report included 8.98 administrative and support staff and 17.14 direct service staff for a total of 26.71 FTEs. These numbers included 0.59 administrative and support staff from the Georgia state agency.

Funding. For FFY 2020, total federal grant money available was $871,438. The program expended $928,789: $831,963 from Title VII-Chapter 2

monies and $96,826 from state monies. Of the total, $58,868 (6.3%) 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 2020. A total of 1,030 consumers (non-duplicated count) served received one or more of the following services. In comparison, 1,408 consumers received one or more of these services in FFY 2019.

Table 3: Services by Number and Percentage

	Number	Percentage
Clinical/functional vision assessment and services		
Vision screening	628	61.0%
Surgical or therapeutic treatment	0	0.0%
Assistive technology devices and services		
Provision of assistive technology devices/aids	333	32.3%
Provision of assistive technology services	474	46.0%
Independent living and adjustment training and services		
Orientation and Mobility training	189	18.3%
Communication skills	296	28.7%
Daily living skills	223	21.7%
Supportive services	13	1.3%
Advocacy training and support networks	392	38.1%
Counseling	301	29.2%
Information, referral and community integration	742	72.0%
Other IL services	2	0.2%

Program outcomes/performance measures. Data on the number of individuals served in FFY 2020 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 474 consumers reported to receive assistive technology services, and 348 (73%) reported to have either maintained or improved

functional abilities that were previously lost or diminished as a result of vision loss. Functioning had not been determined for 87 individuals (18%) (open cases still receiving services).

- Of the 189 consumers receiving O&M services, 129 (68%) either gained or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. Functioning had not been determined for 39 individuals (21%) (open cases still receiving services).

- Of the 296 consumers receiving services in communication skills training, 135 (46%) either gained or maintained their functional abilities as a result of services received. Functioning had not been determined for 142 individuals (48%) (open cases still receiving services).

- Of the 223 consumers receiving services in daily living skills training, 109 (49%) either gained or maintained their functional abilities as a result of services received. Functioning had not been determined for 90 individuals (40%) (open cases still receiving services).

- Overall, 29 consumers reported that they are more in control and more confident as a result of receiving services. No consumers reported less control and confidence, and 20 individuals reported no change in their feelings of control or confidence after receiving services.

- Three consumers reported experiencing changes in lifestyle for reasons unrelated to vision loss, and seven individuals died before achieving functional gain or experiencing changes in lifestyle as a result of services they received.

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 309 consumers were provided to NRTC project staff during the fiscal year and through January 2021. All telephone interviews with consumers were completed by the end of January 2021. 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 138 individuals, 136 of whom were viable participants (excluding those consumers who were deceased); 119 individuals consented to the interview, yielding a 88% response rate among those individuals contacted.

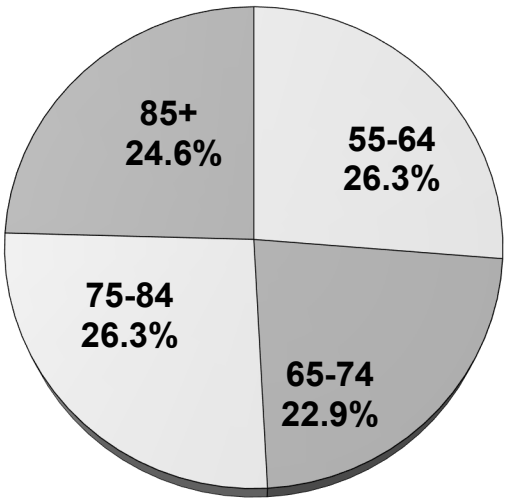
Table 4 lists, by Project Independence service delivery contractor, the number of consumers served, names received from closed cases, number of consumers contacted, and completed interviews with consumers for FFY 2020.

	Table 4: Consumers Served, Contacted, and Interviewed			
IL Contractor	***Consumers Served***	***No. of Contacts Received***	***No. Contacted***	***No. of Contacts Interviewed***
CVI	397	97	45	40
VRS	194	63	25	22
VIFGA	198	104	48	39
Savannah	136	14	8	8
Walton Options	46	7	2	2
VISTAS	59	24	10	8
TOTAL	**1,030**	**309**	**138**	**119**

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%.

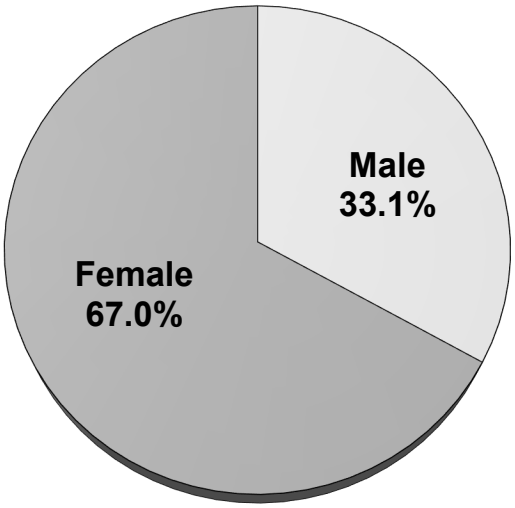
Demographic and Disability Characteristics

Figure 8: Age



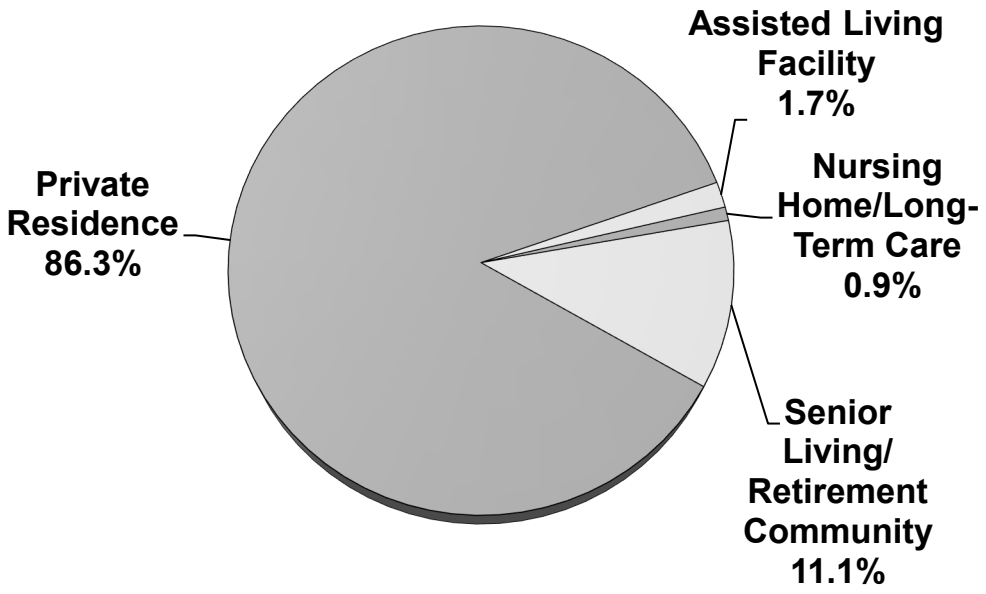
Age. Of the 118 survey respondents who reported their age, consumers ranged from 56 to 98 years of age. Twenty-six percent of respondents were between 55 and 64 years old; approximately 23% were between 65 and 74 years old. Twenty-six percent were between the ages of 75 and 84, and 25% of responding participants were 85 years old or older. This data compares well with Georgia's 7-OB Report data, with percentages in age categories of consumers interviewed fairly well matched to age categories of those served.

Figure 9: Gender



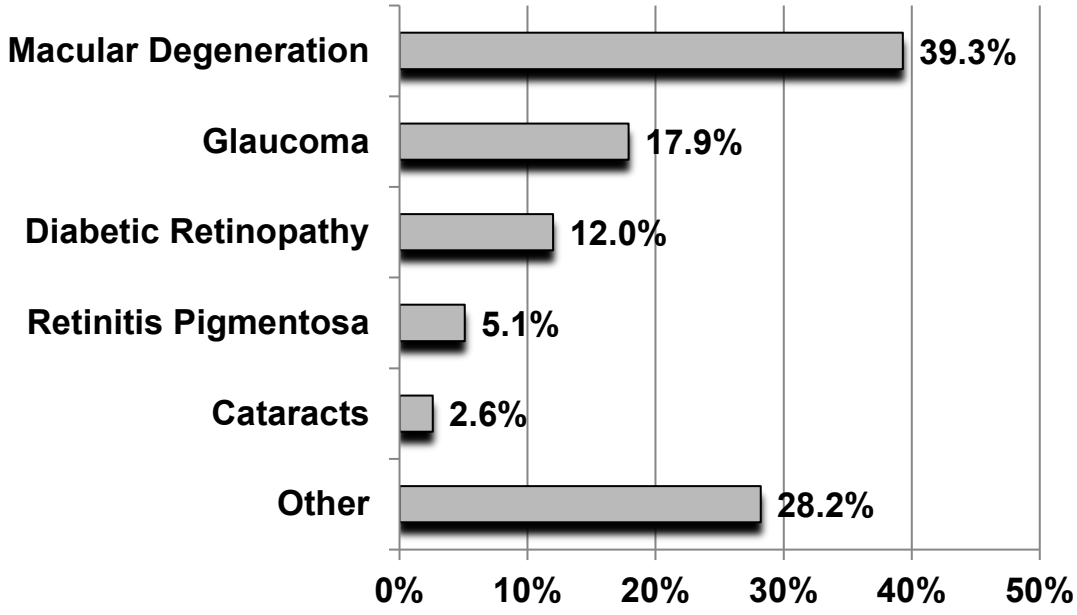
Gender. Approximately 33% of survey respondents were males and 67% were females. Data from the annual 7-OB report indicated that 64% of consumers served during the fiscal year were female, for only an approximate 3% difference between the percent of females interviewed and the percent of females actually 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



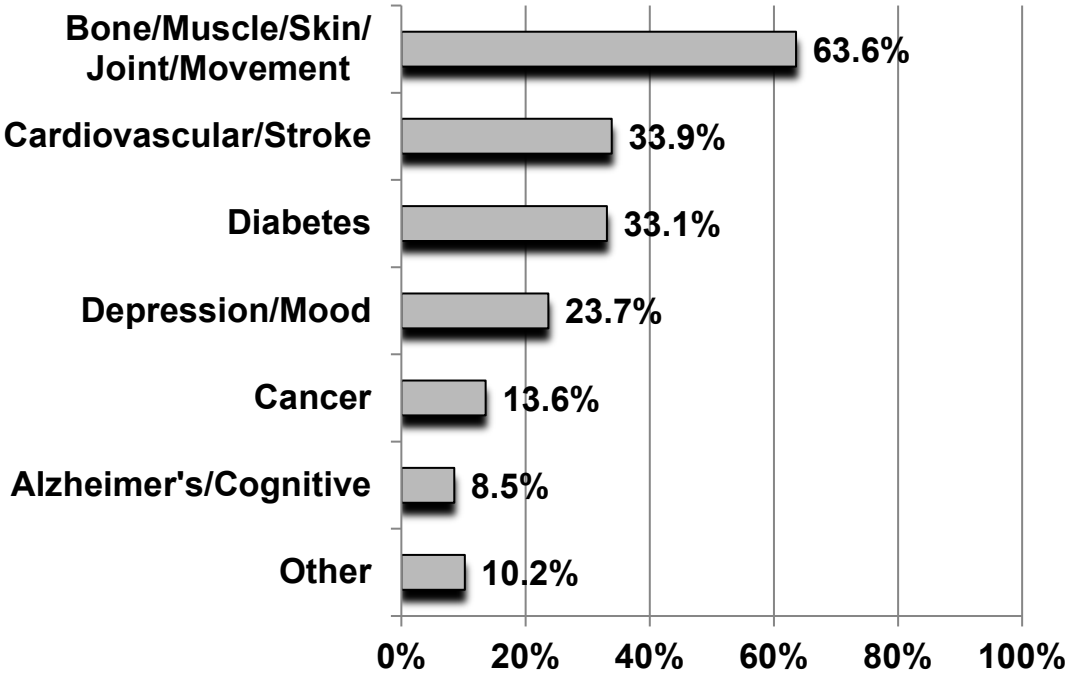
Living arrangement. Eighty-six percent of the consumers who responded to the question of living arrangements (*n*=101) indicated they live in a private residence (e.g., house or apartment). Additionally, approximately 11% of respondents indicated they lived in a senior living/retirement community. Two percent indicated they lived in an assisted living facility. One percent indicated that they resided in a nursing home or long-term care facility.

Figure 11: Cause of Vision Loss



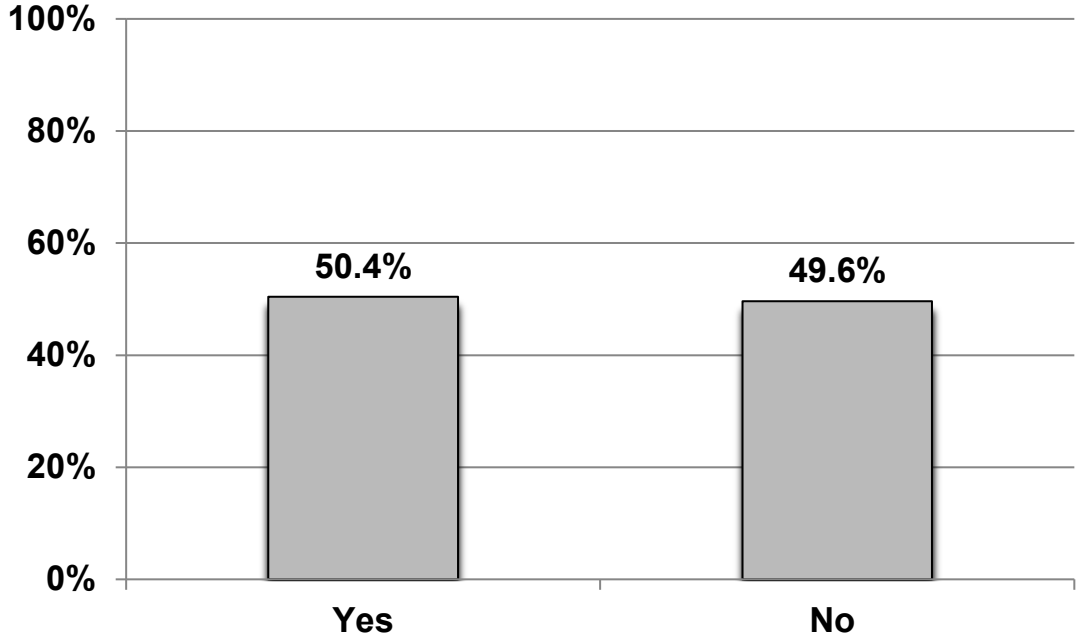
Primary cause of vision loss. The most frequently reported primary cause of vision loss among survey respondents was macular degeneration at 39%. This finding is not surprising, given that macular degeneration is the leading cause of vision impairment among older persons in the United States (Lighthouse International, 2016). Other causes of vision loss indicated by respondents were glaucoma, 18%; diabetic retinopathy, 12%; retinitis pigmentosa, 5%; and cataracts, 3%. Twenty-eight percent of respondents reported other or additional causes for their vision loss.

Figure 12: Other Health Conditions



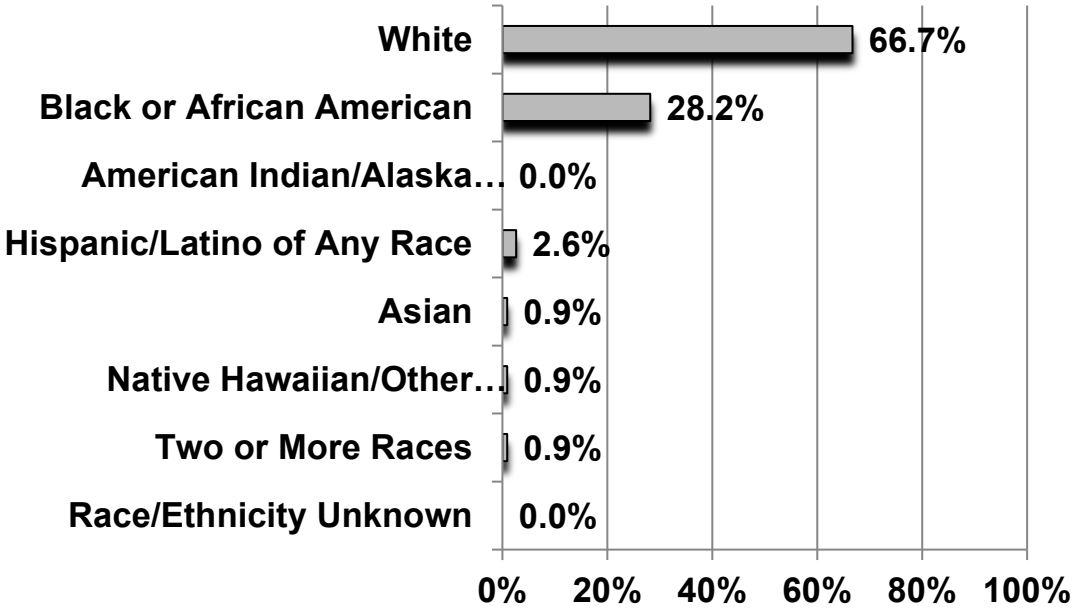
Non-visual health conditions. Thirty-nine (14%) of the survey respondents reported having one medical condition in addition to vision loss; 26 (9%) reported two additional medical conditions; and 26 (9%) reported three additional medical conditions. Fifteen respondents (5%) reported no additional medical conditions, and the remaining respondents reported having four or more additional medical conditions. Sixty-four percent of individuals responding reported having musculoskeletal problems; 34% indicated cardiovascular-related issues; and 33% indicated diabetes. Other impairments were reported as follows: depression/mood problem, 24%; cancer, 14%; and Alzheimer's/cognitive change, 9%. Ten percent reported having some “other” health condition. Note that these percentages for rates of non-visual health conditions are much higher than those indicated in the 7-OB data, for most categories. Possible reasons for this difference in percentages between survey results and 7-OB data include that it could be characteristics of the survey sample, or an indication that consumers may need to be specifically asked about each condition, as is done in the survey, for more accurate reports.

