

State Unified Plan

The Designated State Units (DSU)s in South Dakota submit this attachment to the "Needs Assessment" section of the State Unified Plan. The public vocational rehabilitation agencies in South Dakota are submitting attachment 4.11(a) with the state plan update to reflect that a comprehensive statewide needs assessment has been accomplished with this plan submission. As a partner in the State Unified Plan, public vocational rehabilitation has conducted an assessment of the needs of all individuals with disabilities as per the needs assessment section of the State Unified Plan and the requirements of the Rehabilitation Act and state plan requirements. Public vocational rehabilitation includes workforce partners in this assessment process to assure that the workforce needs of the state to include individuals with disabilities was addressed. This assessment included the vocational rehabilitation needs of individuals with most significant disabilities, individuals with disabilities who have been unserved and underserved and all components of the Statewide Workforce Investment System.

Results of Comprehensive Stateside Assessment of the Rehabilitation Needs of Individuals with Disabilities and Need to Establish, Develop, or Improve Community Rehabilitation Programs

I. State Unified Plan

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II. 2012 Triennial Comprehensive Statewide Needs Assessment

In carrying out the Triennial Comprehensive Statewide Needs Assessment (CSNA) the Division of Rehabilitation Services has adapted its process after the Rehabilitation Services Administration (RSA) model of Comprehensive Statewide Needs Assessment development and in compliance with the 2011 instructions from RSA regarding the assessment process.

The South Dakota DRS CSNA was guided by the Executive Committee composed of DRS/SBVI Directors, key planning staff, and both the DRS/SBVI Board and SILC Chairs.

- Division of Rehabilitation Services (DRS): Director: Grady Kickul
- Services for the Blind and Visually Impaired (SBVI) Director: Gaye Mattke
- DRS Assistant Director: Bernie Grimme
- SBVI Assistant Director: Eric Weiss
- DRS Board Chair: Dan Rounds
- State Independent Living Chair: Margot Burton
- SBVI Chair: Dave Miller

In addition to establishing the Executive CSNA committee, the South Dakota agencies (DRS & SBVI) worked directly with the Region 8 TACE in developing data sets, designing, and interpreting needs assessment surveys and instruments.

The primary role for the Executive Committee has been to facilitate the development of and commitment to the emerging goals of this specific CSNA cycle. The Chairs of the Boards worked with the respective Directors in engaging the collaboration of the general Board membership. The information sources that constitute the foundation of the DRS CSNA came from the review of the follow data, documents, public hearings, listening sessions and surveys:

- The American Community Survey and Census Data; compiled and analyzed in partnership with Region 8 TACE
- 911 Year End Program Data for DRS for 2009 and 2010
- A Report of VR Extant Data Analysis for Comprehensive Statewide Needs Assessment (South Dakota) Jan. 21, 2011, Sukyeong Pi, Ph.D. Research Associate, Office of Rehabilitation and Disability Studies.
- Department of Vocational Rehabilitation Board Meeting; Indicator 14 results from 2007-08 Exiters, Dr. Greg Cooch
- Post High School Transition Survey 2010; Black Hills Special Services Cooperative
- DRS/SBVI Consumer Satisfaction surveys 2009/10
- Consumer Satisfaction longitudinal Report
- Project Skills Year End Data 2010
- Project Skills Survey 2009
- Analysis of FFY 2010 Year End Results of Federal Program Evaluation Standards
- FFY 2010 Year End Results of All Cases
- 2009 Joint meeting of the Board of Service to the Blind and Visually Impaired (BSBVI); Board of Vocational Rehabilitation (BVR); Statewide Independent Living Council (SILC) March 10, 2009

- Public Listening Session Notes; Kyle SD May 14, 2010
- Eagle Butte Listening Session; Eagle Butte, April 22, 2010
- Partners In Policy Making: Sioux Falls 2010 Public Listening Session April 24, 2010
- Partners In Policy Making: Sioux Falls 2010 Public Listening Session April 18, 2009
- Board of Vocational Rehabilitation (BVR) Public Meeting; September 30, 2009
- Key Informant Interviews:
 - Dan Rounds: Community Rehabilitation Programs
 - Mary Medema: Sioux Falls Multicultural Center; Minorities
 - Bill Molseed; South Dakota Workforce Programs
 - Patrick Czerny: Dakota Link, Assistive Technology
- DRS Counselor Rehabilitation Needs Survey
- SBVI Counselor Rehabilitation Needs Survey
- Unsuccessful Outcome (28) outcome Survey

This Attachment 4.11(a) will document the results of a comprehensive, statewide assessment, by relating the identified needs with the goals and strategies of Attachments 4.11 (c) (1) and 4.11(d) were jointly developed by the DRS administration and the DRS Board (SRC). Needs will be described in this attachment and related to specific goals and strategies when possible. Certain needs that were described but were not necessarily statewide needs or in some cases beyond the immediate scope of VR services will be addressed in terms of agency “response”. The sum of this attachment reflects the DRS commitment to respond as completely as possible to the range of needs brought out through the CSNA process.

