

# **Annual Report - Independent Living Services For Older Individuals Who Are Blind**

## **RSA-7-OB for California Department of Rehabilitation - H177B150005 report through September 30, 2015**

### **Instructions**

#### **Introduction**

The revised ED RSA-7-OB form incorporates revisions to the four established performance measures for the Independent Living Services for Older Individuals who are Blind (IL-OIB) program. Added in 2007, these measures aim to better reflect the program's impact on individual consumers and the community.

Added to capture information that may be required to meet GPRA guidelines, the performance measures can be found under Part VI: Program Outcomes/Performance Measures as follows:

#### **Measure 1.1**

Of individuals who received AT (assistive technology) services and training, the percentage who regained or improved functional abilities previously lost as a result of vision loss.

#### **Measure 1.2**

Of individuals who received orientation and mobility (O & M) services, the percentage who experienced functional gains or maintained their ability to travel safely and independently in their home and/or community environment.

#### **Measure 1.3**

Of individuals who received services or training in alternative non-visual or low vision techniques, the percentage that experienced functional gains or were able to successfully restore and maintain their functional ability to engage in their customary life activities within their home environment and community.

#### **Measure 1.4**

Of the total individuals served, the percentage that reported that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services.

Revisions to these established program performance measures consists of the following additional five items:

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only)

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)

### **Submittal Instructions**

OIB grantees are expected to complete and submit the 7-OB Report online through RSA's website (<https://rsa.ed.gov>), unless RSA is notified of pertinent circumstances that may impede the online submission.

To register with RSA's MIS, please go to <https://rsa.ed.gov> and click on *Info for new users*. The link provides instructions for obtaining an agency-specific username and password. Further instructions for completing and submitting the 7-OB Report online will be provided upon completion of the registration process.

OIB grantees submitting the 7-OB Report online are not required to mail signed copies of the 7-OB Report to RSA, but they must certify in the MIS that the signed and dated 7-OB Report and lobbying certification forms are retained on file.

The Report submittal deadline is no later than December 31 of the reporting year.

### **Part I: Funding Sources for Expenditures And Encumbrances — Instructions**

Please note: Total expenditures and encumbrances for direct program services in Part I (C) must equal the total funds spent on service in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

- TITLE VII-CHAPTER 2 FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of your Title VII-Chapter 2 Grant Award for the reported Federal Fiscal Year (FY).
- OTHER FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of any other federal grant award you received for the reported fiscal year
- TITLE VII-CHAPTER 2 CARRYOVER FROM PREVIOUS YEAR - Enter any chapter 2 grant carryover amount from the previous FY that was expended or encumbered in the reported FY.

- OTHER FEDERAL GRANT CARRYOVER FROM PREVIOUS YEAR - Enter any other federal grant carryover amount from the previous FY that was expended or encumbered in the reported FY from previous year

#### **A. Funding Sources for Expenditures and encumbrances in reported fy**

A1. Enter the total amount of Title VII-Chapter 2 funds *expended or encumbered* during the reported FY. Include expenditures or encumbrances made from both carryover funds from the previous FY and from the reported FY grant funds.

A2. Enter the total of any other federal funds *expended or encumbered* in the Title VII-Chapter 2 program during the reported FY. Designate the funding sources and amounts in (a) through (e).

A3. Enter the total amount of state funds *expended or encumbered* in the Title VII - Chapter 2 program. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A4. Enter the total amount of third party contributions including local and community funding, non-profit or for-profit agency funding, etc. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A5. Enter the total amount of in-kind contributions from non-federal sources. Include value of property or services that benefit the Title VII-Chapter 2 program (e.g. the fairly evaluated documented value of services, materials, equipment, buildings or office space or land).

A6. Enter the total matching funds (A3 + A4 + A5). *Reminder:* The required non-federal match for the Title VII-Chapter 2 program is not less than \$1 for each \$9 of federal funds provided in the Title VII-Chapter 2 grant. Funds derived from or provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of non-federal contributions.

A7. Enter the total amount of all funds expended and encumbered (A1 + A2 + A6) during the reported fiscal year.

#### **B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs**

Enter the total amount of expenditures and encumbrances allocated to administrative, support staff, and general overhead costs. Do not include costs for direct services provided by agency staff or the costs of contract or sub-grantee staff that provide direct services under contracts or sub-grants. If an administrator spends a portion of his or her time providing administrative services and the remainder providing direct services, include only the expenditures for administrative services.

#### **C. Total expenditures and encumbrances for direct program services**

Enter the total amount of expenditures and encumbrances for direct program services by subtracting line B from line A7.

### **Part II: Staffing — Instructions**

Base all FTE calculations upon a full-time 40-hour workweek or 2080 hours per year. Record all FTE assigned to the Title VII-Chapter 2 program irrespective of whether salary is paid with Title VII-Chapter 2 funds.

#### **A. Full-time Equivalent (FTE) Program Staff**

A1. Under the “Administrative & Support” column (A1a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from the State agency. (For example, if 20% or 8 hours per week of a staff person’s time were spent on administrative and support functions related to this program, the FTE for that staff person would be .2). Under the “Direct Services” column (A1b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, drivers for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from the State agency. If administrative or support staff of the State agency also provide direct services, report the FTE devoted to direct services in the “Direct Services” column (A1b). (For example, if 80% of a staff person’s time were spent in providing direct services, the FTE for that person would be 8). Finally, add across the “Administrative & Support” FTE (A1a) and “Direct Service” FTE (A1b) to enter the total State agency FTE in the TOTAL (A1c) column.

A2. Under the “Administrative & Support” column (A2a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from contractors or sub-grantees. Under the “Direct Services” column (A2b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, driver for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from contractors and sub-grantees. If administrative staff of the contractors or sub-grantees also provides direct services, report the FTE devoted to direct services in the “Direct Services” column (A2b). Finally, add across the “Administrative & Support” FTE (A2a) and “Direct Service” FTE (A2b) to enter the total contractor or sub-grantee FTE in the TOTAL (A2c) column.

A3. Add each column for A1 and A2 and record totals on line A3.