Figure 13: Hearing Loss



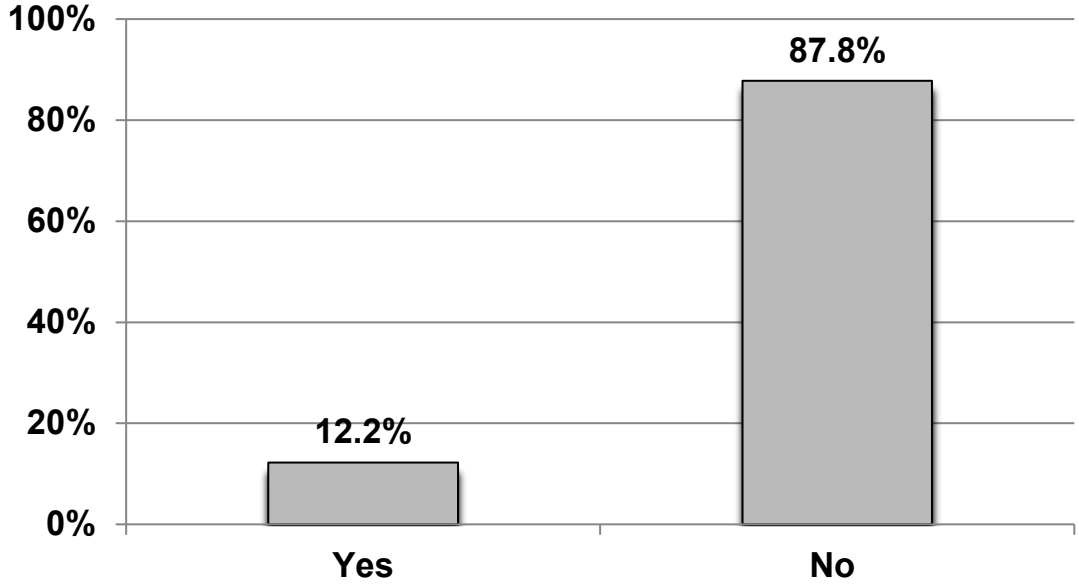
Prevalence of hearing loss. When asked specifically about hearing loss, 50% (*n* = 59) of those responding indicated that they had experienced some degree of hearing loss. One respondent did not provide information about whether they had hearing loss. Among those respondents reporting hearing loss, 27.1% rated the loss as mild, 23.7% rated the loss as moderate, and 49.2% rated the loss as severe.

Figure 14: Race



Race and ethnic background. The majority (67%; *n* = 78) of the 117 participants who responded to the survey question on race indicated that they were white, and 28% (*n* = 33) reported as black or African American. Of the remaining respondents, one (1%) indicated Hispanic/Latino, one reported Asian, one reported Native Hawaiian/Other Pacific Islander, and one reported two or more races.

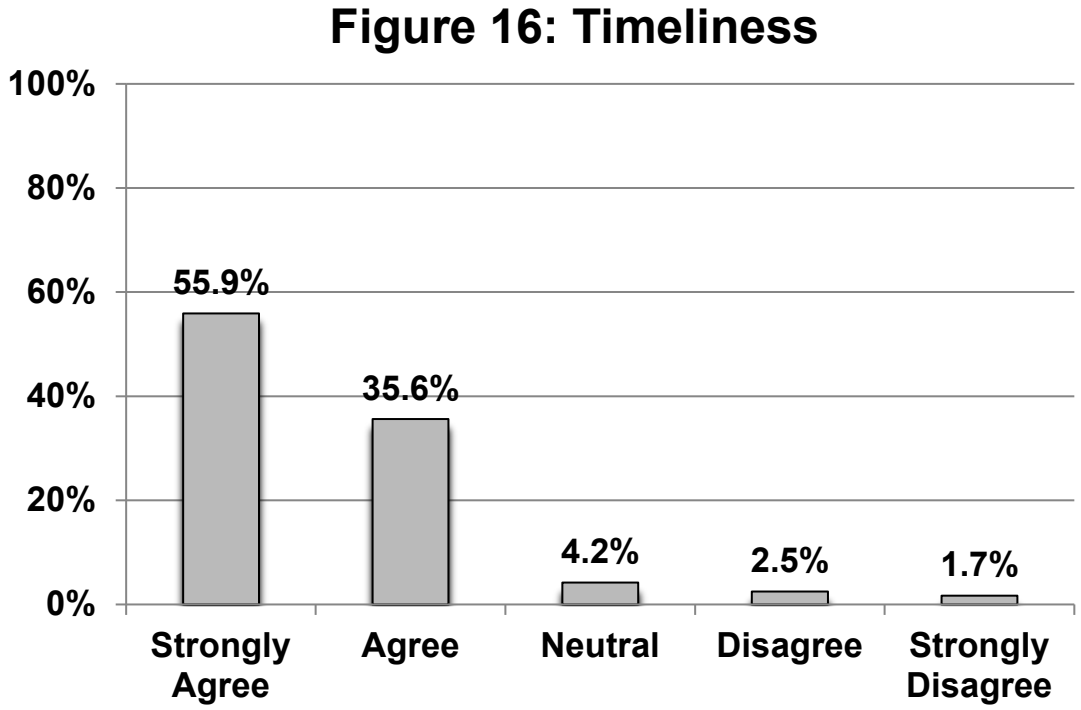
Figure 15: Changes in Living Situation



Changes in living situation. Of the 115 individuals responding, 14 (12%) indicated that they had recently experienced a change in living situation. Of those respondents providing details, one reported having moved. Four respondents reported no longer being able to drive or a lack of transportation. Although not directly related to living situation, several respondents indicated a change in medical/health issues, 2 indicated worsened eyesight, 5 indicated they had fallen, and 5 indicated they had either amputations, a stroke, or COVID. (Some respondents who provided comment indicated more than one issue.)

Manner in Which Services Were Provided

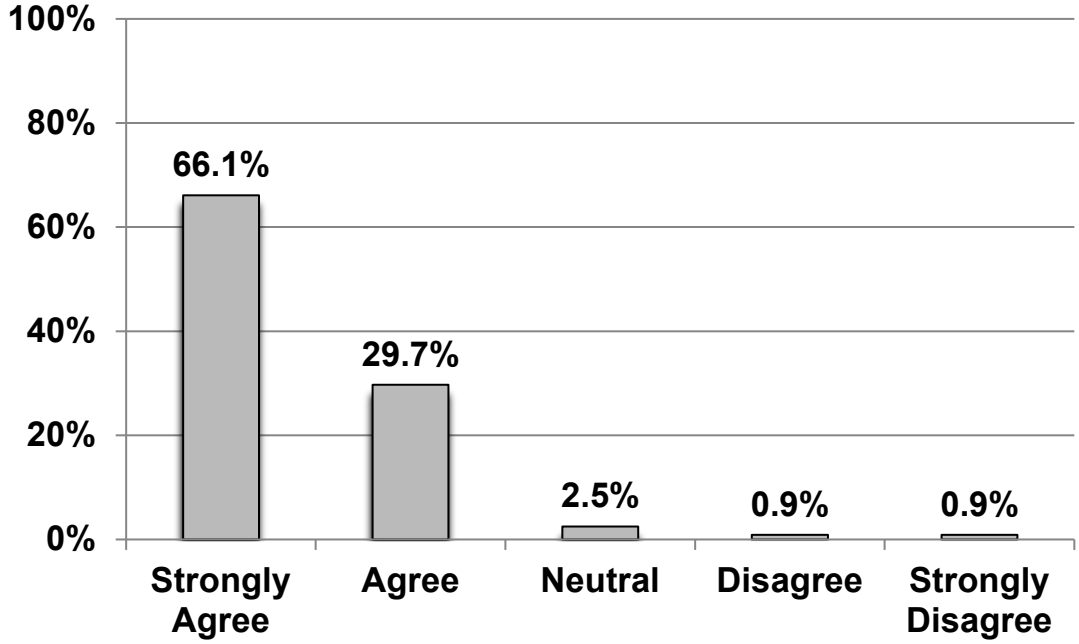
Respondents were asked three questions regarding the manner in which services were provided: timeliness of services, concern and interest of the service provider, and quality of the program. Respondents indicating dissatisfaction with services were asked to provide further comment. A listing of all comments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



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: 56% of the 118 respondents strongly agreed that services were provided in a timely manner, with an additional 36% generally agreeing. Five respondents neither agreed nor disagreed that services were provided in a timely manner. Three respondents disagreed and two respondents strongly disagreed.

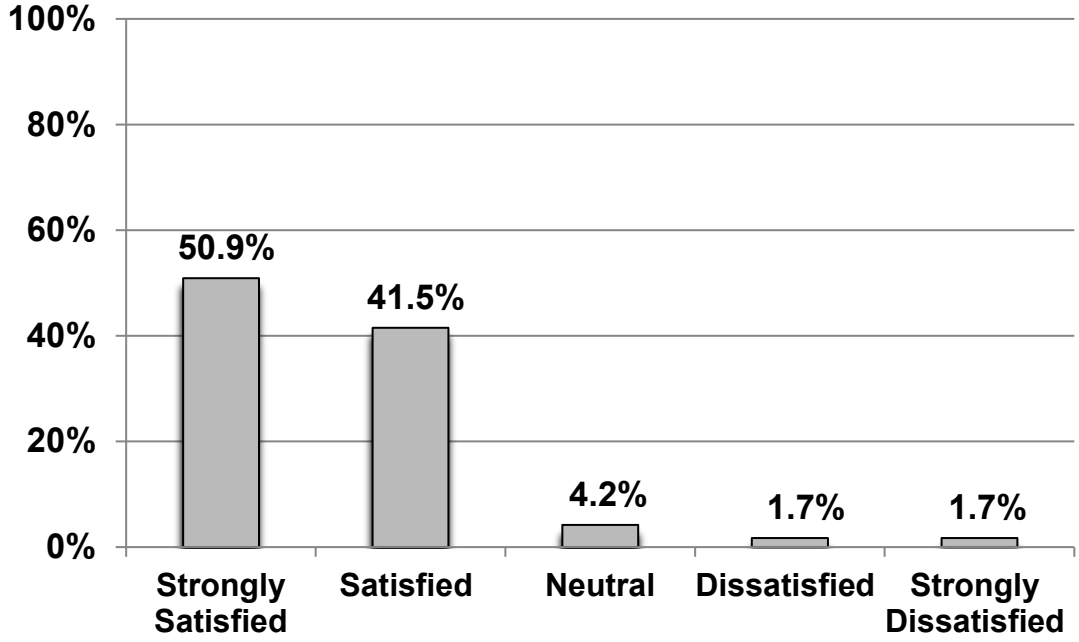
Figure 17: Concerned and Interested



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

Participants were asked to rate their level of agreement with the above statement. Sixty-six percent of the 118 respondents strongly agreed that staff were attentive, concerned, and interested in their well-being, with an additional 30% who generally agreed. Three respondents neither agreed nor disagreed that staff were attentive, concerned, and interested in their well-being. One respondent disagreed and one respondent strongly disagreed with the above statement.

Figure 18: Quality of Services

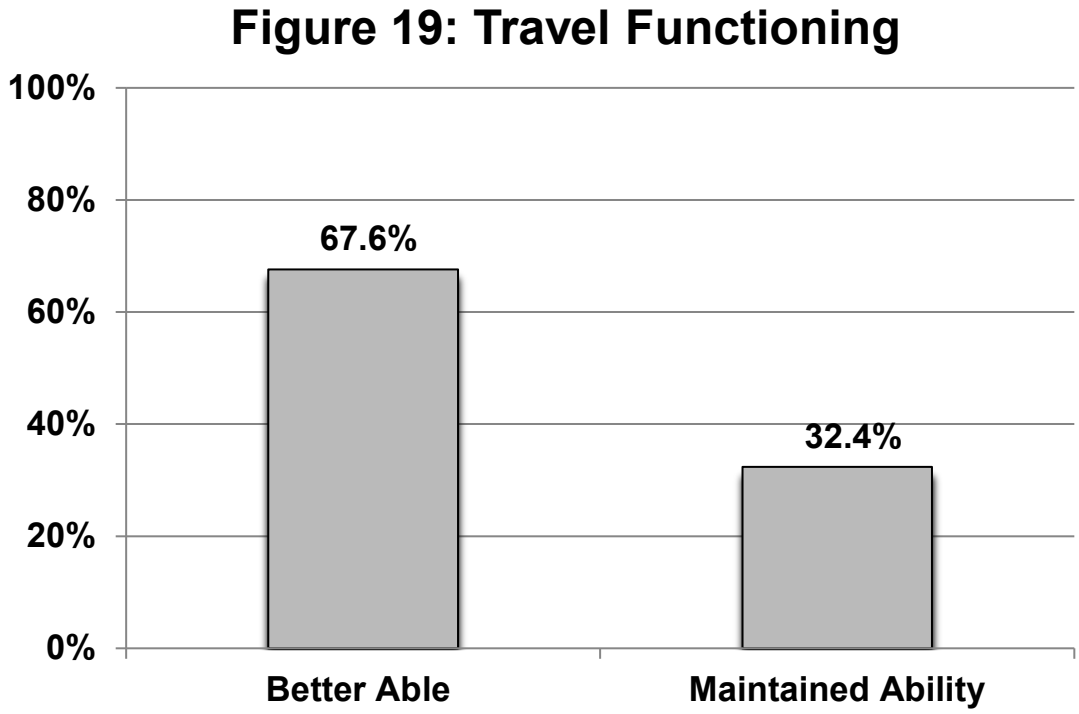


How satisfied were you with the quality of the services you received?

Participants were asked to rate their level of satisfaction with the quality of services received. Fifty-one percent of the respondents were strongly satisfied with the quality of services provided by the program, and 42% were generally satisfied. Five respondents were neither satisfied nor dissatisfied. Two respondents were dissatisfied and two were strongly dissatisfied.

Functioning and Satisfaction with Services

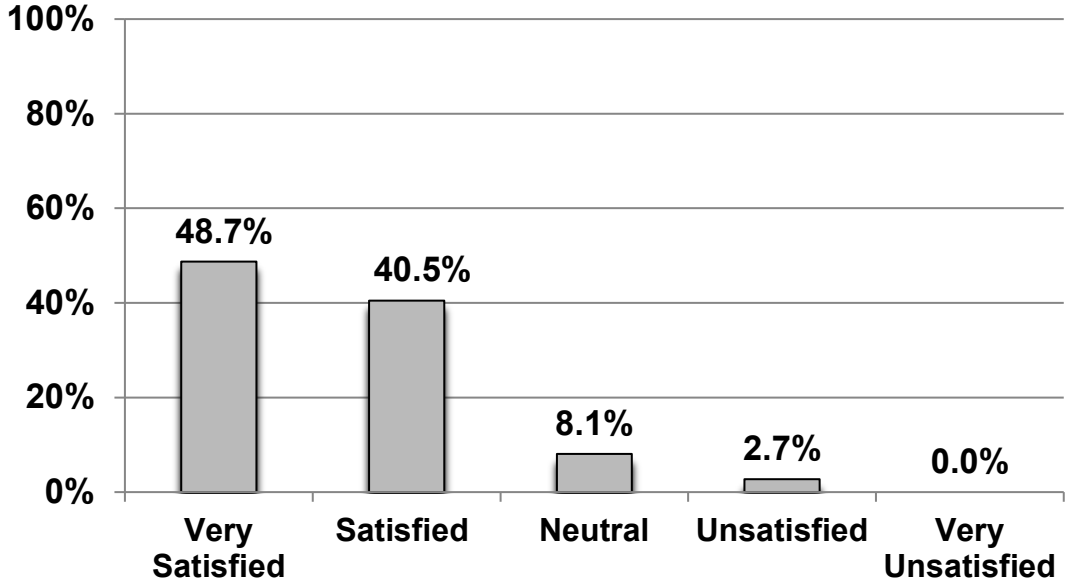
Consumers were asked to provide feedback regarding their experiences in receiving services in four broad areas: orientation and mobility/travel, assistive technology, communication skills, and daily living skills.



Participants were first asked whether they had received services to help them travel more safely and efficiently in their home and/or community. Thirty-seven (31%) of the 118 respondents to this question stated that they had received these services.