1) The Needs Of Individuals With Disabilities Who Have The Most Significant Disabilities, Including Their Need For Supported Employment Services

“Individual with a Most Significant Disability” means an individual with a disability who meets the criteria for having a significant disability and *in addition* has serious limits in two or more functional capacities (such as, but not limited to, mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome. Individuals who meet the criteria for this Priority Level I category are determined to be individuals with the “Most Significant Disability”. The needs identified for this category were as follows:

a) Transportation :

Transportation emerged as a systemic issue across South Dakota. All planning categories identified the absence of transportation alternatives as issues for South Dakotans as potential

impediments for individuals with disabilities in accessing work opportunities, services, and community resources. Individuals with the most significant disabilities were the not an exception to this need.

Response Statement: Access to transportation appears to be a systemic issue for citizens of South Dakota and not restricted to citizens with disabilities. While much of the needed response lies outside the scope of DRS, the response of the agency will be to maximize:

1. Existing internal transportation support capacity within the case service system; and
2. Influence the larger systems of South Dakota that may have the capacity to expand the state's transportation resources.

b) Life Transition Supports & Safety Net SSA Public Assistance

Needs assessment discovered that consumers are struggling with managing the changes in personal and work relationships that occur in their personal lives over the course of their VR programs. The concern and confusion experienced by consumers over their SSA benefits and other safety net assistance has a negative impact on their motivational state for work. Goals I and III of the State Plan contain targeted strategies that address the range of needs of individuals with most significant disabilities falling under this primary needs category.

c) Mental Health Services:

Mental Health issues appeared in the needs assessment as a broad systemic service issue requiring a specific DRS VR focus. DRS depends on certain mental health supports being in place in a community in order to successfully execute an IPE for individuals with severe mental illness (SMI). This topic also interacts with rural service issues where in the more remote South Dakota communities basic supports for individuals with SMI minimal or absent. Goals I and II of the State Plan contain targeted strategies that address the range of needs of individuals with severe mental illness falling under this primary needs category.

Response Statement:

- 1) DRS will maintain its representation on the South Dakota Mental Health Advisory Council using that presence to advocate for coordinated interagency programs of support for persons with SPMI all South Dakota communities including any rural communities where DRS may determine under-service for persons with mental illness. These efforts will concentrate on building work based programming coordinated directly with local mental health programs.

- 2) DRS will specifically work through Regional Administrators to strengthen local programming through the contacts and advocacy of local VR staff with their counterparts in the mental health service system.

d) Transitions for Students with Disabilities including students with the most significant disabilities:

DRS has included in the 2012 State Plan a new goal to address the input regarding the needs of students with disabilities transitioning from secondary school. The agency will continue to build on its successful program serving students with the most significant disabilities exiting the school systems. Goal number IV addresses the needs for the areas of transition services.

e) Extended Services:

Extended Services were described in general terms as a need for persons with most significant disabilities. Goal II reflects a specific strategy dedicated to the enhancement of extended services. In addition the agency commits to these activities:

Response Statement: To expand and grow capacity for extended services in South Dakota, DRS will continue and grow strategies dedicated to:

- 1) Working with providers encouraging the use ticket to work payment income for expanded capacity to provide extended work services;
- 2) Working with the Mental Health system to expand post VR work and living supports for persons with SMI.

F) Pre-Placement Training

- i) The CSNA needs assessment results indicated a growing need to assist consumers obtain the skills and supports necessary for successful daily living, money management, personal and work relationships. The absence of an individuals adult life management skills, including soft skills in work settings, undermine the effectiveness of VR programming. To address this emergent rehabilitation need Goal III (attachment 4.11 (c)) has been introduced into the DRS State Plan.