#### **B. Employed or advanced in employment**

B1. Enter the total number of employees (agency and contractor/sub-grantee staff) with disabilities (include blind and visually impaired not 55 or older), including blindness or visual impairment, in B1a. Enter the FTE of employees with disabilities in B1b. (To calculate B1b, add the total number of hours worked by all employees with disabilities and divide by 2080 to arrive at the FTE)

B2. Enter the total number of employees (agency and contractor/sub-grantee staff) who are blind or visually impaired *and* age 55 and older in B2a. Enter the FTE of employees who are blind or visually impaired *and* age 55 or older in B2b. (To calculate B2b, add the total number of hours worked by employees who are blind or visually impaired *and* age 55 and older and divide by 2080 to arrive at the FTE)

B3. Enter the total number of employees (agency and contractor/sub-grantee staff) who are members of racial/ethnic minorities in B3a. Enter the FTE of employees who are members of racial/ethnic minorities in B3b. (To calculate B3b, add the total number of hours worked by employees who are members of racial/ethnic minorities and divide by 2080 to arrive at the FTE)

B4. Enter the total number of employees (agency and contractor/sub-grantee staff) who are women in B4a. Enter the FTE of employees who are women in B4b. (To calculate B4b, add the total number of hours worked by women and divide by 2080 to arrive at the FTE)

B5. Enter the total number of employees (agency and contractor/sub-grantee staff) who are ages 55 and older, but not blind or visually impaired, in B5a. Enter the FTE of employees who are ages 55 and older, but not blind or visually impaired, in B5b. (To calculate B5b, add the total number of hours worked by employees who are ages 55 and older, but not blind or visually impaired, and divide by 2080 to arrive at the FTE)

### **C. Volunteers**

C1. Enter the FTE of program volunteers in C1. (To calculate C1, add the total number of hours worked by all program volunteers and divide by 2080 to arrive at the FTE).

## **Part III: Data on Individuals Served — Instructions**

Provide data in all categories on program participants who received one or more services during the fiscal year being reported.

### **A. Individuals Served**

A1. Enter the number of program participants carried over from the previous federal fiscal year who received services in this reported FY (e.g. someone received services in September (or any other month) of the previous FY and continued to receive additional services in the reported FY).

A2. Enter the number of program participants who began receiving services during the reported fiscal year irrespective of whether they have completed all services.

A3. Enter the total number served during the reported fiscal year (A1 + A2).

### **B. Age**

B1-B10. Enter the total number of program participants served in each respective age category.

B11. Enter the sum of B1 through B10. This must agree with A3.

### **C. Gender**

C1. Enter the total number of females receiving services.

C2. Enter the total number of males receiving services.

C3. Enter the sum of C1 and C2. This must agree with A3.

### **D. Race/Ethnicity**

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D1. Enter the number of individuals served who are Hispanic/Latino of any race or Hispanic/Latino only. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D2. Enter the number of individuals served who are American Indian or Alaska Native. American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

D3. Enter the number of individuals served who are Asian. Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

D4. Enter the number of individuals served who are Black or African American. Black or African American means a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" may be used.

D5. Enter the number of individuals served who are Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

D6. Enter the number of individuals served who are White or Caucasian. White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

D7. Enter the number of individuals served who report two or more races but who are not Hispanic/Latino of any race.

D8. Enter "race and ethnicity unknown" only if the consumer refuses to identify race and ethnicity.

D9. Enter the total of D1 through D8. This number must agree with A3.

#### **E. Degree of Visual Impairment**

E1. Enter the number of individuals served who are totally blind (e.g. have light perception only or no light perception).

E2. Enter the number of individuals served who are legally blind (excluding those recorded in E1).

E3. Enter the number of individuals served who have severe visual impairment.

E4. Add E1 + E2 + E3 and enter the total. This number must agree with A3.

#### **F. Major Cause of Visual Impairment**

(Please note that the primary site for the definitions of diseases is <http://www.nia.nih.gov/AboutNIA/StrategicPlan/ResearchGoalA/Subgoal1.htm>.)

Enter only one major cause of visual impairment for each individual served.

F1. Enter the number of individuals served who have macular degeneration as the major cause of visual impairment. Age-related macular degeneration (AMD) is a progressive disease of the retina wherein the light-sensing cells in the central area of vision (the macula) stop working and eventually die. The cause of the disease is thought to be a combination of genetic and environmental factors, and

It is most common in people who are age 60 and over. AMD is the leading cause of legal blindness in senior citizens.

F2. Enter the number of individuals served who have diabetic retinopathy as the major cause of visual impairment. Diabetic retinopathy is the leading cause of new cases of legal blindness among working-age Americans and is caused by damage to the small blood vessels in the retina. It is believed that poorly controlled blood sugar levels are related to its progression. Most persons with diabetes have non-insulin-dependent diabetes mellitus (NIDDM) or what is commonly called "adult-onset" or Type II diabetes, and control their blood sugar with oral medications or diet alone. Others have insulin-dependent diabetes mellitus (IDDM), also called "younger or juvenile-onset" or Type I diabetes, and must use insulin injections daily to regulate their blood sugar levels.

F3. Enter the number of individuals served who have glaucoma as the major cause of visual impairment. Glaucoma is a group of eye diseases causing optic nerve damage that involves mechanical compression or decreased blood flow. It is permanent and is a leading cause of blindness in the world, especially in older people.

F4. Enter the number of individuals served who have cataracts as the major cause of visual impairment. A cataract is a clouding of the natural lens of the eye resulting in blurred vision, sensitivity to light and glare, distortion, and dimming of colors. Cataracts are usually a natural aging process in the eye (although they may be congenital) and may be caused or accelerated by other diseases such as glaucoma and diabetes.

F5. Enter the number of individuals served who have any other major cause of visual impairment.

F6. Enter the sum of F1 through F5. This number must agree with A3.

### **G. Other Age-Related Impairments**

Enter the total number of individuals served in each category. Individuals may report one or more non-visual impairments/conditions. The National Institute on Aging (NIA) Strategic Plan identifies age-related diseases, disorders, and disability including the following categories.

G1. Hearing Impairment: Presbycusis is the gradual hearing loss that occurs with aging. An estimated one-third of Americans over 60 and one-half of those over 85 have some degree of hearing loss. Hearing impairment occurs when there is a problem with or damage to one or more parts of the ear, and may be a conductive hearing loss (outer or middle ear) or a sensorineural hearing loss (inner ear) or a combination. The degree of hearing impairment can vary widely from person to person. Some people have partial hearing loss, meaning that the

Ear can pick up some sounds; others have complete hearing loss, meaning that the ear cannot hear at all. One or both ears may be affected, and the impairment may be worse in one ear than in the other.

G2. Diabetes: Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Type 2 diabetes, which results from insulin resistance and abnormal insulin action, is most prevalent in the older population. Diabetes complications, such as heart disease and loss of sight, increase dramatically when blood sugar is poorly controlled and often develop before diabetes is diagnosed.

G3. Cardiovascular Disease and Strokes: Diseases of the heart and blood vessels are the leading cause of hospitalization and death in older Americans. Congestive heart failure is the most common diagnosis in hospitalized patients aged 65 and older.

G4. Cancer: The second leading cause of death among the elderly is cancer, with individuals age 65 and over accounting for 70 percent of cancer mortality in the United States. Breast, prostate, and colon cancers, are common in older people.