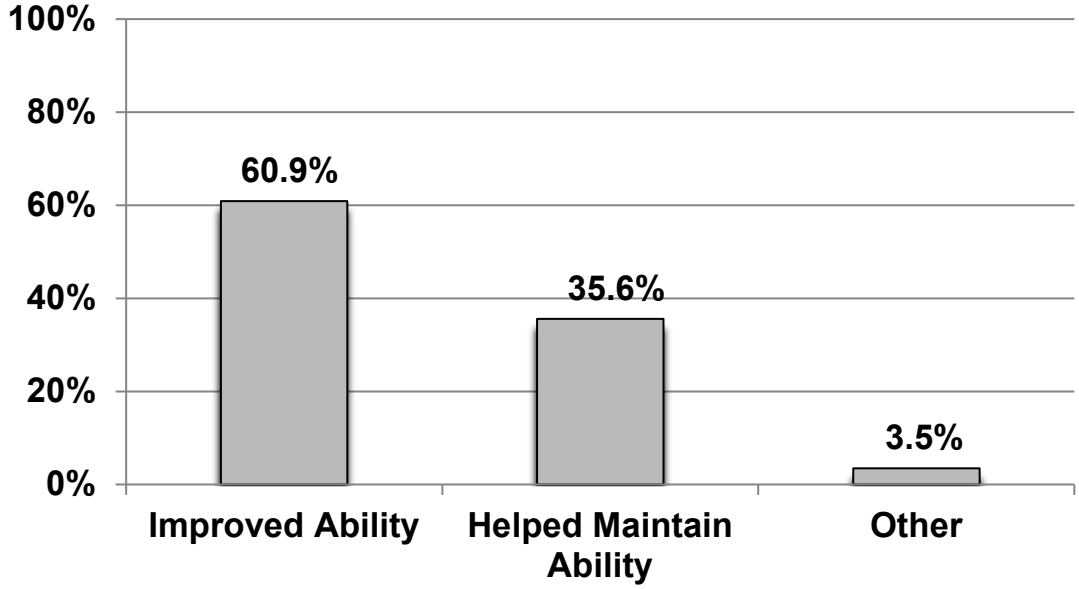
Regarding those participants who had received services, 68% (*n* = 25) reported that they were now better able to travel independently in their home and/or community and 32% (*n* = 12) had maintained their ability.

Figure 20: Satisfaction with Travel Services



Respondents who had received travel services were also asked their level of satisfaction with services. Forty-nine percent (*n* = 18) indicated that they were very satisfied with the services they had received. Forty-one percent (*n* = 15) were generally satisfied. Three respondents were neither satisfied nor unsatisfied with the services they had received. One respondent was unsatisfied. The comment provided was that the respondent saw someone once and that was not enough.

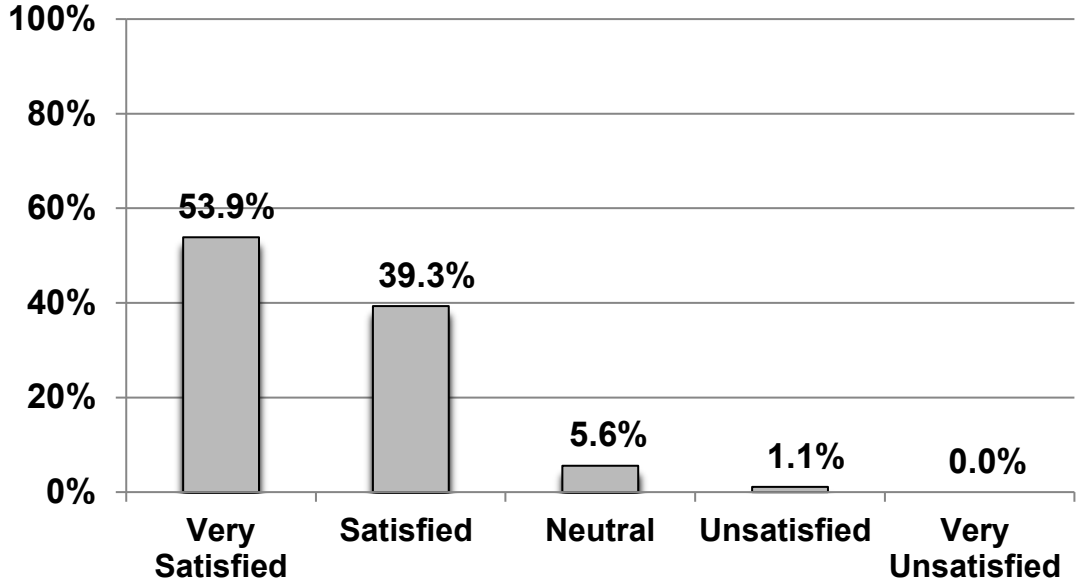
Figure 21: Functioning with Devices/Equipment



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. Eighty-nine (75%) of the 118 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, 61% (*n* = 53) of respondents reported that these devices and/or equipment had improved their ability to function independently; 36% (*n* = 31) had maintained their ability; 4% (*n* = 3) reported other. Other reasons provided were that the devices/equipment had not helped at all, a lack of training, or that the device was used for watching TV. Seven percent (*n* = 6) 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 equipment/devices that were not well designed or difficult to use (e.g., large magnifiers), not enough training on how to use the devices/equipment, lack of interest in using the device, or did not receive anything.

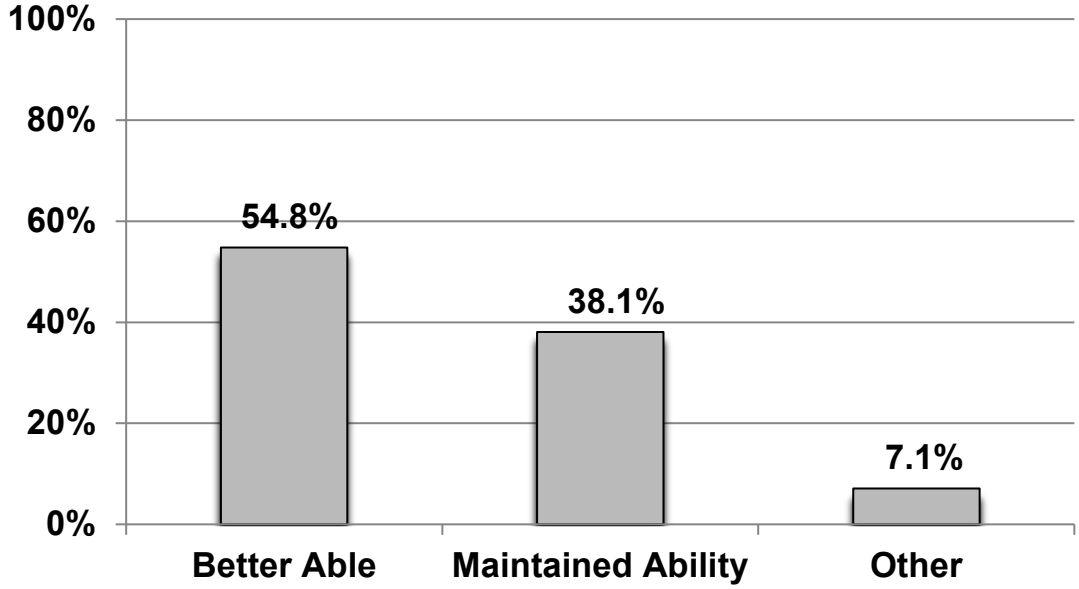
Figure 22: Satisfaction with Devices/Equipment



Devices/Equipment Training: 93% satisfaction rate

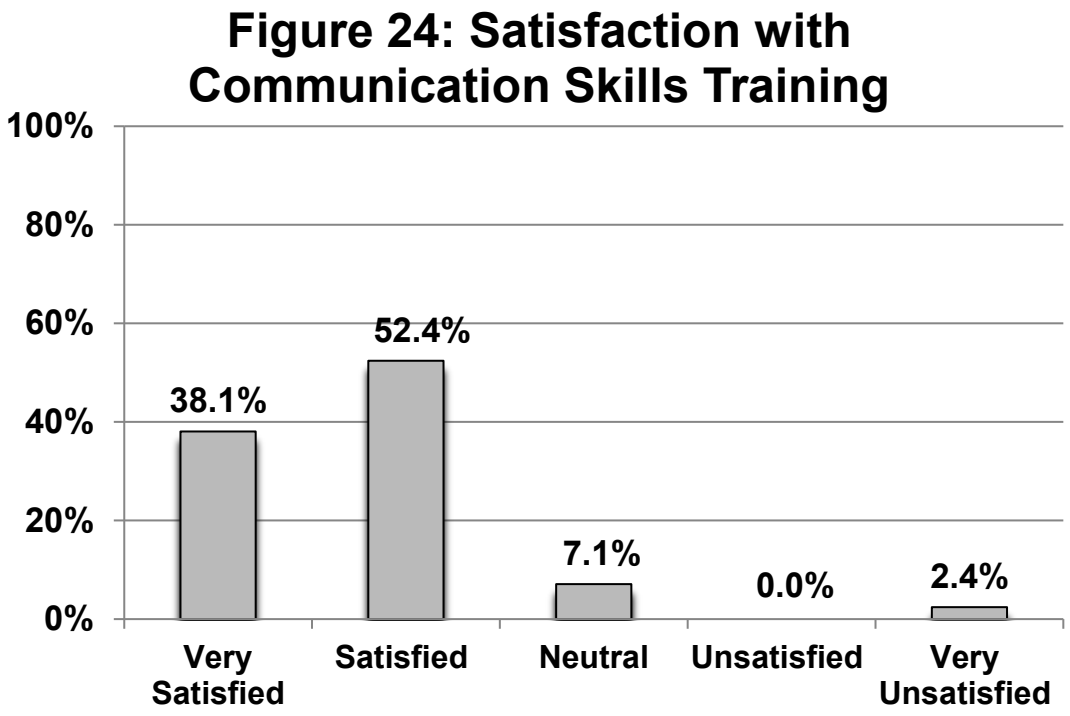
Respondents who had received or purchased equipment or devices were also asked their level of satisfaction with these in helping them function more independently. Fifty-four percent (*n* = 48) of respondents indicated that they were very satisfied with the services they had received. Thirty-nine percent (*n* = 35) were generally satisfied. Five respondents (6%) were neither satisfied nor dissatisfied. One (1%) individual reported being unsatisfied. Examples of reasons for dissatisfaction included not enough help.

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-two (36%) of the 118 respondents stated that they had received these services.

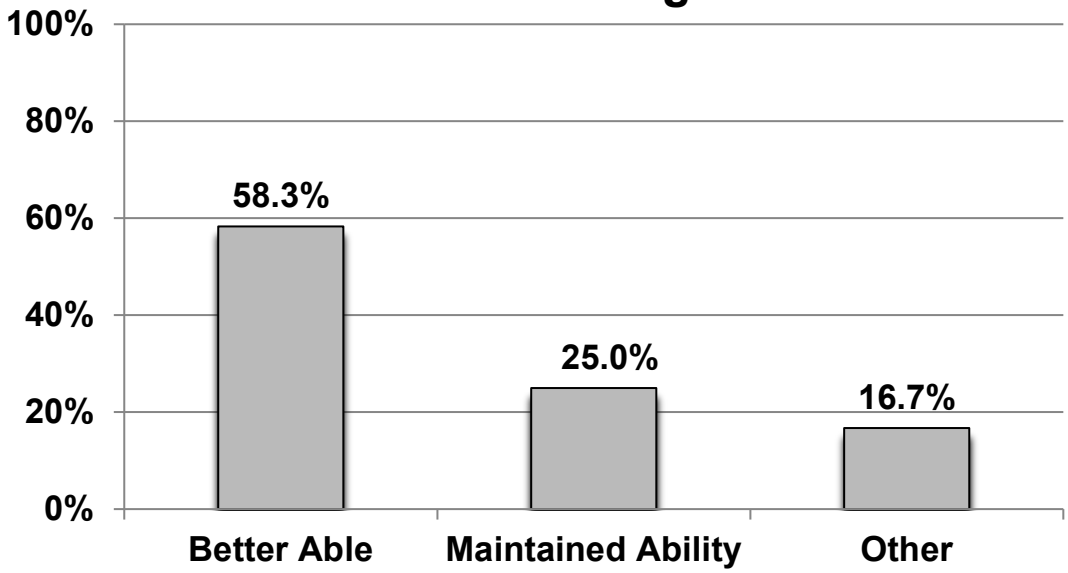
Regarding those participants who had received communication skills instruction, 55% (*n* = 23) of respondents reported that they were now able to function more independently; and 38% (*n* = 16) had maintained their ability to function independently. Three consumers (7%) reported other with a decline in vision or lack of training prohibiting them from improving or maintaining their communication skills.



Communication Skills Training: 90% satisfaction rate

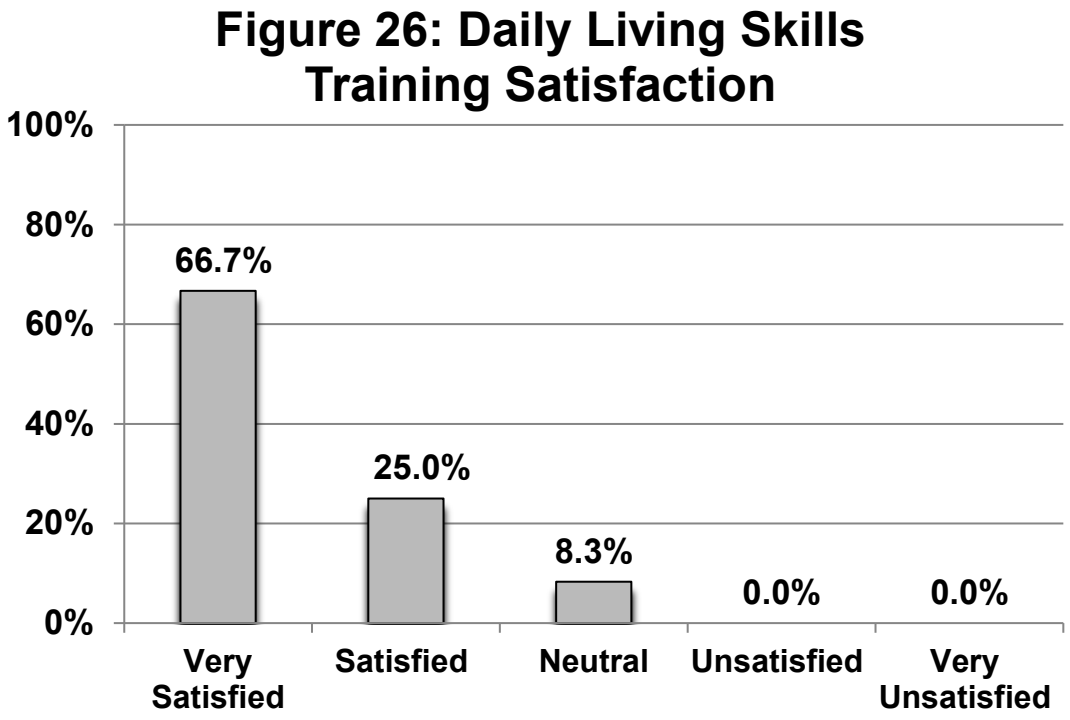
Respondents who had received communication skills training were also asked their level of satisfaction with services. Thirty-eight percent (*n* = 16) of the 42 respondents indicated that they were very satisfied with the services they had received. Fifty-two percent (*n* = 22) were generally satisfied. Three (7%) respondents were neither satisfied nor unsatisfied, and 1 (2%) respondent was very unsatisfied. The respondent who left a comment said they needed more class time.

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. Twelve (10%) of the 118 respondents stated that they had received these services.

Regarding those participants who had received daily living skills training, 58% (*n* = 7) of respondents stated that these services had enabled them to function more independently; and 25% (*n* = 3) had maintained their ability. Two consumers provided other reasons for a lack of improved or maintained daily living skills. Comments suggest a deterioration in eyesight and loss of microwave instructions.

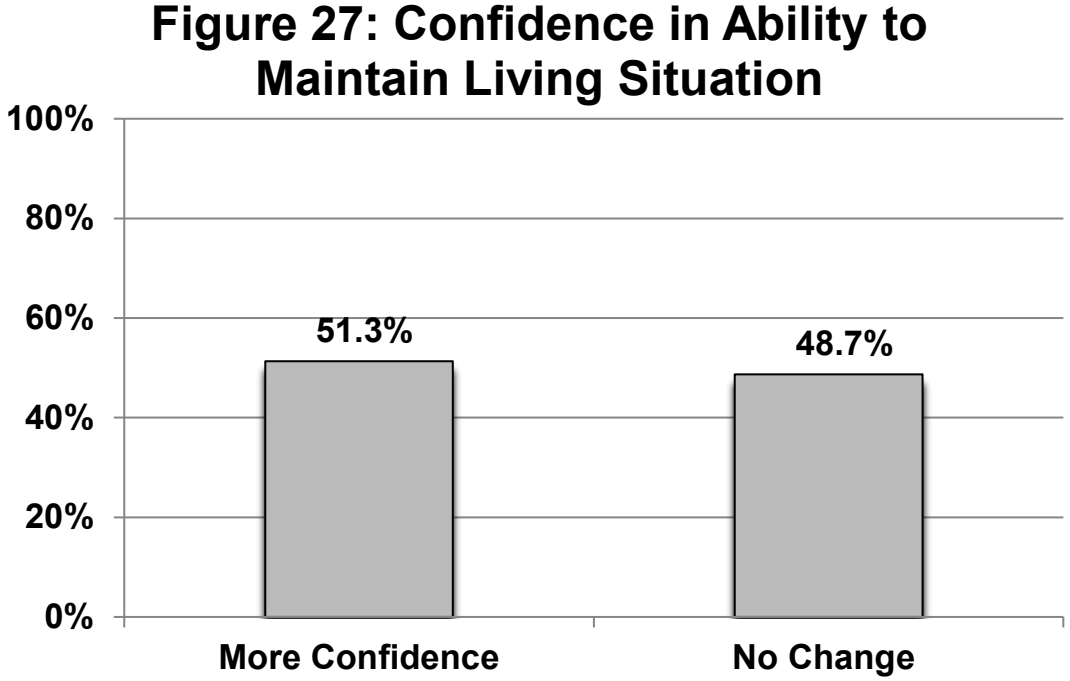


Daily Living Skills Training: 92% satisfaction rate

Respondents who had received services to help with daily living activities were also asked their level of satisfaction with services. Sixty-seven percent (*n* = 8) of the 12 respondents indicated that they were very satisfied with the services they had received. Twenty-five percent (*n* = 3) were generally satisfied with received services. One respondent was neither satisfied nor unsatisfied.