2) The Needs Of Individuals With Disabilities Who Are Minorities And Have Been Unserved Or Underserved

DRS surveyed consumers and staff regarding possible underservice for individuals with disabilities with an emphasize on serving individuals who a members of minority communities. In addition as part of the CSNA, DRS submitted its 2010 911 Data to for an impartial analysis intended in part to see if the patterns of service in DRS suggested unserved or underservice for any individuals including minorities. The analysis was completed by Sukyeong Pi, Ph.D. Research Associate, Office of Rehabilitation and Disability Studies. Her analysis of the South Dakota Data concluded from the perspective of data, there was no evidence in the realm of data of under-service of minorities by DRS in South Dakota. In addition further analysis of closure rates shows DRS is closing minorities, including Native Americans, at a rate higher than the percentage of those minorities in the general South Dakota population. The analysis indicated that minorities were being served at appropriate levels, but suggested that the agency may have some under-service concerns in some remote rural counties. At the qualitative level of the CSNA, communities and DRS staff reported what they perceived as needs for minorities, unserved and underserved. Those perceived needs were as follows:

a) Transportation:

Transportation emerged as a systemic issue across South Dakota. All planning categories identified the absence of transportation alternatives as issues for South Dakotans as potential impediments for individuals with disabilities in accessing work opportunities, services, and community resources. Minority communities reported this need frequently and often in relationship to very rural communities with few or no public transportation options.

Response Statement:

The response of the agency will be to maximize:

1. Existing internal transportation support capacity within the case service system; and
2. Influence the larger service systems of South Dakota that may have the capacity to expand the state's transportation resources.

b) Life Transition Supports & Safety Net SSA Public Assistance

Goal I and Goal III of the 2012 State Plan attachment 4.11 (c) list the strategies designed to address the impediments implied in the above referenced needs for the general population of MVR. DRS commits to the following enhancements of Goals I and III to capture cultural considerations.

Response statement:

In response to South Dakotas largest minority population Native Americans, DRS commits to the following activities in its efforts to accommodate Goals I and III to cultural considerations:

- 1) Continued cooperation with the 121 American Indian Projects in South Dakota. DRS has cooperative agreements with all the 121s and a DRS staff member is assigned as the liaison between the two agencies.
- 2) The Division continues to recruit individuals from minority backgrounds for counseling and other positions in the agency.
- 3) The Division invites the 121 American Indians Programs to conferences or other training sessions sponsored by the Division.
- 4) In-service training needs assessments include the 121 American Indian Programs.
- 5) Employees and consumers of DRS participate in the Native American Summit to learn strategies for addressing cultural issues when serving South Dakotans of American Indian heritage.
- 6) SRC membership includes an American Indian representative of the 121 American Indian Projects.
- 7) DRS counselor manual includes specific guidance on providing culturally sensitive services to American Indians with disabilities.
- 8) DRS staff have done outreach activities on American Indian reservations during promotion of National Disability Employment Awareness Month.
- 9) The Division has been providing training and technical assistance to schools funded by the Bureau of Indian Affairs.
- 10) The Division continues working with the 121 American Indian Programs to update the cooperative agreements to better coordinate services between our two agencies.

d) Language/Culture:

Communication and cultural issues were frequently expressed in qualitative inputs as issues for minority groups and under/unserved populations. The impediments were described in the framework of communication, trust and connection. The service implications of these three impediments depended on the specific minority community and their history. Many of those histories were further complicated in the refugee communities. The refugee communities were described in a category separate from the indigenous minority populations.

Response statement:

DRS has taken the following additional steps to assure equal access individuals with disabilities from other minority groups:

- 1) Sioux Falls is experiencing an increase in individuals with cultural diversity. DRS has made arrangements with Lutheran Social Services for foreign language interpreting. The data as well as key informant interviews indicate growing numbers of specific minority communities seeking opportunity in South Dakota.
- 2) DRS will continue to utilize organizations such as Lutheran Social Services and the Multicultural Center to bridge impediments of communication trust and connection in order that the agency can more effectively conduct needs assessment, referral finding and service delivery.

e) Rural Citizen Supports:

Some South Dakota rural communities are so sparsely populated that the economy of scale in these areas prohibit the maintenance of critical levels of the provider supports so critical to supporting a VR program. The data suggests that some rural counties may be underserved, but the South Dakota response to any underservice cannot be a singular statewide strategy but rather must be built around the local and regional economic realities.