G5. Bone, Muscle, Skin, Joint, and Movement Disorders: Osteoporosis (loss of mass and quality of bones), osteoarthritis (inflammation and deterioration of joints), and sarcopenia (age-related loss of skeletal muscle mass and strength) contribute to frailty and injury in millions of older people. Also contributing to loss of mobility and independence are changes in the central nervous system that control movement. Cells may die or become dysfunctional with age, as in Parkinson's disease. Therefore, older people may have difficulty with gross motor behavior, such as moving around in the environment, or with fine motor skills, such as writing.

G6. Alzheimer's Disease/Cognitive Impairment: Alzheimer's disease is the most common type of dementia (a brain disorder that significantly affects an individual's ability to carry out daily life activities) in older people. It and other cognitive impairments impact parts of the brain that control thought, memory, and language.

G7. Depression is widespread, often undiagnosed, and often under-treated in the elderly. It is believed to affect more than 6.5 million of the 35 million Americans who are 65 or older. Depression is closely associated with dependency and disability. Symptoms may include: loss of interest in normally pleasurable activities, persistent, vague or unexplained somatic complaints, memory complaints, change in weight, sleeping disorder, irritability or demanding behavior, lack of attention to personal care, difficulty with concentration, social withdrawal, change in appetite, confusion, delusions or hallucinations, feeling of worthlessness or hopelessness, and thought about suicide.

G8. Other Major Geriatric Concerns: Several conditions can compromise independence and quality of life in older persons including weakness and falls, urinary incontinence, benign prostatic hyperplasia, and co morbidity (co morbidity describes the effect of all other diseases an individual might have on the primary disease).

## **H. Type of Residence**

H1. Enter the number of individuals served who live in private residence (house or apartment unrelated to senior living).

H2. Enter the number of Individuals served who live in senior living/retirement community (e.g. housing designed for those age 55 and older).

H3. Enter the number of individuals served who live in assisted living facility (e.g. housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry).

H4. Enter the number of individuals served who live in nursing homes/long-term care facility (e.g. any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis).

H5. Enter the number of individuals served who are homeless

H6. Enter the sum of H1, H2, H3, H4 and H5. This number must agree with A3.

#### **I. Source of Referral**

I1. Enter the number of individuals served referred by an ophthalmologist or optometrist.

I2. Enter the number of individuals served referred by a medical provider other than an ophthalmologist or optometrist.

I3. Enter the number of individuals served referred by a state vocational rehabilitation agency.

I4. Enter the number of individuals served referred by a government or social services agency defined as a public or private agency which provides assistance to consumers related to eligibility and securing entitlements and benefits, counseling, elder law services, assistance with housing, etc.

I5. Enter the number of individuals served referred by the Veterans Administration

I6. Enter the number of individuals served referred by a senior program defined as a community-based educational, recreational, or socialization program operated by a senior center, nutrition site, or senior club.

I7. Enter the number of individuals served referred by an assisted living facility defined as housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry.

I8. Enter the number of individuals served referred by a nursing home/long-term care facility defined as any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis.

I9. Enter the number of individuals served referred by a faith-based (religious affiliated) organization.

I10. Enter the number of individuals served referred by an independent living center (ILC) defined as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.

I11. Enter the number of individuals referred by a family member or friend.

I12. Enter the number of individuals who were self-referred.

I13. Enter the number of individuals referred from all other sources aside from those listed above.

I14. Enter the sum of I1, I2, I3, I4, I5, I6, I7, I8, I9, I10, I11, I12, and I13. This number must agree with A3

## **Part IV: Types of Services Provided and Resources Allocated — Instructions**

Please note: Total expenditures and encumbrances for direct program services in Part I C must equal the total funds spent on services in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

In addition, salary or costs associated with direct service staff or contractors providing direct services should be included in the cost of services provided in A, B, C, and D.

### **A. Clinical / Functional Vision Assessments and Services**

A1. Enter the total cost from Title VII-Chapter 2 federal grant funds (A1a) and the total cost from all other sources of program funding (A1b) for clinical and/or functional vision assessments and services, whether purchased or provided directly.

A2. Enter the total number of program participants who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists or optometrists, and who received functional vision assessments or low vision evaluations to identify strategies for enhancing visual performance both without and with optical and low vision devices and equipment. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. These assessments are typically provided by skilled professionals or those who are certified or have a master's degree in low vision rehabilitation. Do not include evaluations for orientation and mobility. These should be included in C3.

A3. Enter the total number of program participants who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and, hospitalizations related to such services. Include *prescription* optics in this service category. Nonprescription optics should be reported in B2.

### **B. Assistive Technology Devices, Aids, Services and Training**

B1. Enter the total cost from Title VII-Chapter 2 federal grant funds (B1a) and the total cost from all other sources of program funding (B1b) for the provision of assistive technology devices, aids, services and training.

B2. Enter the total number of program participants who received one or more assistive technology devices and aids. As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), "assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." Assistive technology devices may include such items as canes, slates, insulin gauges, CCTVs, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, Brailers, large button telephones, etc.

B3. Enter the total number of program participants who received one or more assistive technology services and training. As defined in Section 3(5) of the Assistive Technology Act of 2004 (PL 108-364), "assistive technology service means any service that directly assists an individual with a

disability in the selection, acquisition, or use of an assistive technology device.” Services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, costs of loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision therapy services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

### **C. Independent Living and Adjustment Training and Services**

C1. Enter the total cost from Title VII-Chapter 2 federal grant funds (C1a) and the total cost from all other sources of program funding (C1b) for the provision of services and adjustment training leading to independent living. Evaluation and assessment services (excluding those included in A2 or B3) leading to the planning and implementation of services and training should be included in these costs.

C2. Enter the total number of individuals who received orientation and mobility (O & M) services or travel training (i.e. learning to access public or private transportation and to travel safely and as independently as possible in the home and community with or without the use of mobility aids and devices).

C3. Enter the total number of individuals who received communication skills training (e.g. reading and writing Braille, keyboarding and computer literacy, computer skills training, using the telephone, handwriting guides, telling time, using readers, use of audio and tactile technologies for home, recreational or educational use; etc.). Training in the use of newspaper reading services and radio services should be included.

C4. Enter the total number of individuals who received personal management and daily living skills training (e.g. training in the use of adaptive aids and assistive technology devices for personal management and daily living, blindness and low vision alternative techniques for food preparation, grooming and dress, household chores, medical management, shopping, recreational activities, etc.)

C5. Enter the total number of individuals who received supportive services (e.g. reader services, transportation, personal attendant services, support service providers, interpreters, etc.) while actively participating in the program or attaining independent living goals.