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.



Participants were asked how services may have helped them maintain their current living situation. Fifty-one percent (*n* = 60) of the 117 individuals responding reported that they now had more confidence in their ability to maintain their current living situation. Forty-nine percent (*n* = 57) indicated that there had been no change in their confidence in maintaining their living situation. Comments regarding this response included that vision, health, or cognitive ability had declined, that services may not have been helpful, or that they needed other or additional services.

Following this question, participants were asked if they knew how to contact their service provider in the event they needed additional services. Fourteen respondents (12%) 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:

- They restored my confidence. It was so helpful.
- That is hard to say because it is so explosively helpful. My ability to use my items to help me in every way.
- I can use the iPhone better.
- The magnifiers have helped me the most.
- It made me feel more human. It made me a fuller, whole, happier person. It gave me more confidence.
- it made a lot of difference. My wheelchair, walker, dots, everything has made a lot of difference. My cane has probably saved my life.
- Being able to use my computer better.
- Using my cane to get around. Made me more independent.
- It helped me to function better and gave me more confidence with the cane. It gave me a much better life.
- The training and the items. They gave me more confidence about being blind. I got my independence back. The program is encouraging.

III: Site Visits and Project Independence Briefing Paper

For FFY 2020, the MSU evaluation program's site visits did not focus on the typical site visit model of observing center services, interviewing staff, and reviewing case files. Instead, the decision was made with program manager, Kay McGill, to utilize the expertise of the external evaluator, John Crews, to do a more comprehensive review of the program with regard to sustainability. In addition to visiting and evaluating two provider sites this year, Dr. Crews collaborated with providers to develop a resource for program sustainability identified in last year's recommendations: the Project Independence Briefing Paper.

The external evaluator did travel to visit two provider agencies in Georgia to interview agency directors and assess service models: Visually Impaired

Foundation of Georgia (VIFGA), in Woodstock, GA, and Walton Options for Independent Living (Walton Options), in Augusta, GA, both in March 2020.

Visually Impaired Foundation of Georgia (VIFGA)

For VIFGA, the evaluator met with the executive director, whom he described as providing that program with considerable insight, experience, and creative approaches to providing care to the highest possible number of seniors who need services. The executive director was commended as being highly innovative and resourceful, using working relationships with other service providers such as optometrists and other community resources. Particularly, the evaluator expressed appreciation for the director's initiative to source and create an on-site low-vision examination area for low vision evaluations at a local Native American tribal land to expand services to that underserved population. The external evaluator commended VIFGA's director on this example as a novel approach to providing care for such communities with high service needs and low resources.

Walton Options for Independent Living (Walton Options)

The evaluator described Walton Options as a mature and multi-faceted organization. While focused on independent living services, it also utilizes community partners and relationships with other local agencies to provide older blind services. An occupational therapist provides services that are reimbursed through third-party insurance, freeing up OBP funds from Project Independence to provide for other vision rehabilitation services, expanding access to those services in the community.

In addition to the two individual evaluations described above, Dr. Crews contacted agency directors and other staff from the additional four provider agencies for the Georgia OBP to collaboratively gather agency information to create the Project Independence Briefing Paper. Dr. Crews took information gleaned from interviews with agency directors to illustrate what he described as a program that "has tapped into the innovative and entrepreneurial nature of each service provider organization to weave together a robust service delivery system" for Georgia Older Blind Program services. He particularly credits the project manager, Kay McGill, for being the key element in the project's success through her skill with community resources, budget administration, and dialogue with service provider agencies for problem solving – especially highlighted during the

COVID-19 crisis. Two programs spearheaded by Ms. McGill that deserve particular recognition are their ongoing peer support group leader trainings, which were increased significantly during the pandemic as a way to support seniors on a remote platform, and the confident living program, which provides vital, intensive training on daily living and other skills to seniors.

Project Independence Briefing Paper

Utilizing data from the Georgia Department of Health's Behavioral Risk Factor Surveillance System (BRFSS), Dr. Crews created a comprehensive policy brief on the intersection of vision impairment, aging, and vision rehabilitation in Georgia. This brief describes the prevalence of vision impairment in Georgia's older population, as well as co-occurring health factors, behavioral factors, and demographics. It provides an in-depth description of the population eligible for services by Project Independence and also outlines the six provider agencies in Georgia and how each is uniquely responding to this need for services and impacting the lives of older Georgians with visual impairments. This briefing paper could be instrumental in illustrating the need for collaboratively addressing older blind services to community partners, potential funders, and stakeholders concerned with the health and quality of life for Georgia's senior population.

IV: Project Independence Contractor Meetings

The Older Blind Program Manager for Project Independence typically convenes two meetings annually; one in-person spring meeting to review the previous year's outcomes and one teleconference in the fall for updates on program progress. In FFY 2020, due to the COVID-19 pandemic, this schedule was changed dramatically to respond to safety precautions and to meet the needs of the Project Independence contracted service provider agencies. No in-person meeting was held, and in its place, a series of teleconferences were held over the spring and summer. Representatives from all direct service contractors, key GVRA administrative and contract staff, and NRTC representatives were in attendance for these meetings.

The initial meeting held on March 24, 2020, was devoted to discussing operating procedures and concerns for the contractors. Discussion covered how they were responding to lockdown regulations due to the pandemic conditions and necessary safety precautions. Contractors and service provider staff shared information about how they were continuing to provide any services possible remotely, and maintaining telephone contact where possible to ensure seniors'

immediate needs and safety concerns were met. Project Independence continued to share resources and information throughout the spring, including such supports as information on food resources that could be utilized for seniors in need, or instructions for how to provide remote training for certain services.

Meetings in April and May 2020 were convened to address how service providers were responding to ongoing pandemic conditions, including providing remote services for orientation and mobility training and vision rehabilitation training. Additionally, the NRTC provided preliminary feedback from the FFY 2020 Program Participant Survey at the April meeting. In May, the state briefing paper being prepared by Dr. John Crews was reviewed and discussed, with requests for contractors to contribute personalized program participant stories to be included. A series of meetings were held in June to finalize the reporting of NRTC recommendations to the Project Independence program, review the progress and outcomes of the briefing paper, and continue to address strategies and solutions related to service provision and any re-entry to in-person services. Meetings were held in July and August to continue work on the briefing paper and for contractors to share updates and resources about ongoing remote and socially-distanced operations and safety protocols.

A fall contractors' meeting was held on October 27, 2020, where contractors and service providers provided updates on their ongoing operations using a mix of remote training and some in-person services while following pandemic safety protocols.

SUMMARY/DISCUSSION

GVRA was awarded $871,438 in Title VII, Chapter 2 monies for FFY 2020. Total FFY 2020 expenditures for the Project Independence program were $928,789: $871,438 from Title VII, Chapter 2 federal funding and $96,826 from state funds. Only 6.3% 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 2020, 1,030 individuals received services through a network of 17.14 full-time equivalent (FTE) direct service staff and 9.57 FTE administrative and support staff, of which 0.59 administrative/support staff were GVRA employees. This is a decrease of 378 consumers served, a decrease of 4.63 FTE administrative/support staff, and a decrease of 7.47 direct service 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-two percent of all consumers served were age 75 and older and 46% were legally blind (includes totally blind). In addition, consumers reported multiple health conditions in addition to visual impairment. For example, approximately 25% of consumers had diabetes, 22% had a hearing impairment, 19% had cardiovascular disease, 16% had musculoskeletal conditions, and 4% had Alzheimer's or cognitive disorders. 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 life styles.

Approximately 55% of consumers served in the Project Independence program were white, 32% were black or African American, 1% were Hispanic/Latino of any race, 1% were Asian, and 11% 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 2018 ACS data (Erickson & von Schrader, 2020) 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 have declined over the last several years (13 served in FFY 2020, 18 served in FFY 2019, 16 served in FFY 2018, 20 served in FFY 2017, 24 served in FFY 2016). Although the low number served in FFY 2020 was likely impacted by the COVID-19 pandemic, these otherwise low relative numbers served may indicate that this community could benefit from ongoing outreach efforts.

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 age 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 with the goal of capturing 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 118 consumers who had received services and were closed during FFY 2020. Project Independence contractors provided contact information for 309 individuals. The NRTC interviewer made telephone contact with 175 individuals, 171 of whom were viable participants, and 118 (89%) consented to be interviewed. This represents about 37% of consumers reported to MSU as closed and about eleven percent 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.

One area that showed a marked divergence from information reported in the 7-OB was when consumers were asked about non-visual health conditions. Although percentages cannot be expected to match exactly, as survey respondents are only a sample of the population of all consumers served, these percentages for rates of non-visual health conditions were much higher in most categories than those indicated in the 7-OB data. This difference in reported rates of incidence for medical conditions may indicate that data is not being accurately captured in 7-OB reports; one possibility being that consumers could be reluctant to report medical conditions during their intake interviews when their focus is on receiving blindness rehabilitation services. As previously stated, Project Independence commendably offers services that can moderate the effects of these health conditions, and therefore accurate collection of this information is desirable.

In the Program Participant Survey, the first section contained three Likert-type scale items which quantified respondents' level of agreement with statements related to the manner in which services were delivered. Ninety-two percent of respondents agreed that services were timely, ninety-six percent agreed that staff were attentive, and ninety-two percent agreed that they were satisfied with the quality of services. The greatest level of agreement (96%) was in response to the statement regarding attentiveness, concern, and interest shown by the staff. High scores on these measures are indicative of an efficient and effective service delivery system.

The second section contained four multi-part questions which 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).

- Thirty-one percent of respondents reported having received orientation and mobility services; 75% reported having received devices or equipment; 36% reported having received instruction in communication skills; and 10% reported having received instruction in activities of daily living.

- The overall average of respondent satisfaction was 91%. Training in communication skills received 90% satisfaction rating, and training in travel skills received 89% satisfaction rating. Ninety-two percent of those who received daily living skills reported being satisfied, and receiving equipment and/or devices was rated at 93% satisfaction.
- Overall, 93% of respondents who received services reported that services had helped them to gain or maintain functioning in daily life activities. One hundred percent of those who had received training in travel skills reported that services had helped them to gain or maintain functioning. This was followed by those who had received training in communication skills (93%) and in daily living skills (83%). Those reporting a gain or maintenance of function after receiving equipment or devices through the program was 97%, an increase of 15% from that reported 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; to identify additional services they may have needed to become more independent in their home and community; in their opinion, what was the greatest difference the program had made in their lives; and how their experience could have been improved.

- Over half of respondents (51%) reported more confidence, and 49% 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 11.

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 2020 (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. Document and record new operating procedures that were created and lessons learned under the COVID-19 pandemic constraints, especially concerning the provision of remote services and assessments. Give thoughtful consideration to which new processes are worth maintaining into the future because of the benefits they can bring.

   Rationale: Throughout the year in FFY 2020, provider agency directors and direct services staff have made remarkable efforts in responding to the pandemic with innovative, creative, and thoughtful ways to make sure that seniors received the services and connections they needed, especially with regard to their safety and security. Many of these new procedures that were initiated in order to provide services remotely have been reported to increase access capacity for seniors – where they may not have been able to participate due to travel or mobility constraints, remote services made it possible. This provides an opportunity to learn and adapt from these circumstances to carry gains into the future, and documenting a considered approach to the benefits and drawbacks of any new policies will create a record of how and why these policies should be embraced.

2. Reinforce the established guidelines in following up with consumers regarding training, equipment, and requests for services. Continue to strive to offer comprehensive services at the appropriate scope and depth of needs of consumers, with particular attention to the extent and amount of training needed, devices and equipment, and meeting independent living goals.

   Rationale: One theme in consumer comments that addressed goals not being met indicated a desire or need for more training (including training on devices or equipment), equipment that

worked better for them, or that they were still awaiting either training or equipment. Some comments indicated waiting to hear back from instructors or providers, or having a long wait for services. Whether during the intake process while awaiting services, while services are ongoing, or just prior to case closure, following a systematic plan for contacts with consumers will keep consumers informed and allow needs to be addressed prior to closure. Keeping consumers informed about wait times will help to alleviate their frustration and uncertainty.

3. Although not the highest priority for the coming year while still recovering from pivoting to meet the challenge of the pandemic, it is still recommended that the Project Independence program develop an overall strategic plan that includes a plan for sustainability in the coming years for service provision of Older Blind services in GA. Consider including in the strategic plan potential ways that the individual provider agencies could work together to leverage resources to respond to the expected increasing needs for vision rehabilitation services in the coming years.

   Rationale: This is a continuing recommendation provided by the MSU contracted site reviewer based on meetings with contracted providers and with stakeholders for Project Independence. It is recognized in the vision rehabilitation community serving senior consumers that the population of older people needing services will likely increase over the coming months and years, while federal funding is very unlikely to increase. A strategic plan to guide the program and its provider agencies has the potential to help identify and facilitate ways to creatively meet increasing demands for services over time, and in ways that will not overwhelm the provider agencies and their increasingly strained resources and staff. This potential exists especially in the ongoing creation of partnerships with other agencies and facilities, as well as promoting an informed public of the gravity of this coming need and the pressures of an aging society. A strategic plan that includes increased public and stakeholder awareness may open doors to additional avenues of resources and collaborative efforts.

4. Continue to collaboratively explore partnerships and collaborative efforts with other nonprofit, service provider, or governmental agencies at regional

and state levels. Include an effort to identify and reach other agencies who serve the same constituents, perhaps with other comorbidities in addition to blindness or low vision, identified in the data document on population and prevalence of GA seniors with visual impairment.

Rationale: Each of the individual provider agencies who serve OBP consumers has a rich history of outreach and collaboration within their own local community and resources. However, a coalition of these agencies as individual, private organizations irrespective of the Project Independence program could be empowered to have a stronger voice for collaborative partnerships at larger or even state levels. Community-based vision rehabilitation for seniors has been recognized as a complex and challenging endeavor, and broad collaborative efforts are important to address this challenge (Teutsch, McCoy, Woodbury, & Welp, 2016). Cooperation between multiple agencies who all serve the same constituency on a spectrum of needed services, in addition to blindness or low vision, may be able to serve consumers with less effort and cost to each partner agency. Continuing to explore services provided by other agencies across the state and funding opportunities for particular community outcomes may uncover additional partnerships that could be created to improve consumer outcomes. These contacts could also be used to obtain buy-in from other agencies and funders on the work provided by Project Independence so that stakeholders in any complementary services (such as health care or transportation) will understand the importance of and support vision rehabilitation services for seniors.

5. To increase and leverage any available funding streams, consider hiring staff who are reimbursable by third-party payers, and then billing for any reimbursable services provided by any staff members who are able to bill for services by insurance or the VA, including OTs, LPCs, and any other licensed staff. If feasible, collaborate between providers to share any costs, information, and training time associated with setting up a billing protocol and contracting with billing specialists.

   Rationale: This is an ongoing recommendation noted by the MSU contracted site reviewer upon assessing program service delivery processes and after conversations with contracted

providers and stakeholders for Project Independence. Billing insurance may be complex, but standard billing codes for vision rehabilitation services can be determined and shared program-wide, and overhead time and costs should be at the least offset by any additional income brought in through billing other payors. This is potential additional income that is going unutilized and could free up project resources to make services reach further in the community. It may also be increasingly important to take advantage of all additional possible revenue streams as referrals from agencies such as GVRA are not always reliable, and public funds become increasingly competitive and stagnant over time.

6. Ensure that closed consumers' contact information is accurate and current, and provided to MSU staff no later than 30 days after the close of each quarter.

   Rationale: Consumers may not recall services that were given at a time too long before the survey call, and contact information could change over time. Additionally, the survey window for making calls to consumers closes at the end of the quarter following the close of the federal fiscal year, so there is a time constraint based on staff availability for when surveys can be completed for any given fiscal year. In order to address this problem, contractors are encouraged to ensure that accurate information for only closed OBP consumers is provided to MSU within 30 days after the close of the quarter. MSU staff will endeavor to implement a system of regular and timely reminders for submission of information. OBP contractors are also requested to provide a report, even if no OBP consumers were closed for that reporting quarter, to assist MSU staff with monitoring the arrival of reports. Implementing this system will help ensure that the consumers are contacted within a reasonable time after services have been delivered; allow less time for contact information to become outdated; or for consumers to forget or confuse one service provision period, or one service provider, with another.

Commendations

The following commendations were developed based upon findings from

program evaluation activities, and are provided in an effort to support the positive outcomes of the Project Independence program.