Response statement: DRS commits to the following activities to address the possibility of underservice in rural counties:

- 1) DRS will work with regional DRS administration in identifying specific areas of underservice in South Dakota; concentrating on specific service needs in rural communities and feasible models of service response for those needs.
- 2) DRS will work with the larger Workforce system of partners to use the larger system of resources to meet service needs in rural areas.
- 3) DRS will continue to collaborate with the current CRP system of services to create new models of service that can address needed rural services
- 4) DRS will utilize the increasing access to technology in rural areas, to further the provision of basic VR services and assistive technology in rural counties.

f) Mental Health Services

Mental Health issues appeared in the needs assessment as a broad systemic service issue requiring a specific DRS VR focus. DRS depends on certain mental health supports being in place in a community in order to successfully carry out an IPE for individuals with severe mental illness (SMI). This topic also interacts with rural service issues where in the more remote South Dakota communities basic supports for individuals with SMI are absent.

Response Statement:

- 1) DRS will maintain its representation on the South Dakota Mental Health Advisory Council using that presence to advocate for coordinated interagency programs of support for persons with SMI all South Dakota communities including any rural communities where DRS may determine under-service for persons with mental illness. These efforts will concentrate on building work based programming coordinated directly with local mental health programs.
- 2) DRS will specifically work through Regional Administrators to strengthen local programming through the contacts and advocacy of local VR staff with their counterparts in the mental health service system.

g) Interagency Service Collaboration

Frequently responders described impediments and subsequent needs that called for actions outside the VR scope of services. When this occurred responders suggested turning to interagency collaboration and cooperation to tackle the broad systems issues that called for responses outside the VR scope. In response to this range of needs DRS has developed Goal II and strategies to meet this need.

h) Assistive Technology

Assistive Technology was described as a possible means by which both language barriers and services in some rural communities could be partially bridged.

Response statement:

- 1) DRS utilizes existing video conference technology to reach into the most rural communities that may be determined to be underserved.
- 2) DRS is exploring augmentative communication devices with Dakotalink as potential methods to bridge communications;

3. The Needs Of Individuals With Disabilities Who Are Served Through Other Components Of The Statewide Workforce Investment System.

South Dakota has a comprehensive and coordinated public and private statewide workforce investment system. There is a partnership of agencies and employer resources under the guidance of the South Dakota Workforce Development Council. Public vocational rehabilitation is represented on the State Workforce Council and State Workforce Council members are appointed to the state rehab councils. In addition to the methods of identifying needs described elsewhere in this attachment, DRS personnel partner with the state workforce system on local workforce boards, and by attending and presenting at statewide workforce conferences. Public vocational rehabilitation analyzes employment trends and labor market demands as an agency represented on the South Dakota Career Council. Annually, DRS participates with WIA on follow-up studies as to placements, retention, and wages. All of these initiatives allow DRS to guide services and resources in higher demand job areas as well as fields that will provide good wages and careers.

A significant need for individuals who are served through the workforce investment system is the coordination of services and funding with the vocational rehabilitation program. Because of this need, the South Dakota public vocational rehabilitation programs and the Department of Labor issued a joint memorandum to the Vocational Rehabilitation offices, One-Stop Career Centers, and the Career Learning Centers. This memorandum addressed the confusion regarding the level of services available when funded through the WIA.

DRS implemented an Order of Selection on October 1, 2006 but at this time is serving all categories. DRS has worked closely with all of the key components of the statewide workforce system to maximize the resources represented in the overall Workforce System are available to individuals with disabilities in South Dakota. In the event of DRS needing implementing its service priorities in this planning period, by maintaining the coordinated workforce systems, DRS assures the state's readiness to serve individuals impacted by the order of selection through other workforce system partners.

In the South Dakota CSNA the DRS staff survey indicated a high level of satisfaction with the current Work Force Partners system of services. Any needs appeared to be localized in certain communities and will be addressed through local DRS administrative teams at the local level. In a Key Informant Interview with Bill Molseed, the South Dakota Work Force Investment Administrator and DRS Board Member, two recommendations stood out for the Work Force System. Mr. Molseed expressed his support of the services that offer formal certification of readiness to work to help persons with disabilities access to entry level work (i.e. National Career Readiness Scale). He also strongly encouraged and supported broad efforts of public education that would help employers and the public understand the productive capacity of individuals with disabilities.

Response Statement: The DRS state plan Goal II and the subsequent strategies aligned under Goal II begin to address the issues Mr. Molseed referenced in his recommendations. DRS will also utilize opportunities for public education through Central Office staff as well as local administrations to promote the public's understanding of the capability of persons with disabilities.