C6. Enter the total number of program participants who participated in advocacy training or support network activities such as consumer organization meetings, peer support groups, etc.

C7. Enter the total number of individuals who received counseling (peer, individual or group) to assist them in adjusting to visual impairment and blindness.

C8. Enter the total number of program participants that received information and referral to other service providers, programs, and agencies (e.g. senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community. Do not include individuals who received *only* information and referral and for whom no other services were provided.

C9. Enter the total number of individuals served who were provided any other service not listed above.

### **D. Community Awareness Activities / Information and Referral**

D1. Enter the total cost from Title VII-Chapter 2 federal grant funds (D1a) and the total cost from all other sources of program funding (D1b) for providing information and referral services and community awareness activities/events to individuals for whom this was the only service provided (i.e. training for other professionals, telephone inquiries, general inquiries, etc.).

D2. Enter the number of individuals receiving information and referral services for whom this is the only service provided. (optional)

D3. Enter the number of community awareness events/activities in which the Chapter 2 program participated during the reported year (D3a) and the number or estimated number of individuals who benefited from these activities (D3b).

## **Part V: Comparison of Prior Year Activities to Current Reported Year — Instructions**

A1. Program Expenditures and Encumbrances (all sources) Enter the total cost of the program for the prior fiscal year (A1a), and the fiscal year being reported (A1b). The total cost of the program can be found in Part I A7. Calculate the change (plus or minus) from the prior year to the reported year (A1c).

A2. Number of Individuals Served Enter the total number of eligible individuals served in the prior year (A2a), and in the current reported year (A2b). The total number of individuals served can be found in Part III A3. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A2c).

A3. Number of Minority Individuals Served Enter the total number of minority individuals served in the prior year (A3a), and in the fiscal year currently being reported (A3b). The total number of minority individuals served is the total of Part III D1+D2+D3+D4+D5 +D7. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A3c).

A4. Number of Community Awareness Activities Enter the number of community awareness activities or events in which the Chapter 2 program participated during the prior year (A4a), and in the fiscal year currently being reported (A4b). The number of community awareness activities is found in Part IV D3a. Calculate the change (plus or minus) in the number of events from the prior year to the year being reported (A4c).

A5. Number of Collaborating Agencies and Organizations Enter the number of collaborating organizations or agencies (formal agreements or informal activity) other than Chapter 2 paid sub-grantees or contractors in the prior year (A5a), and in the fiscal year currently being reported (A5b). Calculate the change (plus or minus) from the prior year to the year being reported (A5c).

A6. Number of Sub-grantees/Contractors If you provide services through sub-grantee agencies or contract, enter the number of sub-grantees or contracts in the prior year (A6a), and in the fiscal year currently being reported (A6b). Calculate the change (plus or minus) from the prior year to the year being reported (A6c). If you do not use sub-grantees, enter 0 in A6a, A6b, and A6c.

## **Part VI: Program Outcomes/Performance Measures — Instructions**

A. Enter the number from Part IV B3 in A1. From available program data and evaluations, enter the number of individuals receiving AT (assistive technology) services and training who maintained or

improved functional abilities that were previously lost or diminished as a result of vision loss in A2. (closed/inactive cases only).

In A3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

B. Enter the number from Part IV C2 in B1. From available program data and evaluations, of those receiving orientation and mobility (O & M) services, enter the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services in B2 (closed/inactive cases only).

In B3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

C. Enter the number from Part IV C3 in C1. From available program data and evaluations, of those receiving communication skills training, enter the number of individuals who gained or maintained their functional abilities as a result of services they received in C2 (Closed/inactive cases only).

In C3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

D. Enter the number from Part IV C4 in D1. From available program data and evaluations, of those receiving daily living skills training, enter the number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills In D2 (Closed/inactive cases only).

In D3, enter the Number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (Closed/inactive cases only). "Change in lifestyle" is defined as any non-vision related event that results in the consumer's reduced independence, such as moving from a private residence (house or apartment) to another type of residence e.g. living with family, senior living community, assisted living facility, nursing home/long-term facility, etc. Reduced independence could also result in employing a caregiver to enable the consumer continue to live in his/her home. Examples of events that could result in reduced independence of the consumer include loss of spouse and onset or worsening of other health conditions such as diabetes, cancer, heart disease, etc.

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (Closed/inactive cases only).

### Part VII: Training and Technical Assistance — Instructions

On July 22, 2014, Public Law 113-128, the Workforce Innovation and Opportunity Act (WIOA) was enacted and included a new requirement under Section 751A that the RSA Commissioner shall conduct a survey of designated State agencies that receive grants under section 752 regarding training and technical assistance needs in order to determine funding priorities for such training and technical assistance. 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 Independent Living Services for Older Individuals Who Are Blind grant (for example, financial management, reporting requirements on the 7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, outreach, etc.).

### Part VIII: Narrative — Instructions

Self-explanatory.

### Part IX: Signature Instructions

Please sign and print the name, title and telephone number of the IL-OIB Program Director.

### Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	3,297,919
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	0
Other federal grant carryover from previous year	0
A. Funding Sources for Expenditures in Reported FY	
A1. Title VII-Chapter 2	3,325,064
A2. Total other federal	10,215
(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	10,215

A3. State (excluding in-kind)	12,187
A4. Third party	0
A5. In-kind	357,265
A6. Total Matching Funds	369,452
A7. Total All Funds Expended	3,704,731
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	1,303,483
C. Total expenditures and encumbrances for direct program services	2,401,248

## Part II: Staffing

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

### A. Full-time Equivalent (FTE)

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
1. FTE State Agency	2.0000	0.0000	2.0000
2. FTE Contractors	17.7800	60.2270	78.0070
3. Total FTE	19.7800	60.2270	80.0070

## B. Employed or advanced in employment

	a) Number employed	b) FTE
1. Employees with Disabilities	40	15.6300
2. Employees with Blindness Age 55 and Older	31	12.1500
3. Employees who are Racial/Ethnic Minorities	71	35.7000
4. Employees who are Women	145	72.0500
5. Employees Age 55 and Older	68	36.0600

## **C. Volunteers**

C1. FTE program volunteers (number of volunteer hours divided by 2080) 16.54

### Part III: Data on Individuals Served

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

#### A. Individuals Served

1. Number of individuals who began receiving services in the previous FY and continued to receive services in the reported FY	2,349
2. Number of individuals who began receiving services in the reported FY	4,829
3. Total individuals served during the reported fiscal year (A1 + A2)	7,178

## B. Age

1. 55-59	718
2. 60-64	789
3. 65-69	884
4. 70-74	778
5. 75-79	846
6. 80-84	988
7. 85-89	1,011
8. 90-94	843
9. 95-99	279
10. 100 & over	42
11. Total (must agree with A3)	7,178