1. The entire Project Independence organization is to be commended for their creative, innovative, and caring response to the COVID-19 pandemic and all the constraints it put upon direct care services. Service providers shared resources and ideas, provided support to each other and to their communities, and remained steadfast in their commitment to serve Georgia's senior blind and low vision population. Commendations are offered to the providers who met this challenge with great courage and success.

2. Project Independence contracted providers are commended for the very positive responses provided by consumers contacted for the satisfaction survey. 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 89%, for just one service area (travel skills services), and all others were 90% or higher. It is noted that due to the pandemic, as travel skills services is primarily provided in person, these were suspended for the majority of the reporting year, so the number of seniors receiving this service was comparatively low, and some services could not be provided. Contractors should be commended on the high satisfaction rates given by consumers for the program.

4. In response to the COVID-19 pandemic, the Project Independence program manager increased the number of trained peer support group leaders by three, and increased the number of peer support group leader meetings for training and support from twice yearly to every other month. These meetings were increased to provide support and training to these leaders who were in turn providing support to seniors in remote peer

support group meetings. This initiative by Project Independence's program manager helped ensure that many seniors were able to be supported and connected during the uncertain and distressing times of the pandemic.

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 1344 in 2015, 1460 in 2016, 1,372 in 2017, 1,338 in 2018, 1,408 in 2019, and 1,030 in the current year). The exception has been the slightly fewer served in the current year amidst the COVID-19 pandemic, and keeping the numbers served as high as they were for FFY 2020 was commendable considering the environmental conditions. 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 2020 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 *(read options)* that services were provided in a timely manner (your program proceeded at a reasonable pace)?	5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree
2. Do you *(read options)* that the staff were attentive, concerned, and interested in your well-being?	5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree
3. How satisfied were you with the quality of the services you received? Were you *(read options)* with the quality of services?	5 - Strongly Satisfied 4 - Satisfied 3 - Neutral 2 - Dissatisfied 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? Were 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 this, 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 greater control and confidence in your ability to maintain your current living situation.
   - — There has been no change in your control and 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 2020 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?

No consumer comments were given for this question.

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?

- 31-012 I only saw someone once and one time is not enough.

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?

- 61-005 My watch has stopped. My color coder died also.
- 61-035 He has his routine.
- 63-080 My cane and the writing guides are very helpful.
- 61-045 The dots fell off. I still use my cane. I enjoy the books from the library.
- 62-062 I first bought a Ruby that had been used. It was of no use to me. I then bought another one and it is good.
- 31-021 He was not given enough training.
- 24-021 The dots fell off.
- 11-001 Not too much. I don't take time. It needs to be smaller.
- 11-019 They are too cumbersome. Not what I wanted.
- 11-069 It took me over a month to get my glasses right. I was very displeased.

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

- 61-035 Not using the glasses. He just does not want to.
- 31-001 The magnifiers were not helpful with my neck problems.
- 31-021 He did not get enough training on anything.
- 11-001 I don't remember. It is a reader and it is too small. A magnifier.
- 11-019 They are not what I wanted.
- 11-051 She did not get anything.

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

- 61-035 Not helped at all.
- 31-001 Communication is not very satisfactory. I have not finished using all the resources that I am interested in.
- 31-021 Not enough training. Not consistent training.
- 11-058 It's just used for watching TV.

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

- 61-035 His sight has gotten worse.
- 61-045 I need some more locator dots.
- 31-021 Not enough help.
- 11-019 See above.

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?

- 61-024 My eyesight has gotten worse.
- 61-005 The training was excellent, but I was sick and could not finish. I need more training.
- 63-080 Need more help on the computer.
- 63-090 My eyesight has gotten worse, and I can't use the phone any more.
- 31-021 Not enough training.
- 11-041 Doing that now.

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

- 11-061 I needed more class time. An hour is not enough. I also needed more personal time. It is hard to teach an old dog new tricks quickly.

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?

- 61-024 My eyesight has gotten worse.
- 63-087 I lost my instructions on the microwave. I cannot use it now.

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?

- 22-003 I have gotten worse so it is not as good.
- 61-018 I did not get most of these things.
- 61-024 I have gotten worse.
- 61-036 Her vision is worse now. She has lost some confidence.
- 64-095 I can't see as well as I used to. I do need help with cooking and matching my clothes.
- 61-035 His eyesight is worse.
- 61-044 We mostly just talked.
- 61-046 They couldn't help him.
- 63-090 I don't remember.
- 63-093 They came out and met with me, but they never came back.
- 61-045 I need someone to help with house cleaning.
- 62-058 I only had an exam.
- 62-076 My eyesight is getting worse.
- 62-077 My eyesight is getting worse.
- 62-056 My eyes have gotten worse.
- 31-030 I never got things that they were supposed to help me with.
- 31-001 I have not finished everything yet.
- 31-006 They never came back to help me.
- 31-053 I have lost more eyesight. Things are worse.
- 31-040 The cane and stickers have helped some.

- 51-006 I cannot do anything anymore.
- 31-061 I can't see out of one eye.
- 31-055 I only got a magnifier.
- 11-001 I just don't use it like I should.
- 11-004 I didn't get enough help.
- 11-003 The magnifying glass helped some, but it was not what we needed.
- 11-026 Things were just too expensive so we didn't get anything.
- 11-041 I haven't mastered or completed it yet.
- 11-047 Because of her age and health.
- 11-050 It was easier for me to follow some of the keys on my computer. The magnifier is very small.
- 11-053 They did not help me enough.
- 11-058 It was only used for TV.
- 11-061 I needed more teaching time.
- 11-066 I am managing.
- 11-068 I only got a prescription for glasses.
- 11-078 I only got a magnifier.
- 11-080 I have been dealing with this now for about a year.
- 11-081 I am losing confidence in my ability to handle the situation.
- 11-082 No one has been able to come help me yet.
- 11-089 I only got my eyes tested and checked my prescription.
- 11-097 I am physically the same.
- 11-051 Nothing has been done yet for her.
- 11-038 He is not completely blind.
- 11-059 He has just remained the same.
- 11-069 Everything is about the same.
- 11-094 I believe my eyesight is getting worse.

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

- 22-003 Just talking with them. The cane.
- 22-004 Learning to walk with the cane.
- 22-006 It helped me to function better and gave me more confidence with the cane. It gave me a much better life.
- 41-005 It gave me technical ability.
- 41-007 That is hard to say because it is so explosively helpful. My ability to use my items to help me in every way.

- 41-009 I can read the newspaper partially where I couldn't before.
- 41-011 The magnifier helps a lot.
- 61-018 Just talking with me and very nice.
- 61-020 It is a little easier to read.
- 61-024 The big machine for magnifying.
- 61-016 I don't remember.
- 61-017 The magnifier helped some.
- 41-012 I got some reading glasses.
- 61-009 The magnifying glass has helped me to read better. Also, knowing someone cares.
- 61-012 Being able to read the newspaper.
- 61-005 The training and the items. They gave me more confidence about being blind. I got my independence back. The program is encouraging.
- 61-006 The magnifier has helped me some.
- 41-003 Being able to read better with my glasses.
- 41-006 They helped me with more independence.
- 64-098 My confidence, physically and mentally. Now, I can do anything.
- 64-100 The thing to wear on my head so I can read some.
- 64-103 I like their magnifier and I really like the help I got on using my iPhone.
- 61-036 The information they gave her.
- 64-095 It helped me more in the beginning. And listening to my Bible on tape.
- 61-035 It let him know that what he was already doing was good for him.
- 61-044 I got a book to order from. Also, places I can apply to see what to offer me.
- 61-046 They couldn't help.
- 63-080 Keeping communication with other people. Confidence.
- 63-083 They boosted my confidence. I was terrified, but not now. I can get out now and do my cooking.
- 63-088 My cane does a lot for me.
- 63-090 The stickers put on my appliances.
- 63-093 It has helped with my iPhone.
- 61-045 It made a lot of difference. My wheelchair, walker, dots, everything has made a lot of difference. My cane has probably saved my life.
- 61-039 It gave him some confidence. He can read menus.
- 62-049 The emotional support was the best.
- 63-087 They helped me in my everyday living.
- 62-054 More confidence in going outside.
- 62-058 I use eye drops.
- 62-069 Knowing someone is there if I need them.

- 61-040 They updated me on the technology.
- 63-101 The computer and the iPhone training has helped me a lot. Using the Voiceover.
- 62-073 The magnifiers have helped her.
- 62-075 I am maintaining and using the items and the suggestions that they gave.
- 62-078 Orientation and mobility with my cane. Also the bump dots have been a lot of help.
- 62-076 None.
- 62-077 Just knowing there is someone there to help me if I need it.
- 62-051 My cane and all helped me a lot.
- 62-062 It supplied me with what I need to be able to see.
- 62-056 I don't know.
- 31-005 They helped me with everything.
- 31-013 They helped me with my blindness and ways to do things.
- 31-018 The help with my telephone.
- 51-003 I get injections in my eyes.
- 31-030 My glasses.
- 31-001 It has helped me with the talking books program.
- 31-006 They quit contacting me, so they haven't helped me.
- 31-035 Just knowing that someone is there when I need them.
- 31-041 Helping me to use the cane.
- 24-010 The Seeing AI app on my iPhone.
- 31-032 I don't remember.
- 31-034 The evaluation was awesome. I learned stuff about myself and showed me things that I need.
- 31-026 They restored my confidence. It was so helpful.
- 31-039 The assistive and technology training. I gained more confidence.
- 31-021 Nothing.
- 31-043 The talks that were given.
- 31-045 Just knowing they are there and that I can call and get help if I need it is fantastic.
- 31-053 It made me feel more human. It made me a fuller, whole, happier person. It gave me more confidence.
- 31-040 The stickers and cane have helped.
- 31-017 Not much so far.
- 31-058 Knowing that I could function independently by myself.
- 24-009 Using my cane to get around. Made me more independent.
- 24-019 Gave me more self-confidence.

- 24-021 Using my cane.
- 51-006 I got the magnifier.
- 24-023 Regain functionality, computer skills, communication skills.
- 31-012 I can use the iPhone better.
- 31-061 I enjoy the audio tapes.
- 31-055 My reading glasses have been such a blessing. Also, the magnifier.
- 11-001 Knowing someone is there to help me.
- 11-004 To be able to drive again.
- 11-009 It has been a help, but I need more discounts on glasses.
- 11-015 The equipment that I got helps me read small print.
- 11-019 Nothing really.
- 11-003 It confirmed things we already knew.
- 11-018 I can see better.
- 11-022 Nothing.
- 11-026 She got her eyes tested.
- 11-028 I haven't started training yet.
- 11-036 They are more understanding overall.
- 11-041 Helping me find a job.
- 11-042 The magnifiers.
- 11-044 I can see through the magnifying glass.
- 11-047 Not any for her.
- 11-050 Being able to use my computer better.
- 11-052 The lamps.
- 11-055 My ability to read.
- 11-053 Really nothing.
- 11-056 My ability to read the print.
- 11-058 He can see TV better now.
- 11-061 It helped me to understand that you have to learn things by yourself. They helped me to learn Voiceover and other things.
- 11-065 I can read my mail now.
- 11-066 I really didn't get to use the services much, I don't have an opinion on that one.
- 11-068 Nothing.
- 11-070 Nothing.
- 11-078 I can read a little bit better.
- 11-080 Seeing what all is available. Also, they made me more aware.
- 11-081 The magnifiers have helped me the most.
- 11-082 They showed me things that they had. No one has come to help me yet because of Covid.

- 11-089 Realizing that I am not as impaired yet. I didn't know.
- 11-097 They helped me to maintain my disability. The spy glass and the bump dots have helped me most.
- 11-048 I can read some better.
- 11-051 Knowing someone is available when needed.
- 11-083 It boosted her confidence.
- 11-076 Teaching me how to move around with the cane and travel.
- 11-038 Knowing that his vision will not get any worse.
- 11-059 He is still the same. OK.
- 11-069 The magnifying glass helps me most.
- 11-094 How to get around and using the magnifiers.

12. How could your experience have been improved?

- 22-003 It was good.
- 22-004 They were good.
- 22-006 The training and everything was good.
- 41-005 Nothing. They were perfect.
- 41-007 I can't think of a thing. Twice as much time with the people.
- 41-009 Nothing could have been better.
- 41-011 Nothing.
- 61-018 They were very nice.
- 61-020 It was good.
- 61-024 They did everything they could.
- 61-016 It was good.
- 61-017 They were very good.
- 41-012 I am not sure. The access to the building has a very long ramp. It needs to be right at the front door instead. The bleach fumes were overwhelming. I almost left it was so bad.
- 61-009 They were nice and good.
- 61-012 I thought they did a good job.
- 61-005 Everyone was very nice and helpful. They could not have been better.
- 61-006 They were very nice.
- 41-003 They were alright and helped me.
- 41-006 They made me feel better.
- 64-098 They were very helpful.
- 64-100 Nothing.
- 64-103 I can't think of anything. They were very helpful.
- 61-036 They were good.
- 64-095 I never got the training I needed.
- 61-035 Nothing.

- 61-044 They were very nice. I just wanted to see some aids that they didn't show me.
- 61-046 Nothing.
- 63-080 Nothing.
- 63-083 I can't think of anything.
- 63-088 They were helpful.
- 63-090 They were fine.
- 63-093 If I could have had help in person. I need one on one help, more than over the phone.
- 61-045 They were all so nice.
- 61-039 Nothing.
- 62-049 The computer training person was going too fast. I tried to slow her down, but I couldn't. The other computer person was just fine.
- 63-087 They were excellent.
- 62-054 They were good.
- 62-058 It was nice.
- 62-069 Nothing.
- 61-040 Everything was good. My mobility instructor was very helpful.
- 63-101 They couldn't have made it any better. They were great.
- 62-073 It was good.
- 62-075 Nothing.
- 62-078 I don't think anything.
- 62-076 It was good.
- 62-077 They gave me good information.
- 62-051 He was very nice and helped me.
- 62-062 They were really nice.
- 62-056 They were very good.
- 31-005 They were nice.
- 31-013 They were really attentive.
- 31-018 Not anything.
- 51-003 It was good.
- 31-030 They need to call me and finish my training.
- 31-001 They could just get their people that provide different services could provide better communications and better follow up. The office is great.
- 31-006 They should continue with their contacts until they are finished.
- 31-035 They were great.
- 31-041 It was good.
- 24-010 I can't think of anything.
- 31-032 They were fine.
- 31-026 It just took a long time to get a response back. I am still waiting for the therapist to call me.

- 31-039 If there was a way to have a daily basis computer training program.
- 31-021 Provide more consistent help. It was too erratic to help him. They were too understaffed.
- 31-043 Everything was good.
- 31-045 I don't think anything could have been better.
- 31-053 I needed more items to try. The people were great.
- 31-040 The people were good.
- 31-017 We needed more time to learn.
- 31-058 Everyone was nice.
- 24-009 It was very good.
- 24-019 They were very helpful and informative.
- 24-021 He was patient and a very good teacher. It was great.
- 51-006 It was good.
- 24-023 They were fine.
- 31-012 I needed them more often. One time is not enough. I am still waiting.
- 31-061 I was very pleased.
- 31-055 Nothing.
- 11-001 It wasn't what I expected. I expected better glasses.
- 11-004 Nothing.
- 11-009 Provide discounts on the products.
- 11-015 Not really anything.
- 11-019 Nothing really.
- 11-003 Nothing.
- 11-018 It was good.
- 11-022 They were awful. Very poor service.
- 11-026 Make the aids a little bit more affordable.
- 11-028 They were nice.
- 11-036 They were great.
- 11-041 They were good.
- 11-042 Nothing.
- 11-044 They were great.
- 11-047 It was good.
- 11-050 Nothing.
- 11-052 It was good.
- 11-055 Nothing.
- 11-053 If they had tried harder to help me.
- 11-056 They did fine.
- 11-058 They were good.
- 11-061 They needed to give me more time.
- 11-065 I think more efficiency in getting my appointment.
- 11-066 Everything was ok.

- 11-068 If I had got the right prescription.
- 11-070 They were good.
- 11-078 It was good.
- 11-080 It was fine.
- 11-081 Everything was very good.
- 11-082 They were nice.
- 11-089 There was nothing to make it better. They did their job well.
- 11-097 I was very satisfied.
- 11-048 It was good.
- 11-051 They did a great job.
- 11-083 It was very good.
- 11-076 I needed some of the other services.
- 11-038 I think they did all they can do. They did a good job.
- 11-059 Don't know.
- 11-069 I really needed a prescription to help me drive.
- 11-094 They did everything they should have done. They were very good.

Additional comments:

- 22-003 I was just not ready for it.
- 22-004 My eyesight is getting worse. I just keep putting one foot in front of the other.
- 22-006 It is a great organization with great people, and they have helped me and others in the community a great deal.
- 41-005 Only that the help I received was excellent. My instructor was very knowledgeable.
- 41-007 I think the program is absolutely fantastic. It is a wonderful program. It was especially wonderful that I didn't have to go to them, which would have been difficult, but they came to me.
- 41-009 The program is a good one. It has helped me to be able to read and see words better.
- 41-011 I really like the people a lot. They do good work, and they help a lot of people.
- 41-012 They were quite nice. The day I was there, they didn't have very much to offer me.
- 61-012 I am very glad the program is going. It helps people be able to read again.
- 61-005 The program is great. It helped me develop more confidence in myself. It took some of the fear out of being blind. It helped me to adjust to what was taking place. It helped to prepare me.
- 41-003 It was helpful for me. They gave me information that helped me.