4. Assessment of the need to establish, develop or improve Community Rehabilitation Programs

The CSNA surveys and forums gave evidence the public and staff are looking for additional, enhanced resources to serve their clients through the provider world (Community Rehabilitation Programs). The data indicates there is a staff perception some change is needed in the provider service configuration to continue to effectively serve consumers. The various responses to needs identified for the Community Rehabilitation programs are not collected in one dedicated goal but rather distributed throughout the DRS goals and strategies contained in attachment 4.11 (c).

The primary needs identified that relate to the South Dakota DRS Community Rehabilitation Programs were:

a) Transportation:

Transportation emerged as a systemic issue across South Dakota. All planning categories identified the absence of transportation alternatives as issues for South Dakotans as potential impediments for individuals with disabilities in accessing work

opportunities, services, and community resources. Again in the context of Community Rehabilitation transportation was brought up in terms of accessing both work and work services.

Response Statement: Access to transportation appears to be a systemic issue for citizens of South Dakota and not restricted to citizens with disabilities. While much of the needed response lies outside the scope of DRS, the response of the agency will be to maximize:

1. Existing internal transportation support capacity within the case service system;
and
2. Influence the larger systems of South Dakota that may have the capacity to expand the state's transportation resources.

b) Pre-Placement:

Again, in the CRP dimension of service provision, there was commentary on the impediments to employment presented by the lack of skills necessary to attract the positive attention of an employer; both interpersonal and occupational. The CSNA needs assessment results indicated a growing need to assist consumers with skills and supports necessary for successful daily living, money management, personal, and work relationships. These adult life management skills, including soft skills in work settings, undermine the effectiveness of VR programming. Goal III (attachment 4.11 (c)).addresses this emergent rehabilitation need.

c) Life Transitions Skills:

Unlike Pre-placement Training, the needs in this category would not be focused on job site/employer/public relations skills, but more on adult competencies of daily living. This category also emerged as a need and was often connected to the CRP programming planning dimension. The needs tended to be expressed in terms of daily living competencies such as budgeting, maintaining housing, some references to medical management and occasionally personal relationships. There appeared to be a sense that daily living skill instability in the personal lives of consumers was making it increasingly hard for counselors and CRP providers to provide VR services. DRS Goals and strategies respond directly to this need.

c) Mental Health Services

DRS depends on certain mental health supports being in place in a community in order to successfully execute an IPE for individuals with severe mental illness (SMI). While the needs expressed in the Mental Health Services realm do not fall directly into the traditional CRP realm, they can be seen as falling in the realm of "provider". Respondents to the surveys and forums tended to batch provider needs under the CRP heading.

Response Statement:

- 1) DRS will maintain its representation on the South Dakota Mental Health Advisory Council using that presence to advocate for coordinated interagency programs of support for persons with SMI all South Dakota communities including any rural communities where DRS may determine under-service for persons with mental illness. These efforts will concentrate on building work based programming coordinated directly with local mental health programs.
- 2) DRS will specifically work through Regional Administrators to strengthen local programming through the contacts and advocacy of local VR staff with their counterparts in the mental health service system.

e) Job Placement/Coaching:

Because of turnover and sometimes a minimal recruiting pool for potential job coaches in rural communities, issues of undertrained job coaches were brought up as impediments to employment. Goal I (attachment 4.11 (c)).addresses the needs described under this category.

Goals and Strategies

Findings from the statewide needs assessment and a number of other activities are utilized to identify goals and strategies to improve services. Goals and priorities are addressed in attachment 4.11(c)(1) through a number of activities planned with input elicited from the Board of Vocational Rehabilitation, consumers of services and other partners in vocational rehabilitation. Strategies are addressed in attachment 4.11(d). In addition to the statewide needs assessment, the following activities are instrumental in developing appropriate state goals and priorities and strategies for use of Title I funds in innovation and expansion activities:

- Consumer Satisfaction Surveys;
- Public Meetings;
- Focus Groups;
- Case file reviews;
- Conferences and Seminars;
- Board Strategic Planning Sessions.

The results reported for the state wide needs assessment for this state plan submission have been analyzed and goals/strategies developed to address identified needs. Future state plan updates will address results from activities that provide information pertinent to goals and priorities and strategies to address innovation and expansion activities. Collaboration between the State Workforce Investment Council, Board of Vocational Rehabilitation, Board of Service to the Blind and Visually Impaired, Statewide Independent Living Council and other entities in the

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workforce, education and social service systems will occur to ensure continuity of policies and procedures for service provision.