### C. Gender

1. Female	4,680
2. Male	2,498
3. Total (must agree with A3)	7,178

#### D. Race/Ethnicity

1. Hispanic/Latino of any race	1,130	<i>For individuals who are non-Hispanic/Latino only</i>
2. American Indian or Alaska Native	38	
3. Asian	533	
4. Black or African American	544	
5. Native Hawaiian or Other Pacific Islander	43	
6. White	4,639	
7. Two or more races	50	
8. Race and ethnicity unknown (only if consumer refuses to identify)	201	
9. Total (must agree with A3)	7,178	

## E. Degree of Visual Impairment

1. Totally Blind (LP only or NLP)	426
2. Legally Blind (excluding totally blind)	2,589
3. Severe Visual Impairment	4,163
4. Total (must agree with A3)	7,178

## F. Major Cause of Visual Impairment

1. Macular Degeneration	2,801
2. Diabetic Retinopathy	637
3. Glaucoma	1,003
4. Cataracts	360
5. Other	2,377
6. Total (must agree with A3)	7,178

## G. Other Age-Related Impairments

1. Hearing Impairment	1,083
2. Diabetes	1,424
3. Cardiovascular Disease and Strokes	1,610
4. Cancer	276
5. Bone, Muscle, Skin, Joint, and Movement Disorders	1,269
6. Alzheimer's Disease/Cognitive Impairment	186
7. Depression/Mood Disorder	280
8. Other Major Geriatric Concerns	2,226

## H. Type of Residence

1. Private residence (house or apartment)	5,560
2. Senior Living/Retirement Community	1,339
3. Assisted Living Facility	177
4. Nursing Home/Long-term Care facility	80
5. Homeless	22
6. Total (must agree with A3)	7,178

## I. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)	1,936
2. Physician/medical provider	270
3. State VR agency	326
4. Government or Social Service Agency	467
5. Veterans Administration	52
6. Senior Center	1,208
7. Assisted Living Facility	76
8. Nursing Home/Long-term Care facility	10
9. Faith-based organization	29
10. Independent Living center	53
11. Family member or friend	829
12. Self-referral	1,115
13. Other	807
14. Total (must agree with A3)	7,178

## Part IV: Types of Services Provided and Resources Allocated

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

### A. Clinical/functional vision assessments and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	271,198	
1b. Total Cost from other funds	0	
2. Vision screening / vision examination / low vision evaluation		1,546
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		356

## B. Assistive technology devices and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	443,157	
1b. Total Cost from other funds	2,622	
2. Provision of assistive technology devices and aids		2,091
3. Provision of assistive technology services		1,587

### C. Independent living and adjustment training and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	1,408,335	
1b. Total Cost from other funds	4,976	
2. Orientation and Mobility training		1,098
3. Communication skills		1,155
4. Daily living skills		2,089
5. Supportive services (reader services, transportation, personal		2,206
6. Advocacy training and support networks		1,170
7. Counseling (peer, individual and group)		1,927
8. Information, referral and community integration		2,681
. Other IL services		1,399

### D. Community Awareness: Events & Activities

	Cost	a. Events / Activities	b. Persons Served
1a. Total Cost from VII-2 funds	270,571		
1b. Total Cost from other funds	390		
2. Information and Referral			2,692
3. Community Awareness: Events/Activities		784	29,776

## Part V: Comparison of Prior Year Activities to Current Reported Year

### A. Activity

	a) Prior Year	b) Reported FY	c) Change ( + / - )
1. Program Cost (all sources)	3,663,002	3,704,731	41,729
2. Number of Individuals Served	6,553	7,178	625
3. Number of Minority Individuals Served	2,047	2,539	492
4. Number of Community Awareness Activities	550	784	234
5. Number of Collaborating agencies and organizations	0	0	0
6. Number of Sub-grantees	16	22	

## Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	1,587	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	1,034	65.15%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	504	31.76%
B1. Number of individuals who received orientation and mobility (O & M) services	1,098	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	949	86.43%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	137	12.48%
C1. Number of individuals who received communication skills training	1,155	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	797	69.00%
C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	308	26.67%
D1. Number of individuals who received daily living skills training	2,089	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	1,593	76.26%
D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	463	22.16%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	4,358	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	16	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living	295	n/a

situation as a result of services they received. (closed/inactive cases only)		
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	168	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	29	n/a

## **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.

The program is implemented through sub-grant agreements with private, nonprofit community-based organizations that have expertise in providing effective services to individuals who are blind or visually impaired. Therefore, the training and/or technical needs at our level as the State agency that distributes grant monies to local provider agencies falls along the lines of ensuring consistency and accuracy of provider-supplied consumer performance data and how to disseminate best practices. Specifically, a best practices forum would be useful on the topic of breaking through cultural and linguistic barriers to encourage underserved groups to seek OIB services. Additionally, if the Rehabilitation Services Administration (RSA) were to provide training and instruction to all OIB provider states and territories on the topic of efficient and accurate local level data collection, it would likely increase the consistency of the annual national statistics and enable states to see emerging trends in services or consumer needs.

## 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.

### Implementation

The Department of Rehabilitation (DOR) provides comprehensive independent living services (ILS) to individuals age 55 years and older throughout California. The DOR, through its 22 sub-grantees, provides the majority of its services in the consumer's everyday surroundings, whether it be in home or community-based settings.

The program is implemented through sub-grant agreements with 22 private, nonprofit community-based organizations that have expertise in providing effective services to individuals who are blind or visually impaired. The grant is advertised statewide and opened to application by eligible nonprofit agencies providing core ILS training in home and community settings. For purposes of providing Title VII, Chapter 2 services throughout the state, DOR has a goal of awarding at least one grant in each of the 58 counties. The 2015 grant year is the first year using the county based methodology for grant awards.

On October 1, 2014, DOR instituted this new methodology to distribute OIB funding. DOR now uses the boundaries of California's 58 counties as the geographic regions of service. Grant awards for each county are determined by a formula based on the population of persons aged 55 and older residing in the county, along with the geographical size of the county. 50 counties have been funded with this method while eight previously unserved counties have been designated Capacity Building counties and given a flat rate of funding with the intent of reaching out to consumers and potential partner agencies about the OIB program and its services. Of the eight capacity building counties, seven counties were funded as such and are receiving outreach and capacity building services. Lastly, each of the 22 agencies that received OIB funds has also been given a "base funding" of \$10,000 to ensure that all sub-grantees, regardless of the number of counties they serve, would have a reasonable base of funds from which to operate.