- 41-006 It has up-scaled my independence and everyone on the staff went outside of their positions to help me.
- 64-098 The program has brought me out of a deep, dark depression that I have been in. It has given me so much confidence in myself. They were wonderful to me.
- 64-100 I am very appreciative for their help. Very grateful.
- 64-103 I think this program is wonderful. The people are just as nice as they can be. [Name Removed] is wonderful, she is very patient with me.
- 61-036 Everyone was nice.
- 64-095 I think they have done a lot for me. They have been very good. I appreciate it so much. The people are very nice.
- 61-035 They were very nice.
- 61-044 I enjoyed talking to them so much. I just wish I could have seen more items to buy. I got their ordering book, but I can't see it.
- 61-046 Everyone was very nice. We appreciate everything they tried to do for him, but nothing helps anymore.
- 63-080 They are wonderful people. I enjoyed working with them so much. I am looking forward to working with them again. They're awesome.
- 63-083 It is a wonderful program. It has helped me a lot. I really appreciate it. It has given me back my freedom. They were all so nice and attentive.
- 63-088 My cane has helped me a lot to get around.
- 63-090 I need more help now, but I don't know if I qualify.
- 63-093 I need more help. [Name Removed] has been great.
- 61-045 [Name Removed's] just outside of Atlanta. Her husband travels with her. He has glasses with a button on it. Takes a picture of what you are looking at and reads what you are looking at. I need that so I know what I am looking at in my cans and I know what I am eating.
- 61-039 We like it, and we appreciate it.
- 62-049 It took me a long time having to wait to get into the program. Other than that, everything has been wonderful once I finally got in it.
- 63-087 I just approve of them very much. They have helped me very, very much. I just need them to start coming to help me again.
- 62-054 They have helped me so much in getting confidence in going outside again.
- 62-058 I have not seen anyone yet. We have just talked over the phone. I can't complain.
- 61-040 I think they are really great. I really enjoy it. Anytime I need to know something or have a question they are always there to help me.
- 63-101 I think it is a wonderful program that gives people more confidence.
- 62-073 We are very happy with what they have done. The magnifiers have helped her a lot.
- 62-078 I think it is a good program.

- 62-062 This has certainly made me aware that there are things out there that will help.
- 62-056 The help is good for people starting to lose their eyesight.
- 31-013 It was a really good program. In the beginning I was having trouble adjusting to my new situation. They helped me a lot.
- 31-018 He stated that it had been too long since he had any contact with any of them for him to have any contact with them for him to comment on them.
- 51-003 There are times when I would like to have assistance at my home. Everyone was very nice to me.
- 31-001 The [Provider Name] provide a wonderful resource to people who have vision impairments.
- 31-006 I wish they would call me and finish my training. I was supposed to get O&M and more help.
- 31-035 I have gone to them for years. I have always been very satisfied.
- 31-032 I wish it hadn't been so long. I have a memory loss, and it’s been too long for me to really remember, but I know the people there and they are great.
- 31-034 Hopefully they can provide me with a better computer and software that will help me more.
- 31-026 I really enjoyed [Name Removed] and talking to her. I am looking forward to continuing the program. I am really excited.
- 31-039 They definitely gave a comprehensive training that includes them going to your home to provide services within your home.
- 31-043 I can't think of anything right now.
- 31-045 I was very impressed with what they did. They are just too far away from me.
- 31-053 I need someone personal that I can talk to. Otherwise, I have enjoyed them so much.
- 31-040 I think they are too slow in everything they do. So far it hasn't helped me much except for the stickers on my microwave, etc.
- 31-017 It is a very good program. Unfortunately, they can't help everyone, and my mom has gotten to a point where it didn't help her much.
- 31-058 [Provider Removed] is wonderful! I had been with someone else that was awful. When I moved over to [Provider Removed] it was the difference between night and day. They are so nice!
- 24-009 I was so afraid to get out of my house before I got my cane. Everyone was so nice. Now I am not afraid anymore. I have regained my confidence.
- 24-019 I just think it is a wonderful program.
- 24-023 It was great help. A very good and much needed service. I went blind overnight, and they helped me to relearn, and gave me great confidence.
- 31-061 I can see that it has a lot of good for people that can't see or read by themselves. The books on tape are great to listen to. I would ask that they expand the books that are available.

- 11-001 We just thought we were going to get something (some kind of glasses to help with my vision) and it was more magnifiers, than glasses. The magnifier is big and has to be pulled out every time I want to read something. I just don't use it like I should. It does help when I do use it.
- 11-009 People need more senior citizen discounts.
- 11-015 They have been really great for me. The equipment they provided gave more independence where I don't have to rely on others to read small print to me. I appreciate them very much.
- 11-018 No one can help me.
- 11-036 They fit me for glasses and some aids that have made life a little bit better. I also got a nice discount that helped me to get what I needed.
- 11-042 The program was helpful.
- 11-044 They have been very good.
- 11-047 It is a wonderful program. It just didn't fit her needs.
- 11-050 I think that once a week or at least once a month they should expand their services. I live too far away to be able to go and do what I need to. I am up in the mountains. I am sure there are a lot of people who need their services that can't get it.
- 11-052 I want to go back, but they are too far. I want to buy more items, but they don't have a catalogue. It would really be helpful.
- 11-056 I think it is very good and I appreciate it very much.
- 11-065 I am upgrading my skills since I first started this program several years ago. Trying to stay on top of things.
- 11-066 I wish they could accommodate people more with focusing issues.
- 11-068 I think they should call me soon, because this is the wrong prescription for me.
- 11-070 I just want to see what kind of training they can give me around the house.
- 11-078 They were all very nice and helpful. Everyone I saw spent a lot of time with me.
- 11-080 I think it is wonderful. Very helpful and informative.
- 11-081 It is a good program. I have enjoyed everything so much.
- 11-082 I am just waiting until they can come to my house. I want to get some of the things they showed me in the store to help me do things.
- 11-089 I thoroughly appreciate what they do. I enjoyed it.
- 11-048 I would like to give them thanks for being there and helping me.
- 11-083 We think it is a wonderful program with a lot of good resources for people who have low vision problems.
- 11-076 I think it is a very good program.
- 11-038 Thinking back on questions you have asked me, they told us that they were going to send us an Echo dot, and there would be no charge. That was about 6 months ago, and we still don't have it, but they did a good job.

- 11-059 We are thankful for them and for everything they have done for us.
- 11-094 They have given me a lot of help over the years. I appreciate them. I do need some kitchen aids.

Appendix C:
Part VIII: Narrative (FFY20, 7-OB)

Part VII: Training and Technical Assistance Needs

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

A major technical need continues to be a cloud-based, reasonably priced, blind/low vision accessible database system for tracking the 7OB information nationally. This tool would be beneficial to all providers and stakeholders in that more detailed tracking of outcomes both globally and individually could be completed and best practices identified and shared quickly, efficiently and effectively. This sharing of best practices would provide an opportunity for more consistent training among providers both locally and nationally, hence benefiting our seniors as they relocate and/or split their time between multiple areas of the country. Data management continues to be difficult and time consuming for providers and solutions expensive, taking away from funds for seniors needing services.

Staying on top of the latest technology continues to present a challenge to all providers. Cost of replacement and learning curve to instruct clients on new features and accessibility features can be difficult to manage at times due to how often upgrades and enhancements are rolled out. This challenge is seen both in keeping the instructors updated and at the client level when they request additional service hours because the upgrade changed all the steps they have mastered. There are some upgrades that create an entirely new experience for clients. Again, we suggest quarterly touch base webinar session, phone, and/or in-person meetings dedicated solely to the latest aids, devices and products for the visually impaired along with the newest teaching techniques and current information about services and activities. These types of meetings proved beneficial during COVID quarantine when providers and instructors shared best practices for virtual training on all services. We should duplicate this approach – a dedicated time for the training - focusing on only technology devices and apps for handheld devices.

Dedicated education/training for all providers regarding dementia and other cognitive related conditions would be beneficial for improving Title VII-Chapter 2 programs. Such training provided at the state level is suggested for consistency and, again, sharing of best practices. Due to the age of the population served there is a need to evaluate when training is not going to be beneficial to even start and, once started, when it is no longer beneficial due to the cognitive state of the senior. We have limited resources and need to have instructors identifying the need to close a case when forward progression of meeting the Individual Service Plan (ISP) no longer exists.

More seniors are wanting devices and don't know how to use them. The staff needs to be up to date on the most recent technology. Staying abreast of advances in the accessibility of technology, the software required, and the hardware needed to best serve our clients remains an ongoing challenge. Funds for technology for our clients in the rural areas is essential, especially during the pandemic, when so many have been isolated more than usual. Funds are needed to enable each of the Georgia providers to purchase the most updated technology to enable the providers demonstrate and train staff who in turn can demonstrate and train clients.

Part VIII: Narrative

A.Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please 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)
- Vision Rehabilitation Services ((VRS)
- Visually Impaired Foundation of Georgia (VIFGA)
- Savannah Center for Blind and Low Vision (SCBLV)
- 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.

In FFY 20, we maintained working relations with the following entities and continued to increase our outreach efforts in order to reach the underserved and unserved older blind in Georgia:

- 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 (formerly AMAC), Georgia Institute of Technology, College of Design
- Georgia Gerontology Society
- Department of Veterans Affairs
- Lions Lighthouse
- Lions Camp
- The Coalition of Advocates for Georgia's Elderly (CO-AGE)
- Prevent Blindness Georgia
- The Aging & Disability Resource Connection (ADRC)

We provided services as per our regular person to person model through February 2020. Once COVID-19 was upon us, we revamped our service model and began providing instruction remotely. Our focus for the remainder of FFY20 was primarily to provide services using this remote format for direct instructional services and peer groups. Written protocols were established for the lessons. Several of those models were published on the Older Individuals who are Blind Technical Assistance Center (OIB-TAC) website in the “Community of Practice”. In July 2020 some of the providers began providing limited face to face instruction. Also, at this time, some of the low vision clinics opened for person to person interaction. In all instances, the providers, instructors and peer leaders followed the Center for Disease Control (CDC) protocol for COVID-19.

Our main initiatives to reach underserved and/or unserved populations in Georgia were:
1) providing remote instruction so services could reach the unserved and underserved in GA during the pandemic; 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 in conducting the peer groups remotely; 3) continuing to provide the providers, instructors and peer leaders with program and resource information by holding virtual meetings for all so they

could share their experiences with remote instruction, including the fears and concerns of seniors, instructors and group leaders; 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, and 5) maintaining our relationship and sharing information with the Statewide Independent Living Council and Independent Living Centers.

Our primary subcontractors' implementation process and outreach efforts to reach underserved and/or unserved populations are listed as follows, in their words:

Visually Impaired Specialized Training and Advocacy Services (VISTAS)
VISTAS information is sent to persons interested in our services. After receiving medical information, it is sent to the low vision specialist for review. We consult with the low vision specialist regarding the type of services and training needed.

VISTAS continues to work closely with the local optometrist, ophthalmologist and physicians in the area for referrals. Due to the pandemic, referrals have been reduced. We refer people to other agencies for resources that our program cannot provide. The Peer Support Group has not been active this year due to the illness of the group leader and the inability to locate a replacement. We hope the group will be up and running in the next fiscal year.

Low vision is provided by our local optometrist and daily living services are provided by our sub-contractors. Seniors receive services in technology, orientation & mobility, vision rehabilitation therapy, counseling and braille. Direct skills training is held primarily in the senior's home because most of our seniors do not want to leave their homes and transportation is a problem. However, some skills training is being conducted remotely.

Walton Options for Independent Living (WO)
Referral process:
Referrals are made by eye care providers, self-referrals, medical professionals, social workers, low vision clinics, Area Agencies on Aging, family/friends, and through other Walton Options programs.

NOTE: WO provides information and referral (I&R) services to many individuals who are 55 and older with vision impairment who are referred to other grant funded programs within the Independent Living organization. The referral is based on the request of the senior e.g. need a battery for a watch as opposed to comprehensive vision services. If comprehensive vision services are deemed appropriate from the information and referral discussion, that senior is referred to the OBP.

Referrals can be submitted through fax, email, walk-ins, taken over the phone by our intake person or through our website referral link. When an eye care provider makes the referral they normally send the eye report with the referral.
Note: Walk-ins have been suspended due to COVID19 Pandemic. Appointments must be made.

Once the Older Blind Program (OBP) staff receives the referral – they call and collect demographic information on the phone and inform the senior we need a current eye report in order to provide services. We offer to mail them a Release of Information (ROI) form to sign and mail back to us. When we receive their signed ROI – we fax it to the eye care provider requesting a current eye report.

Eye Report:
When the eye report is received in our office and we determine eligibility, we proceed to assign the senior to one of our instructors for an assessment. Based on the assessment results, we determine what services the senior will need.

Service delivery:
WO subcontracts with an Orientation and Mobility Specialist (OM), Vision Rehabilitation Therapist (VRT) and Occupational Therapist (OT) – all of whom are either certified or licensed professionals to provide VRT, OM, Low Vision and other daily living skills services. WO also has a part-time CVRT and COMS on staff.
Note: In person services were halted for several months due to COVID19 Pandemic. Remote instructions and virtual training were provided one on one with seniors to assist in providing consumer needs.

Documentation:
Upon completion of each visit with the senior, the instructor submits to the OBP staff all completed documents, a signed appointment log, and a summary of what activities were conducted during the visit. Also recorded on the summary are recommendations for other services, what aids and devices were provided or if assistance is needed to help provide the device(s).

Aids and Devices/Training:
Once the equipment arrives at the office, the requesting instructor is notified, and he/she will schedule a time to deliver the device (s) to the senior and provide training. The consumer signs a delivery statement when they receive equipment and the instructor notes the delivery and training on their summary report. This is all recorded in the agency database and forms placed in consumer file.
Follow-up:

A follow up call is provided to the seniors receiving devices to ensure they are using the device and it is functioning properly.

Consumers are reminded they may be getting a phone call from Mississippi State University (MSU) to talk about their satisfaction of services.

Outreach Efforts:
Walton Options:

- presented at rural senior centers located within the 16 counties served,
- participated in local community resource fairs, and was
- involved with various advisor boards and networking organizations.

Savannah Center for Blind and Low Vision (SCBLV)
Savannah Center for Blind and Low Vision (SCBLV) incorporates the Title VII-chapter 2, Older Blind (OB) program into our overall service delivery model so that OB seniors receive essentially identical services as seniors 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- or home-based, depending on the senior'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 seniors 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 seniors 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 the center's family rehabilitation program. This program is provided to families twice 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 of their loved ones vision loss and provides a necessary support for family members.

All direct services are provided by SCBLV's professional staff, as well as two contracted Optometrists specializing in Low Vision. SCBLV utilizes staff members certified in Orientation & Mobility, Vision Rehabilitation Therapy, Occupational Therapy and Low Vision to implement homebased services. This allows one instructor to provide our scope of services to each OB senior, thus reducing travel costs and maintaining a level of consistency for each senior.

SCBLV continues to furnish traditional outreach activities and in-service trainings 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 of Georgia (VRS)
Implementation of the Title VII-Chapter 2 program by Vision Rehabilitation Services of Georgia includes community and center-based services throughout our 30+ country service area in North Georgia. Our low vision evaluation clinics are usually twice per month in our center location in Smyrna, GA and one to two per month in a remote location more convenient for our seniors in North Georgia. These clinics are serviced by two contracted optometrists who specialize in low vision and have years of experience working with individuals of all ages and eye conditions. With the onset of COVID, we refrained from holding clinics in Smyrna from Mid-March 2020 through Mid-July 2020. Unfortunately, with limited access to remote locations, we did not provide any remote clinics from March 2020 through September 2020 but anticipate their return in calendar year first quarter 2021. While the majority of new clients begin their program with a Low Vision Evaluation (LVE), we have adjusted our procedures and have begun training more frequently with a virtual/remote session through technology such as video conferencing or simple telephone contact or a home visit, if the senior is comfortable with instructors in their home AND all parties follow COVID protocols that have been put in place. These initial virtual sessions and home visits include an initial evaluation and assessment of recommended training that can be performed prior to an LVE.

Our certified teachers continue to provide instruction to clients in skill areas (O&M, Counseling, Technology, etc.) based on the needs identified from the initial intake and evaluation. An Individualized Service Plan (ISP) is created at the time of the LVE or during an initial visit from a VRS staff member.

Seniors typically receive weekly or bi-weekly training with a concentration and review that lessons are fulfilling the ISP goals. Care and planning are giving to achieve all goals and meetings/training continues 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 and/or prior 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. Since we serve rural South Georgia, we go to communities to work with the seniors. We work with six different low vision doctors throughout the state, subcontract with COMS, CVRT and Computer Technology Specialists, and support four peer support group leaders.

- Referrals: Eye care professionals, family members, friends, rehabilitation counselors, and independent living centers, are the primary referral sources for a senior with low vision to VIFGA. A copy of the senior’s eye medical is faxed by the doctor to VIFGA or to the clinic where the senior will be seen. The senior is called, and if appropriate, is scheduled in one of our eight clinics in South Georgia closest to the senior’s home.
- Low Vision (LV) Exams: At the clinic, the doctor checks the refraction and makes suggestions about LV products or services. The LV Specialist discusses services, resources, and advocacy with the senior. Products that are matched to the seniors needs are demonstrated and recommended. A typed summary of the exam is given to the senior and attending doctor at the time of the exam along with a host of resources e.g. the Senior Assistant Program brochure, the Project Independence resource brochure, list of peer support groups, resource lists, library application, the Helen Keller registry application, business card, and VIFGA Mission statement. Additional services are recommended at this time as well. The recommended products are listed on the exam summary that is given to the senior at the end of the exam.