### Outreach Efforts to Unserved and Underserved Populations

Title VII, Chapter 2 sub-grantees are required to meet the State Plan for Independent Living (SPIL) outreach challenges by utilizing methodologies that help to ensure eligible consumers are aware of services and to focus upon unserved and underserved population groups.

The outreach challenges of the 22 sub-grantees to identify local needs of sub-population groups within their geographic area have been met with innovative and effective strategies that included:

- providing translation services for non-English speaking populations;
- incorporating gender and ethnic appropriate ILS promotional information via various media: specialty publications, ethnic-specific print, television, radio and public service announcements;
- conducting ILS informational training to eye care medical specialists and physicians serving targeted population groups in underserved and unserved communities to increase referrals for services;

- conducting presentations at adult day health centers, health/social service organizations and homes for seniors located in unserved and underserved ethnic, linguistic, or economic communities;
- providing ILS information to organizations, agencies and businesses serving target populations;
- utilizing 'senior mentors' to orient and demonstrate non-visual skills to members of targeted population sub-groups living in residential facilities, attending health and disability fairs and participating in culturally-based social activities and support groups;
- hiring staff and recruiting volunteers who are representative of various cultures and languages of diverse populations, to identify and respond to service barriers (i.e., transportation, geography, cultural sensitivity, translation services, etc.); and
- distributing ILS information at faith-based organizations and establishments located in underserved and unserved diverse communities.

Most notably, six of California's 22 sub-grantee agencies achieved a service record this year of having over 50% of their consumers among ethnic minorities. Six additional agencies are at or close to serving 40% minorities. The clients of these six sub-grantees together account for over one-quarter of all the OIB consumers served in California. In particular, the two agencies in Riverside and San Bernardino Counties, Blindness Support Services, Incorporated (BSSI), and Community Access Center (CAC), are making concerted efforts to reach the Hispanic population of the diverse Inland Empire. Likewise, two agencies in the eastern San Francisco Bay, Lions Center for the Blind in Oakland and Lions Blind Center of Diablo Valley, are excelling at serving a whole range of underserved ethnic groups in their part of northern California.

Of all consumers served during the FFY 2014-15, sub-grantees averaged serving 35.4% ethnic minority consumers. This was an increase from 31.2% from the prior reporting year. One reason for the consistent services to underserved/ unserved populations is sub-grantees' employment of 70 staff members taken from California's diverse ethnic and language population groups. Below is a breakdown of the diversity of the consumers served by sub-grantee agency including agency location and counties served:

#### FFY 2014-15 Sub-grantees

##### Agency Non-white percentage Location Counties Served

Access to Independence 89.2% San Diego Imperial, San Diego

Blind and Visually Impaired Center of Monterey County 17.8% Monterey Monterey

Blindness Support Services 51.5% Riverside Riverside, San Bernardino

The Center for the Partially Sighted 39.1% Culver City Los Angeles, San Luis Obispo, Santa Barbara, Ventura

Community Access Center 63.7% Riverside Riverside

Center for the Blind and Visually Impaired 22.5% Bakersfield Kern

Community Center for the Blind and Visually Impaired 41.4% Stockton San Joaquin

Center of Vision Enhancement 62% Merced Mariposa, Merced

Dayle McIntosh Center for the Disabled 42.3% Garden Grove Los Angeles, Orange

Earle Baum Center 5.8% Santa Rosa Sonoma, Napa, Lake, Mendocino

FREED Independent Living Center 8.9% Grass Valley Nevada, Sutter, Yuba,

Disability Action Center (formerly: Independent Living Services of Northern California) 12.8% Chico Redding Butte, Colusa, Glenn, Lassen, Modoc, Shasta, Siskiyou, Tehama, Plumas

Independent Living Services of Kern County 47.1% Bakersfield Kern

LightHouse for the Blind 40% San Francisco, Alameda, Del Norte, Humboldt, Marin, San Francisco

Lions Blind Center of Diablo Valley 50.2% Pittsburg Contra Costa, Solano

Lions Center for the Blind, Oakland 58.2% Oakland Contra Costa, Alameda

San Diego Center for the Blind 19.1% San Diego San Diego

Santa Clara Valley Blind Center 33.8% San Jose Santa Clara

Society for the Blind 21% Sacramento Alpine, Amador, Calaveras, Mono, Sierra, Sacramento, El Dorado, Placer, San Joaquin, Solano, Stanislaus, Trinity, Yolo

Valley Center for the Blind 44% Fresno Fresno, Madera, Tulare, Kings

Vision Impaired Persons Support 31.6% Modesto Tuolumne, Stanislaus

Vista Center for the Blind and Visually Impaired 26.2% Palo Alto Santa Clara, San Benito, San Mateo, Santa Cruz

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.

#### Collaborative Activities

All of the 22 sub-grantees have collaborative relationships with other organizations in their respective communities. The following quotes are a selection of unedited narratives submitted by California's OIB sub-grantees to describe some of the ways in which they use collaboration to further reach out into their communities.

#### The Dayle McIntosh Center

In the second half of the 2014-2015 fiscal year the Aging with Vision Loss Program of the Dayle McIntosh Center participated in 43 outreach events of which 10 were targeted at reaching the underserved Latino and Asian communities. The outreach events totaled 102.5 hours of outreach

activity and reached 1,240 individuals. Outreach events included presentations at senior centers, to participating in senior resource fairs, senior flu clinics, presentations to groups of case managers at local organizations and participating in monthly senior focused councils or committees. This approach has been a tried and true strategy which has assisted the Dayle McIntosh Center to ensure that its OIB program is well known in its service areas.

#### Access to Independence

Activities designed to expand or improve services included collaborating with the Braille Institute to conduct co-workshops for consumers, have their mobile unit come to Imperial Valley and offer low vision training, and take groups of people to their center for additional services and supports.

#### San Diego Center for the Blind

The San Diego Center for the Blind is providing vision rehabilitation training and counseling to those individuals over the age of 55 who are eligible for Title 7 Chapter 2. These services are provided 1) on-site in both group and individual settings. The County is divided into five different service areas, and clients from each area are brought in to the facility one day per week. Therefore, we have five different groups of clients coming in each of the five working days of the week. This division of the County has forced us to reach out into areas that are typically unserved or underserved. And 2) For those unable to come in to the Center for training, or who are newly blinded and not yet acquainted with the services of the Center, Outreach services in the home are provided. All services are provided by the Staff of the Center, and no independent contractors are used. The main focus of our programs is to reach individuals as soon after loss of vision as possible, provide adjustment to blindness counseling, and then ILS training to help return the individual to an independent lifestyle. The San Diego Center for the Blind does not provide social or recreational programs, as those needs are provided by other programs in the County.

#### Community Awareness

All of the 22 sub-grantees participate in community awareness events in their respective communities. The following quotes are a selection of unedited narratives submitted by California's OIB sub-grantees to describe some of the manifold ways in which they speak to and make their community aware of the services available to and the unique needs of seniors who are blind or visually impaired.

#### Blindness Support Services

Blindness Support Services created a "Low Vision Survival Kit" to hand out at workshops. This kit provides resource information such as: Books on tape, Meals on wheels and the Trip program. It includes tips that family and caregivers can use when trying to assist someone with a visual impairment. There are also diagrams of what certain visual impairments allow to see. These help the family members/caregivers understand what type of support will benefit the individual with the impairment.

#### Center for the Blind and Visually Impaired

CBVI has started to utilize our Facebook page and a monthly newsletter first released February 2015 to increase our outreach services. The monthly newsletter caters its information and content to those who are 55-years and older and is distributed in bulk to its many partners, collaborative agencies, clients, friends and families. CBVI is researching the implementation of a Field Service Representative who will provide educational presentations, Low Vision Device Assessments

(LVDAAs), as well as having a mobile LVDA and doing evaluations in the ease of our senior's environment in both Bakersfield and the outlying, rural communities of Kern County.

#### The Santa Clara Valley Blind Center

The Macular Degeneration Association reached out to us to be available at their annual conference which was held in San Jose this year. We were the only low vision service agency invited to be on hand to give further information on resources available to those with progressive eye disease. In addition, we mailed out information to many dialysis centers throughout the area, encouraging them to give our information to any patients in need of services.

The DOR continues to provide technical assistance and consultation to sub-grantees on strategic planning of delivery of comprehensive ILS.

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.

Sub-grantee agencies report quarterly on program outcomes. The evaluation of the reporting requirements for OIB is an in-house program evaluation activity. Careful documentation of service provision and consumer outcomes helps measure performance and effectiveness, and it identifies technical assistance needs. Furthermore, the evaluations augment accountability, strengthen quality assurance, and identify where program policy revisions are needed. The evaluation process includes all components of the data collection requirements established by RSA.

Below are a few examples of sub-grantees' unedited narrative reports on their evaluations.

#### The Center for the Partially Sighted

In order to assess optometric services, post hoc phone interviews were conducted. Clients were questioned about the quality, helpfulness, and timeliness of the services provided by The Center. If the client had any concern about a low vision device, they were encouraged to come in for a re-check. At the end of each interview, clients were also given the opportunity to provide their own feedback. Overall, our clients were very pleased with the services provided. Clients reported overall satisfaction with their doctors, their rehabilitation instructors, and their recommended low vision aids. Clients also reported more confidence in maintaining their current living situation because of the services provided by the Center. Several clients reported feeling better about their situations because the doctors explained their eye conditions in detail. Other clients commented on the usefulness of outside referrals. One client reported being thrilled to be able to renew his driver's license with his new prescription glasses. One client was extremely happy of the device that distinguished paper bills. Clients have commented on more than one occasion that they liked that the optometrists explained things in a way that they could understand and provided much information about their vision. Many clients commented on the usefulness of their low vision aids in viewing things such as bills, the computer, television, and food labels. In addition, clients' skills were assessed before and after training for each of the four rehabilitation services that are provided by The Center (Independent Living training, Diabetes Management, Low-Vision/Lighting training, and Orientation and Mobility training). Each area showed significant improvement in mean scores after training with one of our instructors. Ninety-four percent of these clients reported being able to better complete everyday activities due to their training. In fact, 90% reported using the skills that they learned on a daily basis. Furthermore, most individuals were very appreciative of their instructor. Specific comments regarding the instructors included they were very helpful and had suggested strategies that the client had not considered before.

## Santa Clara Valley Blind Center

Santa Clara Valley Blind Center regularly conducts 30 and 90 day evaluations on clients. 30 day evaluations are performed 30 days after the beginning of the fiscal year and 30 days after a new client has joined our Center for services. 90 day evaluations follow 30 day and help the Center identify improvement in adjustment to vision loss, improved socialization, increased activity level, increased knowledge of community resources, and an increase in sense of independence.

Based on the 30 day evaluations:

- 22 new clients were enrolled in services at the agency during the 1st and 2nd Quarter
- 19 were evaluated, 3 had not yet reached the 30 day marker for evaluations
- 8 of the new clients were not enrolled in services at the time of the survey
- Of the 8 not enrolled, three were dealing with personal issues, two were unable to participate due to other health issues, one was in a nursing home at the time of intake, and two declined services from the center at this time
- 19 believed that course materials or instructions regarding services were clear and effective for them

As a result of the survey, 100% are pleased with the responsiveness and attention of the staff. Fifty percent (50%) were involved in programs or services within the initial 30 day period.

Based on the 90 day evaluations:

- 40 clients were evaluated in Quarter 2
- 40 thought the services were good
- 40 thought the program and course instructions were clear and effective
- 36 responded that they are more confident
- 4 responded that they feel the same confidence in their activities as before
- Of the 4 responses of "same," it was due to reasons other than their vision loss

As a result, 90% felt more confident since receiving rehabilitative services

through Title VII.

## Lions Center for the Blind

We conduct our surveys via phone calls done by our volunteers. This has recently created an issue with getting seniors to answer question on the phone by individuals. Seniors in the community are increasingly being warned about different scams that are being used and have recently been unwilling to answer our questions when we called them. We are looking into different survey

methods to alleviate their fears while still answering our question. However, the clients that did answer have benefited from services or have yet to be determined. Also, we have had no clients who feel like they have less control and confidence in their ability to maintain their current living situation as a result of services they received at the close of the reported quarter.

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).

Below are a few examples of sub-grantees' narrative reports, slightly edited for brevity, on their consumers.

#### Blindness Support Services

An older man living in Riverside County came to Blindness Support Services (BSS) with his wife looking for assistance. He informed BSS that he felt hopeless, scared and overwhelmed as he dealt with his total vision loss. He had recently lost his vision due to retinal detachment. He had no knowledge of adaptive aids or resources that could help him adjust to blindness before coming to BSS. He was introduced to the Older Adults Program and was quite interested in participating. He attended our peer support meeting where he learned tips about dining, identifying money, marking items for recognition, organization skills, and information on adaptive devices. He also participated in an overview on Braille and how it can be used to help with reading and labeling. His training lasted four days, but the impact it made on him was very significant. He felt hopeless with vision loss, but after attending the meeting and hearing many stories from other people going through similar challenges he felt that he would be OK.

#### Center for the Blind and Visually Impaired

Luis is a client who attends the Tuesday Recreational and Educational Program, as well as a Computer Training class. Luis is 60 years of age and has attended the center since it reopened in 2013. He mentioned that, "If it weren't for the center I would not know where to go." Luis has learned to navigate the web on his own because of the Independent Living Service (ILS) and Assistive Technology Training (AT) information as well as learn how to communicate better with the center's staff and clients.