When daily living skills services are recommended, the appropriate teacher is contacted and he/she contacts the senior. Additional devices may be recommended by the CVRT, computer technologist and/or COMS teachers; this information is sent to the senior.

The senior with both hearing and vision loss may also choose to attend the Confident Living Program (CLP) to receive daily living, orientation and mobility, adjustment to blindness, and/or computer skills training. Feedback from CLP program participants indicated that their experience was “life changing”.

At four month intervals a staff member from VIFGA calls all seniors that have received services to inquire: 1) did they receive the products recommended; 2) are they able to use the products; 3) do they need additional help from the

program; 4) did the devices help, 5) do they know how to contact us, and 6) remind them that Mississippi State will be calling to conduct a customer satisfaction survey about VIFGA.

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 provide a total of approximately thirty comprehensive vision exams and services a year to this unserved and significantly underserved population.

We began the 2019-2020 Project Independence Program as described above. However, we had to quickly change our techniques by offering most of our lessons remotely due to the pandemic. The instructors were brilliantly creative and continued teaching without a problem via the phone, computer, or virtual platforms. It did take us three months to formulate the remote Low Vision Protocol, which we did put into effect by May 2020 with great success. We were unable to work on the Indian reservation partly due to the pandemic. We hope to resume this program in the coming year.

Center for the Visually Impaired (CVI)
CVI implements Title VII-Chapter 2 programming both in-house and in the community; a mixture of group and one on one service provision.

CVI's Florence Maxwell Low Vision Clinic provides two to three clinics per week in-house and a satellite clinic in Suwanee. The Florence Maxwell Low Vision Clinic has four part-time sub-contracted optometrists in the Atlanta Low Vision Clinic, one of whom is also available to conduct the Suwanee clinic. The Clinic staff had some changes during this OBP fiscal year. Two long time optometrist resigned in order to devote more time to their private practices. A new Low Vision optometrist joined the clinic in August 2020 and another LV optometrist is scheduled to come on board in FFY21. Employees who work in the Low Vision Clinic are a Manager of Clinic Operations/Occupational Therapist, Medical Office Specialist, and Low Vision Intake and Scheduling Coordinator. A Marketing manager continues to collaborate with the Low Vision Clinic to help foster and maintain healthy relationships with local Independent and Assisted Living communities. The full-time OT recently obtained a board specialty certification in Low Vision (SCLV) from the American Occupational Therapy Association. She makes home visits with clients who may require her to assess their ADL's in the home, as well as follow-up visits in the office, if more assistance is needed.

All participants receive a low vision examination from an Optometrist. Following the assessment, the senior receives individualized therapy with an Occupational Therapist trained in low vision to address all aspects of daily living and to provide

further training on the doctor's recommendations. Often clients require follow-up services in the clinic or the client's home to address all the clients' challenges. We want to ensure that the client has been able to use devices successfully and to apply modifications and compensatory strategies learned. Accepting insurances for low vision examinations have allowed the Low Vision Clinic to make OBP funds serve as many individuals as possible.

All clients served by CVI's Community Based Services (CBS) team receive one on one assessments followed by individualized instruction. Group class instruction is provided by the CBS staff when a group is identified in a community facility. Assignment to group classes is on a case by case and occurs if appropriate for the particular individual.

This program year resulted in several changes to clinic operations. With the onset of COVID-19, the clinic was closed for client appointments for approximately four months. During this time, the clinic staff worked hard to prepare for the return of staff and clients to the clinic by:

- connecting with clients who were provided services in the past year,
- conducting intakes,
- setting up processes for making future appointments,
- providing consultations and tele-visits to determine their needs and current level of vision, and
- providing functional assessments.

By way of extensive client interview and clinical processes, clients were able to receive beneficial aids and devices through the mail in order to maximize their independence of their daily activities.

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

The program manager maintained contact either in person or virtually and presented details of our program both as a collaborative and community awareness effort with the Georgia Council of the Blind, the National Federation of the Blind of the Blind of Georgia, the Georgia Statewide Independent Living Council, Vocational Rehabilitation, providers of blind services, 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, Department of Veterans Affairs, Georgia Gerontology Society, Business Enterprise Program, Lions Camp, the Coalition of Advocates for

Georgia's Elderly (CO-AGE), the Department of Public Health's Behavioral Risk Factor Surveillance System, the Georgia Library for Accessible Services, the Georgia Vision Alliance and the Vision Serve Alliance.

In September 2020, the program manager co-presented at the national OIB-TAC virtual conference on the very innovative remote low vision evaluation process developed and implemented by one of our GA contract providers.

This year, our flyer was placed on the website of the Georgia Gerontology Society as a resource and shared with parties at the Georgia Department of Behavioral Health and Developmental Disabilities. The use of the flyers in this manner was a cost effective way to help expand community awareness of Project Independence.

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 Program Manager participated in the IL meetings and sent training and other pertinent information to the IL groups in GA.

As part of Project Independence collaborative activities, all of our meetings were conducted virtually due to the pandemic. As such, we increased our meeting schedule for Project Independence that included providers, instructors and peer support group leaders, e.g. the teaching staff was included with their respective contractors at the meetings. These discussions dealt with how people were doing dealing with the pandemic and how remote instruction was being received. We held some five meetings which enhanced our collaborative activities, increased community awareness of various programs and shared concerns and program issues during the pandemic. As a group, participants were able to share concerns, ask questions, share new methods and provide partner updates.

The spring contractors meeting that was scheduled for in person was changed to remote due the pandemic. The GVRA Executive Director and the Providers Standards Director were featured speakers. They provided an update on the status of the GVRA relative to the agency re-alignment. Staffing and funding concerns, recommendations of the MSU evaluation and overall PI program recommendations were discussed in detail. Time was spent on the "Briefing Paper" development. This paper was completed by the end of FFY20 and distributed to the providers, OIB-TAC and our liaison at RSA. This document will be new tool to help expand or improve services in our collaborative activities and community awareness events. Dr. John Crews, consultant from Mississippi State University, worked with our program on the briefing paper that will aid and assist

in the sustainability of Project Independence. This was a very innovation project. Project Independence is very proud of this document.

In FFY20 we conducted some five statewide Peer Support Group Leader meetings. These calls focused on the peer leaders and their groups' adjustment to remote meetings, along with the health and concerns of the peer leaders. One meeting consisted of presentations on voting, vacations for people with vision impairments and exercise. In each meeting, the peer leaders shared ideas and innovations regarding their groups. In September 2020, we conducted peer support training to the peer network dealing with mental health and challenging situations. The peer groups are critical to Project Independence; it is vital to provide support and training to the peer leaders.

Georgia Radio Reading Service (GARRS) continued dissemination of the updated 30 and 60 second public service announcements (PSA) regarding our program. In September 2019, the Program Manager was interviewed by GARRS and provided details of the GA Project Independence. This program named "At Your Service" was aired in FFY20 in the Program Managers own voice. These PSA's are aired several times per week. The interview and PSA's will reach an audience of approximately 16,000.

Activities of the Project Independence Manager continued further collaborative activities and community awareness, along with new methods and approaches:

1. Increased community awareness and greatly enhanced visibility of our program through our up to date Project Independence website https://gvs.georgia.gov. The most recent MSU Program Evaluation Report is included on the website.
2. Distributed information, 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 private and public awareness of services to seniors. In turn, these various groups send informational resources to Project Independence for posting to the list – we have a very good statewide information and resource network setup.
3. Conducted comprehensive program reviews of all seven contractors. These reviews helped ensure uniformity and standardization of services throughout the
   state. The reviews consisted of a summary of discussions with Project Independence staff and consumers, a review of service processes, case files, observations of various lessons, groups, finances, implementation of previous fiscal year recommendations and low vision exams. This process pinpointed any problems/issues that needed addressing and proposed recommendations that would improve our program and expand our services in Georgia. Some of the review process was conducted face to

face and others virtual due to the pandemic. Examining the financials proved challenging for the three providers that were reviewed remotely. For those three providers, only one case per contractor was evaluated and that took several hours for each case! This is the one part of the review i.e. assessing the financial records that needs to be conducted in person.

4. Coupled with the comprehensive program reviews, the MSU FFY20 site reviews consisted of an organizational review of two providers, looking at different aspects of their programs e.g. board structure. Board structure and duties are not a topic reviewed in the program reviews conducted by the OBP Program Manager. Between the program and organizational reviews, the GA OIB program has a picture of the program from the broad to the detailed. Recommendations and subsequent follow up from these diverse reviews will yield a more effective program.
5. In FFY20 we had planned on conducting several Confident Living Program (CLP) trainings, and distributing marketing flyers obtained at no cost to PI, however, due to COVID-19, the trainings were all cancelled and the flyers remain in the box. We hope in FFY21, we may be able to provide some virtual CLP training via Helen Keller National Center. Whenever we are able to present in person, we will use the PI flyers still awaiting distribution.
6. Co-presented with PI provider, Wendy Mons (CLVT) of VIFGA, at the virtual national Older Individuals who are Blind Technical Assistance Center (OIB-TAC) conference in FFY20 on remote low vision evaluations. Ms. Mons designed the protocol and implemented this successful service. Seniors who feared going into a doctor's office or had transportation issues were able to receive services utilizing this innovative approach to low vision evaluations. We hope to expand this model in FFY21 to others in GA and elsewhere.
7. The relationship initiated toward the end of FFY18 with the GA Department of Public Health - Behavioral Risk Factor Surveillance System (BRFSS) aided our program with updated statistics. This mapping shows vision loss in the regions of our Project Independence providers - in addition to a statewide total. These demographics and statistics were critical in the compilation of the new briefing paper. The broad distribution of this document will increase community awareness of the GA program.
8. Several articles describing Sensory Services, including Project Independence, were published in the Georgia Vocational Rehabilitation Agency's newsletter throughout FFY20. This enhanced the programs' footprint within the agency.

While the pandemic turned our program upside down, our providers were resourceful, creative, energetic and innovative in the way they approached this unforeseen situation this FFY. The remote services and the increased meetings with all the PI program individuals, contractors, instructors and group leaders

kept our program going in a rich and meaningful manner. Services continued to seniors in these very creative ways. We will continue to provide services remotely, in addition to the face to face model as we move forward.

Our primary subcontractors collaborated and incorporated new methods and approaches in various ways. Highlights are noted in the providers' words:

Visually Impaired Specialized Training and Advocacy Services (VISTAS)
Although VISTAS has a very productive relationship with the local Occupational Therapist, with whom we partnered with a couple of years ago, due to the pandemic, referrals ceased as the OT's employment situation changed. However, the Council on Aging and Disability referred several participants to us.

We continue our relationship with the local Center for Independent Living based in our area; we refer seniors to each other. Because we serve seniors 55 years and older we refer those that are younger to them and vice versa. If they are younger and are interested in employment services we provide them with information to contact the local Georgia Vocational Rehabilitation Agency.

We have worked with the Athens Heritage Lions Club, the Athens Council of The Blind, and the Georgia Council of The Blind.

VISTAS' has a special relationship with a low vision vendor. Whenever the vendor received equipment returned from his consumers and it can still be used, he donates the items to VISTAS to use with our seniors. This partnership has helped us save several hundred dollars.

Impact in numbers served due to COVID-19 - VISTAS
Due to the pandemic, clients did not want instructors coming to their homes for services. The occupational therapist who refers on a regular basis stopped referring. VISTAS was able to purchase a few aids/devices that otherwise would not been able to purchase.

Walton Options for Independent Living (WO)
WO is an Independent Living Center. The WO Statewide Plan for Independent Living (SPIL) Goal is to elevate access for individuals with disabilities to healthcare services and supports.

Walton Options efforts that align with the SPIL are to:

- Partner with Area Agencies on Aging and GA Prevent Blindness to provide free eye screenings in rural areas.

- Provide ongoing support with peer groups. The groups bring in guest speakers to educate their members of services and products and mentor each other in advocacy issues.
- Collaborate with a local eye care provider to provide free vision screenings and eyeglasses to seniors and individuals with disabilities.
- Participate in various community resource fairs.
- Present at local senior centers to provide information about blind and vision services.

Impact in numbers served due to COVID-19 - WO
Due to the COVID-19 pandemic, in person services were suspended for several months and peer groups were provided over the phone and/or via zoom. The free eye screenings and eyeglass programs were also put on hold. Resource fairs were postponed but have started back up. Although in person presentations have been on hold, virtual presentations are offered upon request.

Savannah Center for Blind and Low Vision (SCBLV)
SCBLV continues to help increase the knowledge base in the field of vision loss by hosting the annual Vision Conference for local and surrounding area Ophthalmologists, Optometrists, Ophthalmology Technicians, and Vocational Rehabilitation Counselors. This conference, aimed at vision specialists, trains professionals to identify vision loss, provides various information on accommodations and provides referrals to persons who could benefit from our services.

In addition, SCBLV has received a grant funded through the City of Savannah, which allows us to perform preventative vision screenings throughout the city. These vision screenings are intended to identify people with undetected vision problems whereby referrals are made to local Optometrists/Ophthalmologists and the Georgia Lighthouse.

SCBLV also uses its main fundraising event, Dining in the Dark, to increase the awareness and need of vision rehabilitation in our community. This past year over 320 residents attended the event where they ate in the dark while they listened to former students share their rehabilitation experiences at SCBLV.

Other activities that expanded and improved community awareness:
1. Collaboration with America’s Second Harvest to provide food to those in need.
2. Collaboration with Chatham County’s Voters Registration to assist those with a disability to vote.
3. Representation by the SCBLV Executive Director on the 100 Women Who Care, Savannah Chapter, Garden City Lions Club, Trinity United Methodist

Women, Coalition of Aging, Vision Serve Alliance, Agency Executive Committee for United Way, and the Georgia Lions Lighthouse
4. Representation by the SCBLV Director of Services on the Savannah Chatham Council of Disability Issues, Coalition of Aging, Housing Authority, Homeless Authority, and the Mayor's SavannAbility Taskforce.
5. Presentations by staff and former students that assisted the United Way campaign by addressing various businesses and agencies, promoting the Center and its support to the community. They regularly made presentations to local Nursing Homes, Assistive Living Centers and Medical Center staff.
6. Participation by the SCBLV staff at various conferences and Health Fairs, various Blind Ambition Outings with current students and Peer Support members that allow the community to see functioning blind members in action, and completion of art projects in collaboration with the Telfair museum.

Impact in numbers served due to COVID-19 - SCBLV
All referrals slowed down in the 2nd quarter due to a) the patient base slowing down for most doctor's offices and b) our community partners stopped allowing in-person visits, especially those in group settings. As a result, there were not many referrals to OBP during the 2nd quarter.

Instead, we focused on providing virtual training, when possible, and slowly began seeing people in their homes. As a result of the remote lessons, we built a robust virtual training program that we would not have ordinarily done.

Vision Rehabilitation Services of Georgia (VRS)
VRS continues to maximize and expand their outreach efforts by focusing on collaborations with the business community, business associations and chambers, community groups, retirement/senior living communities, assisted living facilities, schools, as well as medical and eye health providers and other non-profit organizations providing other assistance to individuals in need.

With 50% of the fiscal year being impacted by COVID and additional requirements/steps for COVID protocols, our ability to reach some of the above-named collaborators has proven difficult. Efforts have included the utilization of Zoom meetings to present Project Independence (PI) and our services as well as limited face to face (while masked) presentations at Lions groups and business association meetings. Ability to penetrate doctors/medical offices and/or assisted living and senior living communities for education and engagement has not been an option since COVID.

A major change at VRS this year included the appointment of a new Executive Director (ED) in November 2019 with the retirement of our existing ED. The new ED has a 25+ year background in business with a BS/BA in finance. She is bringing more streamlined processes and documentation to the organization with the intention of identifying time and cost cutting measures to allow for serving of more seniors in a more economically feasible fashion. This person was promoted from within, having been the Business Development Manager, so her memberships in the BNI Smyrna Business Exchange, Cobb Chamber, Smyrna Business Association, Powder Spring Business Group, and South Cobb Business Association continue to be represented and beneficial to the organization. She has also been invited and accepted membership to the Cobb Collaborative Executive Roundtable which consists of a limited number of ED and/or senior management members from 501(c) (3) organizations. This group was formed to share best practices for managing staff, fundraising, board of director communication, etc. which will provide invaluable insights for improving and identifying other funding opportunities and cost saving approaches/standards that can be implemented at VRS.