#### The Center for the Partially Sighted (CPS)

Ms. J.S is a 70-year-old Caucasian woman who is legally blind due to macular degeneration and glaucoma. She also has diabetes. Her vision loss and the recent loss of her husband has left her depressed. She is worried about her independence and quality of life with impaired vision. She had to quit work because of her visual impairment. She lives alone and does not have much support from family. The Center's optometrist evaluated her and found that glasses for reading and a telescope for distance would be helpful. She was recommended for an in-home lighting evaluation, assistance with her diabetes care management, and independence in the kitchen. Lighting helped for her diabetes care area and her appliances were marked so she could use the microwave. She was introduced to the 20/20 pen for making lists and notes. Ms. J.S. also needed help with mobility. CPS's Orientation and Mobility instructor spent several training sessions helping her master the use of a white cane. She was referred to Braille and for cooking classes and social networking. She picked up the skills quickly and was feeling much more confident with the training, home adaptations and low vision devices and is looking forward to expanding her social world.

#### Dayle McIntosh Center

A 68 year old Asian female lost complete vision due to trauma resulting from a gunshot wound. Additional health conditions include a history of high cholesterol, high blood pressure and Arthritis. This consumer was referred to the Aging with Vision Loss program by a friend who is also receiving OIB services. The consumer's son was present during the in-home appointment, serving as the interpreter. However, the consumer does not speak English, but does feel more comfortable speaking in her primary language of Chinese. The consumer initially identified access to books, personal organization and mobility as major areas of difficulty. The ILS Instructor provided information and referral for the National Library Services program, demonstrating the NLS digital book player. A National Library Services application was submitted on the consumer's behalf. The consumer stated that she experiences great difficulty with respect to household organization. A hands-on demonstration of the Pen Friend labeling device was provided, along with training on the device. The ILS Instructor issued a Pen Friend to the consumer based upon the consumer's ability to use this device effectively and independently. A total of 3 goals were set following intake with two having been completed to date.

## FREED

A 55-year-old woman who, for all intents and purposes is totally blind, stated that she would have to give up hiking with her husband. The Older Blind specialist ordered her a long white cane and gave her some instruction in its use. The specialist also discussed with her some techniques she had used to travel as a blind person, both in her day to day life and on those occasions when she had gone on hiking trips. The client decided to go ahead and accompany her husband on a hike, and came back feeling very confident. Since then she has gone on numerous camping trips, traveling so much that the specialist can rarely get hold of her for follow-up training. The OIB program was truly the springboard which launched this consumer into a fulfilling life.

## San Diego Center for the Blind

SY is a 93 year old widow who has lost her vision as a result of Macular Degeneration. In that regard, she is similar to many who attend the Center. What sets her apart, however, is that she is still working! SY has been an educator all of her adult life as a professor and Dean of the College. She has always been extremely involved in her community, no matter where she has lived. She managed a career and raised two boys in an era that was not friendly to working women. She has written several books on the importance of education, and it was the need to continue writing that brought her to the Center. When diagnosed with macular degeneration, she thought for sure that her writing days were over, along with her management of her farm. But most importantly, she is a member of the School Board and she did not want to give that up just because she was having difficulty reading the required materials. Since attending the Center for the Blind, she has learned the skills to remain on the School Board as an active participant and has returned back to her writing. At age 93 she is a true success story.

## LightHouse for the Blind and Visually Impaired

PD is a 72 year old woman who lives in a senior residence in Eureka. She was referred to the LightHouse of the North Coast by her Ophthalmologist to help her find ways to access print. She has multiple health conditions including COPD, hip issues, and some memory issues due to a fall which cut off her oxygen. The LightHouse social worker referred her to the Multipurpose Senior Services Program (MSSP) to provide ongoing services to enable her to live in her home since she was at risk of a possible out of home placement due to the above issues. PD was assessed for magnification and lighting and received a new magnifier and task lighting. The Orientation and Mobility instructor did a thorough home safety evaluation and provided the results of this evaluation to MSSP. Other services included application assistance to the Talking Book Library, the California Telephone

Access Project and Paratransit. LightHouse and MSSP provided a solid partnership which enabled PD to stay living in her home safely. She reports feeling more secure in her home and pleased to be able to read her mail and her mystery stories again.

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

Of the 22 sub-grant agencies receiving OIB funding, many did not report problems or concerns.

#### Society for the Blind

Linguistic and cultural differences continue to present challenges to serving blind and low-vision seniors from ethnic minority groups. Outreach efforts to these seniors require engaging the services of translators to facilitate communications between service providers and potential clients. Also, time and effort must be given to establishing relationships that engender trust in service providers and willingness among blind and low vision seniors from ethnic minority groups to step outside the familiarity of their communities to receive beneficial services. Overcoming cultural beliefs that discourage full participation of blind and low vision seniors in many activities is one of the greater challenges faced in providing services to these individuals. During the past several years, we have made successful inroads into the local Spanish-speaking community, but there is still much more to be done.

#### VISTA

Several challenges:

- Not enough staff to meet the demands of the clients.
- Transportation and travel continues to be a problem for clients.
- Housing cost is driving many people to lose their apartments and those that have Low Income housing are being forced to leave the area.

#### Center for the Blind and Visually Impaired

Maintaining financial sustainability as it provides needed services to the low-resources, higher needs communities of the blind or visually impaired who are 55 and older.

Providing continually-shifting, yet adaptable best practices to our population as we strive to deliver quality services and promote growth within the parameters of the grant.

#### Center for the Partially Sighted

The association of vision loss with the development of other health care issues is not widely recognized. Falls, medication mismanagement, poor diet, reduced exercise and isolation/depression resulting from impaired vision can be alleviated by comprehensive low vision services, but access is limited. In California, the elimination of optical devices from Medicaid coverage and the reduction in payment levels creates an added burden for Medicare/Medicaid beneficiaries. Medicare coverage also does not include rehabilitation services by rehabilitation specialists, orientation mobility specialists or low vision therapists, nor do they include optical and electronic devices under covered durable medical equipment. As a result, older adults with limited resources have only OIB funding to

rely on, and even this funding is facing threats of cutbacks. The need will only continue to outpace the availability with the aging of the population and the increase in diabetes related vision loss, especially in areas with large populations of Latinos and African Americans and others with limited access to healthcare.

## Part IX: Signature

Please sign and print the name, title and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Signed by	Joe Xavier
Title	Director, Department of Rehabilitation
Telephone	916-558-5800
Date signed	12/30/2015