Lastly, VRS continues to seek new partnerships while maintaining collaborations with the following, which is not an all-inclusive list:

- United Way of Metro Atlanta:
- University programs/interns:
- Cobb Senior Services (CSS)
- Georgia Vocational Rehabilitation Agency (GVRA)
- Dual sensory loss: Continue to refer eligible seniors to the ICanConnect program to help with purchase of technology for communication tasks and the Georgia Council of the Deaf and Hard of Hearing for help with their amplified phone programs. VRS hosted Deaf Blind meetings at our facility.
- Lion’s Lighthouse

Impact in numbers served due to COVID-19 - VRS
VRS experienced a drop in our numbers of seniors served from March 17th through July 16th when were refrained from working face to face with clients due to COVID. The ability to work virtually was up and running by the beginning of April but not all seniors were comfortable with virtual sessions and refrained from working with VRS instructors, by their choice. We also experienced a number of doctors’ offices being closed and appointments postponed, hence negatively impacting our referral numbers from all varieties of doctors' offices (i.e. optometrists, ophthalmologists, retina specialists, neurologists, etc.). We also cancelled all low vision evaluation clinics for our seniors from Mid-March through June. This impacted our ability to identify and work with prior clients who may

have had an increased loss of vision as well as new clients who were referred prior to COVID, but not in for an LVE. Those who we did work with were requiring more personal adjustment counseling (PAC) due to the negative isolation impact caused by COVID - so we spent more hours with clients utilizing PAC hours. This was very beneficial for the seniors.

Visually Impaired Foundation of Georgia (VIFGA)
The Visually Impaired Foundation of GA, Inc. attends consumer group conferences, teacher, counselor, library conferences, and meetings involving the visually impaired or elderly throughout the state to promote awareness of Project Independence (PI). We also provide workshops on low vision aids to senior centers, libraries, doctors' offices, universities, and school systems. We call ophthalmologists throughout the state on a monthly basis reminding them of the services available in their area. VIFGA maintains a website (vifga.org) and a toll free number (1-877-778-4342) to help people find the Georgia resources available to them. As a special project, VIFGA provides eye exams and glasses twice a year at the Native American Reservation in Whigham, GA.

Activities that aid in expanding and improving services:

- Support Groups and Support Group List: This is an essential piece of the vision rehabilitation process. We supported four support groups this year, two in Albany, one in Douglas, and one in Macon. There are four other groups to which we send seniors in our area, three in Columbus and one in Milledgeville. At the end of the fiscal year, VIFGA sends all seniors the list of Support Groups to remind them again of this service. During the pandemic three support groups were offered remotely with great success.
- Group Daily Living Skills Training: In order to expose some of our reluctant visually impaired seniors to the professional training we offer, we have begun workshops at the Columbus support group. Each workshop has one or two specific teaching goals so that the participants leave with a new skill. The benefits of group workshops have proved to be effective by enhancing: participation and communication between participants; reducing reluctance to request in-home training if needed; and involving participation of the care takers. We are hoping that this group process will be cost effective.
- Remote instruction: We have found that by offering all our services remotely, many people are less hesitant to try the classes. Once they have had a few classes and are comfortable with the instructor, they are more open to have the instructor meet them in person. They are also requesting, and receiving, more lessons virtually than we were able to provide in person when we were traveling to their homes.
- The Confident Living Program (CLP): 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 vision and hearing devices, teaches home safety, explains how to prepare for emergencies, and most of all, and encourages bonding of new friends through shared experiences, laughter, and fun. The seniors reported that the experience was “life changing”. We have participated in this in the past with much success, but did not this year. Hopefully we will again in 2020. This was cancelled due to the pandemic but will be offered, possibly in 2021, via the remote platform.

- Helen Keller Registry: VIFGA has incorporated into the Low Vision Exam the distribution of the Helen Keller Registry for those with dual sensory loss. Nearly 60% of VIFGA seniors have a dual sensory loss.
- Assistive Listening Devices: We use the “Pocket Talker” in 60% of the exams to enable seniors to communicate with ease.
- Presentations: VIFGA enjoys presenting inter-active workshops at doctor’s offices, support groups, civic clubs, libraries and the Georgia Vocational Rehabilitation Agency.
- Brochures and Resource Guides: These guides are an invaluable tool!
- One in Twelve, Vision Impairment, Aging and Vision Rehabilitation in Georgia- A Policy Brief is a new 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.
- Update on Columbus Rehabilitation Facility: Due to covid-19 concerns and time constraints on my end, I terminated my attempts to fund the Columbus Rehabilitation Facility.

Impact in numbers served due to COVID-19 - VIFGA
The total of people served by the Visually Impaired Foundation of Georgia was lower than it was last year. The reason for the drop in clientele is directly related to the Covid-19 crisis which hit us hard in February of 2020. The state of Georgia shut down. Doctor's offices were allowed open for emergencies only, and elective procedures were postponed. Seniors and those persons with medical complications were considered too vulnerable to venture out of their homes and were told to stay home. We were all on lock down, on and off, for four months, either by state or self-mandate. The fear of the virus is still prevalent.

With the help of the entire Georgia Project Independence Team, led by our program manager, Kay, we slowly began to formulate new systems to put into place in order to serve our populations. I worked three months with a psychologist to set up the protocol for the Remote Low Vision Evaluation. It took

two more months to put it into practice. In the meantime, two of my instructors left, feeling uncomfortable working remotely with their visually impaired clients.

The remaining two instructors stood up to the challenge. They invented incredible and creative ideas using video lessons on u-tube, and step by step directions via the phone or the Zoom Platform. They helped the clients through this trying ordeal with their humor, their caring, their listening, and their dedication. Clients and instructors that worked together throughout this crisis formed a very special and strong bond.

After painting this bleak picture of the Covid-19 era, I am surprised we had as many clients as we did have. We had half our teaching staff, I was unable to perform low vision exams in doctor's offices. Many clients were too busy just trying to find food sources and replacements for lost personal help - to even think about blind training techniques. Things are still not back to normal, and may never be. We now have however, the tools in place to continue our teaching and learning.

Center for the Visually Impaired (CVI)
CVI's New View facility-based program has been providing instruction to program participants, particularly in the areas of Assistive Technology (mainly iOS), Case Management services and Orientation and Mobility.

Throughout the year, the Center for the Visually Impaired conducted outreach to various constituencies and traditional referral sources, including eye care practices, senior residential communities, assisted living facilities, senior centers, health fairs and other social service organizations. Restrictions from COVID-19 limited our ability to host in person activities the second half of the year, but the consistent outreach to these stakeholders has gradually had a positive impact on the number of referrals CVI has received these past few months. This outreach campaign is a long-term strategy and will also include less traditional referral sources such as dialysis clinics, diabetes clinics, diabetes professionals and others.

Impact in numbers served due to COVID-19 - CVI
We have identified several factors that contributed to the decline in numbers served in FFY20. While we served fewer clients, more services were provided clients than in the previous year. The amount of sessions and time devoted to each client for exams and/or rehabilitation in the Low Vision Clinic increased by 37%, while the percentage increased 23.6% for Community Services and 11.5% for facility based services. For example, clients received more training in Technology, Orientation and Mobility, or Activities of Daily Living than in the prior year. The clinic was closed for in person services for thirteen weeks, from the

week of March 16 until staff began to return the week of June 8. During this closure period, only a limited amount of remote services were possible. When the clinic did re-open, it was only in operation two days per month. Gradually we ramped back up to ten days per month, but not before the end of FFY20. Fewer clients sought services due to Covid fears and those that did want services seemed interested in a wider range of services to achieve their goals for independence and safety.

In addition, the increase in clients served through the Low Vision Clinic over the previous year reduced the total number of people who could be served with OBP funds due to the difference in rates. We charge less for the exam when we can bill Medicare, Medicaid and other insurances. As we had new doctors this fiscal year, who are not yet credentialed for Medicare etc. billing, we had to charge the full rate, thus increasing the amount spent on low vision exams. Once the new doctors are credentialed, the rate OBP pays for exams will decline. We also anticipate an increase in the overall number of people seeking services to increase once the risks associated with Covid decline.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

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 2021.

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.

During this project year, both services and completion of program evaluation surveys were impacted by the COVID-19 pandemic. Fewer OBP consumers were served and closed within the reporting period. However, many services continued to be provided through innovative adaptations and remote services where appropriate, so that the most immediate and pressing needs of GA seniors with visual impairments could continue to be met. At the time of this report, only 49 consumers had participated in telephone interviews, which are still ongoing. Almost two-thirds of participants (63%) were aged 75 and older. Over two-thirds (67%) were female. About 86% of participants reported living in a private residence; the others living in senior living/retirement communities, assistive living facilities, or nursing homes. The most reported reason for vision loss was macular degeneration (35%), with the second most reported reason being glaucoma (16%). Consumer satisfaction levels among those participating in the survey were very high. In responding to satisfaction questions regarding delivery of services, i.e., 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 attentiveness, concern, and interest of staff (100%); followed by timeliness in which those services were received (100%), and the overall quality of services (96%). Consumer ratings of functioning after receiving different types of independent living service areas follow:

- 100% reported that they were better able or had maintained their ability to travel independently having received travel services
- 97% reported that they were better able or had maintained their ability to function more independently having received assistive technology devices
- 89% reported that they were better able or had maintained their ability to function more independently having received communication skills training
- 67% reported that they were better able or had maintained their ability to function more independently having received daily living skills training

Program participants were asked, compared with their functioning before services, if they would say that they had more confidence or no change in their confidence in maintaining their current living situation. Fifty-eight percent reported that they had greater confidence in their ability to maintain their current living situation and 42% indicated no change. When given the opportunity to comment on reasons for not being able to maintain their living situation, participants often cited issues such as declining health, worsening vision, or changes in family situations such as the death of a spouse.

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

- It made a lot of difference. My wheelchair, walker, dots, everything has made a lot of difference. My cane has probably saved my life.
- The computer and the iPhone training has helped me a lot. Using the Voiceover.
- The magnifier helps a lot.
- The training and the items. They gave me more confidence about being blind. I got my independence back. The program is encouraging.
- They boosted my confidence. I was terrified, but not now. I can get out and do my cooking.
- They updated me on the technology.
- It helped me to function better and gave me more confidence with the cane. It gave me a much better life.
- My confidence, physically and mentally. Now, I can do anything.

D. Briefly describe the impact of the Title VII-Chapter 2 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).

1. Mrs. K is a single woman in her seventies who lived alone after the death of her husband. She has low vision that causes severe sensitivity to light. She was looking for low-tech options that would help her to read printed material and keep track of appointments and phone numbers. By obtaining services from [provider], she was able to receive a device demonstration and explore large print address books and calendars. Her most exciting discovery was the simple use of color to enhance contrast. She was able to see a difference in reading printed material on yellow paper, which reduces glare. She believes that using the yellow shields outdoors and using the yellow reading guide helped her locate and read a specific address in a large print address book.

   She also found the writing guide kit to be most helpful for addressing envelopes and writing checks. Using something as simple as a visor cut out overhead glare and helped her to see a little better. Because she is not comfortable with the higher technologies, she is delighted to find that these simple, low-tech tools could still be very helpful to her**.**

2. Ms. A.H. came to [provider] for a low vision evaluation. She was a former health care worker and devastated she was no longer able to perform the duties of her job; she was forced into an early retirement. She received comprehensive services: training in Orientation & Mobility, Vision

Rehabilitation Therapy, Assistive Technology and Personal Adjustment Counseling to Blindness.

Ms. A.H. slowly began to blossom and come out of her shell. She was able to type letters to her grandchildren, travel to Walmart and church, tell time, use her cell phone, and most of all smile. Ms. A.H. confided with the Social Worker that she would really like to return to the workforce. She later got a job as a customer service representative and living life again!

3. A 76-year-old Project Independence client who is an avid woodworker and armature carpenter came to our center. He is blind and cares for his bedridden wife. It is just the two of them. He was working with one of our Orientation & Mobility Specialists who introduced the concept of expanding his services. This would include Technology Access Training (TAT) in order to simplify some routine tasks and create more independence. He was not very open to TAT training until the instructor explained he could order the small nuts and bolts he currently orders by using a magnifier to find them in a catalog. Through technology he could order these items online, much easier, and receive the items faster. This gentleman warmed up to the idea and started receiving TAT instructions. Through the encouragement of learning more ways to be independent, he's joined a number of support groups. He has even shared stories of modifying his cane to include a caster and horn.

4. Mr. B has diabetic retinopathy and lost a considerable amount of vision in the last two and a half years. He complained of blurriness, fluctuating vision, color blindness, depth perception loss, and falling. The client came to [provider] for a Low Vision Evaluation and orientation and mobility instruction. The client had a long cane, but did not have training on how to use it. Mr. B was shown how to properly use the cane for safe and independent travel. He improved significantly in the five months of training and was able to travel indoors and outdoors. He was able to use the cane, identify stairs, walk along the sidewalk, and cross streets. The client signed up for transportation services so he would no longer have to depend on family and friends to get him to his destinations. His confidence improved; he has not reported falling since training. Mr. B. is currently receiving IOS training from our assistive technology instructor so he can improve communication with friends and family. His skills on being able to use his phone to contact friends and family have come from not knowing much to wanting to learn more and more. Now that Mr. B has some basic knowledge of the VoiceOver screen reader, he is not afraid to let his lack of vision slow him down. He now he has the knowledge and skills to perform these tasks independently.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

FFY20 proved to be an especially challenging year as our world as we knew it, seemed to turn upside down. However, the GA Project Independent program rose to the situation and put in place extremely creative remote services conducted in a thoughtful and caring manner. Lessons were held more often and usually within a shorter time frame. This gave the senior benefit of being able to better retain the instruction since the lessons were closer together. The staff were not worn out from all the extensive travel which could only impact in a positive manner the quality of the lessons. Technology and Counseling were easily done over the phone. Usually, but not always, as long as there was someone to help the senior in the home, Vision Rehabilitation Therapy was able to be successfully conducted via phone. Sometimes Zoom, FaceTime or other virtual platforms were utilized that proved to be very helpful since the instructor could see what the senior was doing. Orientation and Mobility proved to be the most limiting of the remote instruction. While some lessons could be easily done remotely e.g. parts of the cane, how to hold and swing the cane, there was a point that the lessons could go no further without actually being with the senior. The O&M instructors practiced “no feet on the street” if they could not be present to teach street crossings etc. Some OM instructors had family members’ videotape the senior. The OM instructors were the first to return to face to face direct instruction; they are able to work outside.

Even though providing services virtually has helped a lot of seniors, not all individuals have the training or technology to receive services virtually. Individuals living in rural areas do not have reliable transportation options and most require home based services.

All in all, the remote instruction worked. Project Independence will continue to use this format, even when the pandemic eventually ends.

In a non-COVID year, we generally serve only about 1,400 seniors in GA out of an approximate 250,000 over the age of 55 with a severe vision impairment or blindness. There is never enough funding or staff to reach this almost one in twelve older adults in GA. Funding for providing services to an increasing population of seniors is a problem for everyone statewide and nationwide. These issues are reported every year. Providers seek additional funding for services through fund raising efforts and donation drives. Our funding cannot compete with the Department of Veterans Affairs and the Department of Education. It continues to be a challenge to find contractors or hire staff that can provide Certified Orientation and Mobility Services, Certified Vision Rehabilitation

Therapy Services, and Technology Access Training. Certified Vision Rehabilitation Therapists continue to be especially difficult to find. The fact there are only six educational institutions providing the training for Vision Rehabilitation adds to this shortage of professionals. Additional communications with higher education facilities may be a solution at the state and national levels.

Now that we have remote instruction in our tool box, we anticipate that this will aid in service availability at a lower cost than face to face. Even if we do a face to face initial assessment and then follow-up with remote instruction, this would utilize cost effective measures and still provide quality services.

The certified teachers need to be more financially compensated for the time, effort, and passion they put into their jobs. The providers need to be compensated for coordinating the services that their staff provides. These recurring issues make it harder and harder to obtain and keep qualified instructors and difficult to provide services to all those in need.

We appreciate and thank our Project Independence Program Manager for all her efforts to effectively and efficiently manage this growing program with an ever-increasing cost basis, but level funded budget. We have no concerns regarding the management of these programs with her at the helm. We do request and recommend that the state oversight agency (GVRA) have a succession plan well in advance of any retirement or change in personnel for this program. While we don't want her to retire, that day may come!

Due to the pandemic, our numbers served were lower than last year, but GA really rose to the occasion and served seniors by remote instruction, in spite of COVID. As program manager, I am so proud of what we were able to do in FFY20. All the providers followed the Center for Disease Control, State of Georgia and local guidelines and protocols for COVID-19. We wanted to be sure staff and seniors were protected.

Special services this fiscal year -

- We were able to purchase aids/devices that we previously had not been able to do in prior years. Some seniors received electronic magnification that changed their lives. A number of those seniors were blind, with additional health issues and little family or other assistance for their needs. What a difference these aids/devices made in those seniors' lives.
- Services were aimed at serving those already in the system to make sure their needs were addressed. Little by little, especially toward the end of FFY20, referrals began to pick up. The providers did a yeoman's job of providing services to those seniors in need during the pandemic.

- The Briefing Paper written in FFY20 depicts the current state of blind services for seniors in GA. It has a multiplicity of uses, especially presentations and education. We are grateful to our contractor at Mississippi State University, Dr. John Crews, for his research and knowledge in the compilation of this document. The first of a kind for Project Independence.

Future thoughts: As the pandemic continues, we offer a cautionary note on the numbers served for the upcoming fiscal year:
1) some of the providers lost grants that helped expand funds for senior services i.e. the grants were either not renewed or else the grant amount was reduced, and
2) the risk of in person training/exams ebbs and flows with the virus, impacting those in home lessons and clinic visits. Even though we will provide remote services, those needing or requiring in home services or in person clinic visits may be reduced.

Therefore, the GA OIB program may continue to be significantly impacted by the virus and the numbers of seniors served reduced in FFY21. Time – and the vaccine – will tell.